



## Medica Central Coverage Policy

**Policy Name:** Day Treatment - Behavioral Health (MP9557)

**Effective Date:** 04/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

1. Admission to Day Treatment **does not require** prior and is considered medically necessary when **ALL** of the following criteria are met, a member must:
  - a. Have a primary diagnosis of mental illness as determined by a diagnostic assessment (DA), excluding dementia or other organic conditions; **AND**
  - b. Have three (3) or more areas of significant impairment in functioning as determined by a functional assessment (FA); **AND**
  - c. Be experiencing symptoms impairing thought, mood, behavior or perception that interfere with the ability to function at a lesser level of service; **AND**
  - d. Have the cognitive capacity to engage in and benefit from this level of treatment; **AND**
  - e. Reasonably be expected to benefit with improved functioning at work, school or social relationships; **AND**
  - f. Need a highly structured, focused treatment approach to accomplish improvement and to avoid relapse requiring this level of treatment:
2. Day Treatment may also be considered medically necessary for **ANY** of the following indications:
  - a. Members with a brain injury (BI) diagnosis that coexists with the primary mental illness diagnosis

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- b. Members residing in inpatient or residential facilities when an active discharge plan indicates a move to an independent living arrangement within 180 days. A mental health professional must deem the Day Treatment services medically necessary and the facility plan of care must include Day Treatment
3. Continued Day Treatment **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
  - a. Member's condition continues to meet admission criteria (1.0) as evidenced by active psychiatric symptoms and continued functional impairment; **AND**
  - b. There are specific goals and documentation indicates member has made measurable progress toward goals; **AND**
  - c. An active discharge plan is in place; **AND**
  - d. Attempts to coordinate care and transition to other services are documented, as clinically indicated
4. Admission and Continued Day Treatment for Children or Adolescents (under 18 years of age) includes **ALL** of the criteria in 1.0, 2.0 (if applicable) and (3.0) and meet **ALL** of the following:
  - a. Member is under age 18 and diagnosed with, or displays symptoms of, an emotional disturbance (ED) or meets severe emotional disturbance (SED) criteria; **AND**
  - b. Member needs the intensity level of Day Treatment as identified in a diagnostic assessment; **AND**
  - c. Member must have the capacity to understand and benefit from the rehabilitative nature, structured setting and therapeutic components of the program's psychotherapy and skill activities
5. In addition to meeting the criteria of 1.0, 2.0 (if applicable) and 3.0 **ALL** of the following criteria should be met if Alcohol and Other Drug Abuse Day Treatment is related to substance abuse disorder (alcohol and other drug abuse, AODA):
  - a. Signs or symptoms of withdrawal requiring acute management, if they are present, are manageable at the level of Day Treatment; **AND**
  - b. Active substance abuse is a substantial contributor to the current treatment; **AND**
  - c. There is documentation of ongoing active medical issues secondary to the substance abuse disorder **OR** the member has symptomatology related to substance abuse disorder; **AND**
  - d. There are acute psychiatric symptoms or cognitive deficits that directly relate to a high risk of relapse and require mental health treatment at a Day Treatment level of care
6. The following services are considered non-covered (not an all-inclusive list):
  - a. Members with a brain injury (BI) diagnosis that coexists with the primary mental illness diagnosis
  - b. Members residing in inpatient or residential facilities when an active discharge plan indicates a move to an independent living arrangement within 180 days. A mental health professional must deem the Day Treatment services medically necessary and the facility plan of care must include Day Treatment
7. Continued Day Treatment **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:

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- a. Member's condition continues to meet admission criteria (1.0) as evidenced by active psychiatric symptoms and continued functional impairment; **AND**
  - b. The clinical plan of care contains specific goals and documented measurable progress toward goals; **AND**
  - c. An active discharge plan is in place; **AND**
  - d. Attempts to coordinate care and transition to other services are documented, as clinically indicated
8. Admission and Continued Day Treatment for Children or Adolescents (under 18 years of age) includes **ALL** of the criteria in 1.0, 2.0 (if applicable) and (3.0) and meet **ALL** of the following:
- a. Member is under age 18 and diagnosed with, or displays symptoms of, an emotional disturbance (ED) or meets severe emotional disturbance (SED) criteria; **AND**
  - b. Member needs the intensity level of Day Treatment as identified in a diagnostic assessment; **AND**
  - c. Member must have the capacity to understand and benefit from the rehabilitative nature, structured setting and therapeutic components of the program's psychotherapy and skill activities
9. In addition to meeting the criteria of 1.0, 2.0 (if applicable) and 3.0 **ALL** of the following criteria should be met if Alcohol and Other Drug Abuse Day Treatment is related to substance abuse disorder (alcohol and other drug abuse, AODA):
- a. Signs or symptoms of withdrawal requiring acute management, if they are present, are manageable at the level of Day Treatment; **AND**
  - b. Active substance abuse is a substantial contributor to the current treatment; **AND**
  - c. There is documentation of ongoing active medical issues secondary to the substance abuse disorder **OR** the member has symptomatology related to substance abuse disorder; **AND**
  - d. There are acute psychiatric symptoms or cognitive deficits that directly relate to a high risk of relapse and require mental health treatment at a Day Treatment level of care
10. The following services are considered non-covered (not an all-inclusive list):
- a. Services provided to members residing in an inpatient or residential facility (except when following the discharge plan guidelines listed under (2.3))
  - b. Day Treatment services which are primarily recreation-orientated, and which are provided in non-medically supervised settings such as 24 hour day camps, or other social service programs. These include the following (not all inclusive list): sports activities, exercise groups, activities such as craft hours, leisure time, social hours, meal or snack time, trips to community activities or tours
  - c. Social or educational services that do not have or cannot reasonably be expected to have therapeutic outcomes related to the member's mental health condition
  - d. Consultations with other providers or service agency staff regarding the care or progress of a member
  - e. Prevention or education programs provided as an outreach service, case-finding, and reading groups
  - f. Aftercare programs, provided independently or operated by or under contract

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- g. Participation in meal preparation and eating that is not part of a clinical plan to address a member's eating disorder
- h. Services not included in the member's clinical plan of care as medically necessary and appropriate
- i. Less intensive services, such as "club-house" or social programs
- j. Mental health behavior aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified children's therapeutic services and supports provider
- k. Time spent in the AODA Day Treatment setting by affected family members of the member

### Description

Day Treatment means a non-residential program in a medically supervised setting that provides case management, medical care, psychotherapy and other medically necessary therapies such as physical, occupational or speech therapies, and follow-up services. Day Treatment provides treatment services for members with mental or emotional disturbances, who spend only part of the 24-hour period in the services.

The goal of Day Treatment is to reduce or relieve the symptoms associated with a diagnosed mental illness and provide skills training that will result in the member to live and function more independently in the community. Day Treatment is a short-term, community-based mental health program consisting of group psychotherapy, rehabilitative interventions and other therapeutic group services provided by a multidisciplinary team under the clinical supervision of a mental health professional.

**State of Illinois:** Medical necessity determination for substance abuse disorders are made in accordance with the appropriate patient placement criteria established by the American Society of Addiction Medicine (ASAM) criteria as mandated by law. **These requirements replace section 4.**

Self-funded plans (ASO) may require prior authorization. Please refer to the member's Summary Plan Description for specific coverage and prior authorization requirements.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### CPT Codes

Use the current applicable CPT/HCPCS code(s).



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