

North Carolina State Health Plan

Teachers' and State Employees' Comprehensive Major Medical Plan
and NC HealthChoice

Mental Health and Chemical Dependency Case Management **Policy Number: AD0430**

Definition:

Mental Health Case Management is the utilization review agent for preauthorization and certification for medical necessity and medical appropriateness, of mental health and chemical dependency services provided to State Health Plan and NC Health Choice participants in the treatment of such conditions.

Coverage:

Application of case management to mental health and chemical dependency services rendered in treatment of such conditions and diagnoses (current edition of ICD or DSM) is as follows:

1. Benefits are available as referenced in N.C.G.S. 135-40.7B and include inpatient care, treatment in an intensive outpatient program, partial hospitalization, crisis evaluation and stabilization, residential care and treatment and detoxification only when authorized by the Mental Health Case Manager.
2. Precertification by the Mental Health Case Manager is required for outpatient mental health and chemical dependency services in excess of the 26 unmanaged visits per Plan Year allowed by the Plan. Mental health and chemical dependency services are combined when calculating the total 26 visits.
3. Covered psychiatric and chemical dependency services are limited to services provided by professionals as outlined in N.C.G.S. 135.40.7B.
4. Except as otherwise provided in this section, benefits for the treatment of mental illness and chemical dependency are covered by the Plan and shall be subject to the same deductibles, and coinsurance factors as are benefits for physical illness generally.

Approval:

1. The member must obtain precertification by calling the Mental Health Case Manager prior to treatment. In the event of a psychiatric emergency, length of stay certification must be requested within two business days. The Mental Health Case Manager is accessible 24 hours per day, 7 days per week, 365 days per year, to accommodate requests for certification of emergency admissions.
2. Continuing certification for ongoing treatment must also be precertified by the Mental Health Case Manager prior to the end of any previously authorized period.
3. If additional outpatient visits are needed beyond the 26 visits allowed without case management in any Plan Year, the member or provider must receive authorization from the Mental Health Case Manager prior to exhausting the 26 visit limit.

4. Psychiatric certification decisions are made by the Mental Health Case Manager according to medical necessity criteria and clinical protocols. Medical policies and link to medical necessity criteria are available at <http://www.shpnc.org>.
5. Chemical Dependency certification decisions are made by the Mental Health Case Manager in accordance with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.

Limitations:

1. Two or more levels of care that occur simultaneously will not be certified by the Mental Health Case Manager. For example, outpatient therapy on an on-going basis will not be certified by the Mental Health Case Manager when the patient is in partial hospitalization, or inpatient
2. The following services have limitations (this list is not all inclusive):
 - a. Biofeedback, except when medically necessary and precertified by the Mental Health Case Manager prior to the treatment being administered.(see policy ME0075 Biofeedback)
 - b. Couples therapy except when medically necessary as part of the treatment plan of a member covered by the Plan, based on diagnosis found in the current DSM or ICD manual.
 - c. Court ordered psychiatric and chemical dependency services or treatment except when precertified by the Mental Health Case Manager as medically necessary..
 - d. Dialectical Behavioral Therapy (DBT) and individual therapy on the same day except when medically necessary and approved by the Mental Health Case Manager.
 - e. Electroconvulsive therapy except when medically necessary and precertified by the Mental Health Case Manager prior to treatment being administered.
 - f. Eye movement desensitization and reprocessing (EMDR) except as part of an on-going plan of psychotherapy when the psychotherapy meets criteria for medical necessity.
 - g. Family therapy except when medically necessary as a part of the treatment plan of a family member covered by the Plan, based on diagnosis found in the current DSM or ICD manual.
 - h. Hypnotherapy except when medically necessary and pre-certified by the Mental Health Case Manager prior to treatment being administered.
 - i. Occupational therapy except when medically necessary and pre-certified by the Mental Health Case Manager prior to the therapy being initiated or when included in the Plan's contracted per diem with the facility/program in which the therapy occurs.
 - j. Prescription drugs except where dispensed by a hospital, residential treatment center or day treatment program to a covered individual who, at the time of dispensing, is receiving treatment at the appropriate facility or program.
 - k. Psychiatric home care except when Medically Necessary and precertified by the Mental Health Case Manager.
 - l. Psychotherapy treatment is not covered when required as part of artificial means of conception.
 - m. Psychological assessment and psychotherapy treatment are not covered in conjunction with proposed gender transformation.
 - n. Psychological testing after the 26th visit is not covered except when medically necessary and precertified by the Mental Health Case Manager prior to the testing (See Psychological Testing, Medical Policy AH0725).
 - o. Psychosurgery except when medically necessary and pre-certified by the Mental Health Case Manager prior to the surgery.

