



Medica Central Coverage Policy

Policy Name: Residential Treatment – Behavioral Health (MP9554)

Effective Date: 05/01/2025

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.

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Admission to Residential Treatment

Admission to residential treatment requires prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

1. The individual is expressing willingness to actively participate in a residential treatment level of care.
2. The individual has been diagnosed with a moderate-to-severe mental health disorder per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (in the case of substance abuse related to residential treatment, this diagnosis is of substance use disorder), and there is evidence of significant distress/impairment which is the focus of active, daily treatment, and **all of the following** criteria are met:
 - a. The individual's risk and severity of behavioral health disorder is appropriate to proposed level of care as indicated by **one or more of the following**:
 - i. Danger to self
 - ii. Danger to others.
 - b. The documented behavioral health disorder is appropriate for residential care and **all of the following** criteria are met:
 - i. The individual has a documented moderately severe psychiatric, behavioral, or other comorbid condition.
 - ii. The individual is experiencing serious dysfunction in daily living.

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3. The impairment in function is documented across multiple settings (e.g. work, home, and community for adults; school may be included for children/adolescents) and clearly demonstrates the need for 24 hour psychiatric and nursing monitoring and intervention.
4. Symptoms and/or behaviors that led to the admission are documented to reasonably be expected to show improvement at this level of care (e.g., the member will be capable of returning to the community and/or to less restrictive level of care).
5. The individual is cognitively capable of actively engaging in the recommended clinical plan of care, such as participation in structured activities in a group environment.
6. Documentation indicates **one of the following**:
 - a. A less restrictive level of care is not likely to provide safe and effective treatment.
 - b. Admission to acute inpatient care is likely if not admitted to a residential treatment program.
 - c. A lower level of care is not available.

Continued Residential Treatment

Continued residential treatment requires prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical record indicates that **at least one of the following** criteria are met:

1. The treatment being provided is leading to measurable clinical improvements in the individuals moderate-to-severe symptoms and/or behaviors that led to this admission, and there is documented progression toward discharge from the present level of care, but the member is not sufficiently stabilized so that they can be safely and effectively treated at a less restrictive level of care.
2. The current clinical plan of care is not leading to measurable clinical improvements in the moderate-to-severe symptoms and/or behaviors that led to this admission and a progression toward discharge from the present level of care which necessitates ongoing reassessment and modifications to the plan that address specific barriers to achieving improvement when clinically indicated.
3. The individual has developed new symptoms and/or behaviors that require the intensity of residential treatment for safe and effective treatment.
4. **All of the following** criteria are required for continued residential treatment:
 1. **At least one of the following** criteria are met:
 - i. The treatment being provided is leading to measurable clinical improvements in the individuals moderate-to-severe symptoms and/or behaviors that led to this admission, and there is documented progression toward discharge from the present level of care, but the member is not sufficiently stabilized so that they can be safely and effectively treated at a less restrictive level of care.
 - ii. The current clinical plan of care is not leading to measurable clinical improvements in the moderate-to-sever symptoms and/or behaviors that led to this admission and a progression toward discharge from the present level of care which necessitates ongoing reassessment and modifications to the plan that address specific barriers to achieving improvement when clinically indicated.
 - iii. The individual has developed new symptoms and/or behaviors that require the intensity of residential treatment for safe and effective treatment.
 2. The individual and family are involved in the treatment and discharge planning



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process.

3. Continued stay is not primarily for the purpose of providing a safe and structured environment.
4. Continued stay is not primarily due to lack of external supports.
5. There is a reasonable expectation for improvement in the severity of the current condition.
6. Request for continued Residential treatment is not based on a pre-determined program or preset number of days.
7. Neither a higher nor lower level of care is more appropriate (e.g. patient condition has deteriorated such that more intensive supervision is necessary; nor has patient stabilized or improved such that effective treatment is available at a lower level of care.)

The Individual is a Child or Adolescent (Under 18 Years of Age)

Residential treatment requires prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

1. All criteria in the two sections above have been met, as applicable.
2. The facility providing residential treatment meets **one of the following** criteria:
 - i. It is a stand-alone mental facility intended for children/adolescents.
 - ii. It is a physically and programmatically-distinct unit within a facility licensed for this purpose.
3. The program provides for the child/adolescent's mental health, physical health and educational needs, including access to education at the appropriate developmental level to facilitate transition back to the child/adolescent's previous school setting upon discharge.
4. The treatment is be family-centered with the patient and family included in care unless this is clinically contraindicated or would not be in compliance with existing federal or state laws.

Residential treatment is Related to Substance Abuse (i.e., Alcohol and Other Drug Abuse, AODA)

Residential treatment requires prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

1. All criteria in the three sections above have been met, as applicable.
2. Signs or symptoms of withdrawal requiring acute management, if they are present, are documented as manageable at the Residential Treatment facility.
3. The member and/or family are made aware of the medication assisted treatments, if available.
4. Active substance abuse is a substantial contributor to the current treatment episode.
5. **One of the following** criteria are met:
 - i. There is documentation of ongoing active medical issues secondary to the substance use disorder.
 - ii. The individual has symptomatology related to substance use disorder which requires daily monitoring and nursing care.



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Services/Expenses Considered Not Medically Necessary

Services/expenses considered not medically necessary and therefore not covered include, but are not limited to:

1. Biofeedback
2. Family counseling for non-medical and/or non-psychiatric reasons
3. Therapeutic group homes
4. Wilderness camps, boot camps, boarding school, academy-vocational programs, and/or Outward Bound programs
5. Halfway houses
6. Hypnotherapy
7. Long-term or maintenance therapy
8. Marriage counseling
9. Phototherapy
10. Residential treatment for purposes of convenience, alternative to incarceration, respite or housing
11. Residential treatment for the provision of a safe and structured environment due to a lack of external support or housing, when criteria for initial or continued admission are not otherwise met
12. Custodial care.

Description

Residential treatment for behavioral/mental health indications and/or substance abuse disorders is a structured treatment program where the individual lives in a facility while receiving care. It is intended to help people develop skills to manage their condition when more support beyond outpatient care or therapy is needed.

A facility that provides residential treatment is either a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose and that includes seven days per week with 24 hour supervision and monitoring.

Prior Authorization

Prior authorization is required, dependent on applicable laws and provisions per state.

Coding Considerations

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

CPT Codes

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



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