- p. Therapeutic boarding schools are not covered unless the program is licensed for psychiatric or chemical dependency residential treatment, has registered nurses who are present on-site 24-hours per day, and holds current national accreditation by a national accrediting body approved by the Mental Health Case Manager which include the Joint Commission on the Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation (refer to Medical Policies, IN0520 Residential Treatment for Chemical Dependency Care or IN0510 Residential Treatment for Adolescent Psychiatric Care).

Exclusions:

- 1. Charges related to a noncovered service are not payable, even if the charges would have been covered if rendered in connection with a covered service.
- 2. The following services are not covered (this list is not all inclusive):
 - a. Academic education during residential treatment when charged separately.
 - b. Administrative psychiatric services (e.g., expert testimony, report writing, medical records review and maintenance, case management or case coordination, etc.).
 - c. Aversive treatment.
 - d. Bioenergetic therapy.
 - e. Carbon dioxide therapy.
 - f. Charges for services, supplies or treatment that are covered charges under the medical benefit of the Plan.
 - g. Chart review.
 - h. Confrontational therapy.
 - i. Consultation with a mental health professional for adjudication of marital, child support, and custody cases.
 - j. Eating disorder, gambling programs, or other treatment programs based solely on the 12-step Model.
 - k. Educational evaluation and vocational counseling
 - l. EST (Erhard Seminar Training) or similar motivational services.
 - m. Environmental ecology treatments.
 - n. Evaluations, consultations, testing or therapy for educational, professional training, or for investigation purposes relating to employment, insurance, judicial or administrative proceedings.
 - o. Experimental or investigational therapies (see policy SU0190).
 - p. Expressive therapies (art, poetry, movement, psychodrama) when billed separately.
 - q. Guided imagery when billed separately.
 - r. Hemodialysis for schizophrenia.
 - s. Housing costs for patients admitted to a partial hospital or intensive outpatient program are not covered.
 - t. Hyperbaric or normobaric oxygen therapy
 - u. L-tryptophan and vitamins, except thiamine injections on admission for alcoholism, when there is a diagnosed nutritional deficiency.
 - v. Marathon therapy.
 - w. Megavitamin therapy.
 - x. Narcotherapy with LSD.
 - y. Orthomolecular therapy.
 - z. Primal therapy.
 - aa. Private duty nursing.

- bb. Private rooms (except when required for infection control).
- cc. Rebirthing therapy.
- dd. Rolfing.
- ee. Sedative action electrostimulation therapy.
- ff. Sensitivity training.
- gg. Services, treatment or supplies provided as a result of any Workers Compensation law or similar legislation.
- hh. Sex therapy based on diagnosis found in the current DSM or ICD manual.
- ii. Sleep therapy.
- jj. Stress and relaxation therapy when billed separately.
- kk. Supervision of treatment team.
- ll. Therapeutic family care.
- mm. Therapeutic foster care.
- nn. Therapeutic home care.
- oo. Training analysis (tuitional, orthodox).
- pp. Transcendental meditation.
- qq. Treatment for personal or professional growth, development, training or professional certification.
- rr. Treatment or consultations provided by the member's parents, siblings, children, current or former spouse or domiciliary partner.
- ss. Treatment, consultations, crisis intervention, psychotherapy or any mental health service provided via telephone.
- tt. Wilderness camps
- uu. Z therapy, also known as "holding therapy".

3. See <http://www.shpnc.org> for a complete listing of all medical policies.

Authority:

G.S. 135-40.7B
G.S. 135-40.7(2)
G.S. 135-40.7(4)
G.S. 135-40.7(5)
G.S. 135-40.7(19)
G.S. 135-40.6 (1)
G.S. 135-40.6 (7)
G.S. 135-40.7(21)

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