June 21, 2018

NOTE: The guidelines below are being used as an initial baseline for the Behavioral Health Reviews conducted by Qualis Health. These guidelines are not being used to put limitations on requested services or to otherwise restrict the provision of medically necessary services in excess of what has been outlined below. Behavioral health services included in a prior authorization request should be based on the client's individual need and medical necessity. Qualis Health will continue to review the specific clinical information submitted for each client and authorize services for Medicaid payment based on individual client need as demonstrated in the documentation provided. A denial from Qualis Health should not be interpreted to imply a client cannot receive a service. Rather, a denial indicates that the requested service cannot be paid for by WY Medicaid under current state and federal regulations. Should you disagree with a decision made by Qualis, you have the right to request reconsideration.

Guidelines for Wyoming Medicaid Outpatient BH Reviews

I. Group I Patients: Schizophrenia, Major Depressive Disorder, (MDD), Bipolar Affective Disorder, (BAD), Autistic Spectrum Disorder, (ASD).

1) **Group I patients:** Chronic State
   a) **Schizophrenia**
      i) Case Management (CM) up to 3 hours per week.
      ii) Individual counselling up to 1 hour per month
      iii) Group therapy up to one 90 minute session per week (if more than one group therapy is requested, the time will be divided among all the approvable groups)
      iv) Medication management: up to 90 minute annual review for in depth analysis of medications.
      v) Medication checks: up to one 15 minutes per month.
   b) **BAD/MDD**
      i) Case Management: up to 1 hr. per week
      ii) Individual counselling: up to 1 hour per month.
      iii) Group therapy up to one 90 minute session per week
      iv) Medication checks by a provider if counselling not done by psychiatrist: up to 1 fifteen minute visit per month.

c) **ASD with co-occurring mental health or substance use disorder**
   i) Individual counselling: None
   ii) Group therapy up to 2 hours per month.
   iii) Medication management: up to 90 minute annual review for in depth analysis of medications.
   iv) Medication checks: up to one 30 minute visit each month. Case Management: up to one 60 minute sessions/month.

2) **Group I patients:** acute decompensation/exacerbation or clinical fragility status post discharge from recent inpatient setting. Possible manifestations of decompensation depend in part upon the underlying diagnosis but can include increased intensity of psychosis, disorganization of thought, mania, psychomotor agitation or retardation, SI, HI, self-harm behaviors, inpatient admission, agitation, aggression, inability to perform ADLs.
   a) **Schizophrenia/BAD/MDD**
      i) Medication check: up to 30 minutes weekly X 4 weeks and re-review at 4 weeks.
      ii) Individual Counselling: up to 1 hour per week X 4 weeks and re-review at 4 weeks.
      iii) Group therapy: up to one 90 minute session per week and re-review at 4 weeks.
      iv) Case Management: up to 3 hr. per week and re-review at 4 weeks
   b) **ASD with co-occurring mental health or substance use disorder**
      i) Counselling: up to one 60 minute session 2 per week and re-review at 4 weeks.
      ii) Group therapy: up to one hour per week and re-review at 4 weeks.
      iii) Medication checks: up to 1 thirty minute visit per week X 4 weeks and re-review at 4 weeks.
      iv) Case Management: up to 3 hours per week x 4 weeks and re-review at 4 weeks.

II. Group 2 patients: Anxiety, PTSD, OCD, Dysthymia, Somatic symptom disorder (SSD) among others not in Group I.

1) **Group II patients: Chronic State**
   i) Individual Counselling: up to 1 hour per week X 90 days with re-review at 90 days. If stable at first 90 day interval then taper to 1 hour per month X 90 days then stop.
   ii) Group therapy: At first 90 day interval when counselling taper commences, up to 2 hours per week X 90 days in conjunction with individual counselling up to 1 hour per month implemented above with initiation of taper.
   iii) Case management: up to 4 units per month for 6 months.

2) **Group II patients: acute decompensation/exacerbation. Acute decompensation can be manifested by SI, HI, incapacitating anxiety, inability to function at work, difficulty with ADLs.**
   i) Individual counselling: up to 1 hour session 2X per week for 4 weeks and re-review at 4 weeks.
   ii) Group therapy: up to 1 hr. per week x 4 weeks and re-review at 4 weeks.
   iii) Medication checks: up to 30 minutes each week X 1 month and re-review at 4 weeks.
   iv) After 1 month of higher intensity therapies, restart taper as outlined in II(1.)(i.): Taper counselling to 1 hour per month X 90 days then stop. During this taper initiate group therapy with 2 hours per week X 90 days in conjunction with individual

counselling at 1 hour per month. After this initial 90 day period: discontinue individual counselling and taper group therapy to 2 hours per month.

III. Substance Abuse Disorders

1) **Acute withdrawal states:** Follow InterQual.

2) **Substance Abuse Chronic State**
   a. Intensive outpatient program (IOP): for at least 9 hours per week for adults of structured programming per week, consisting primarily of counseling and education about substance-related and mental health programs. Program services must, at a minimum, meet three (3) times a week with no more than three (3) days between clinical services, excluding holidays. Programming must be at least eight (8) weeks due to the severity level required for this level of care. The client's treatment can consist of individual, family and group therapy for 9 hours per week. IOP's should be at least eight weeks with a maximum of 12 weeks. Any additional requests after 12 weeks will require additional clinical to support the need and as appropriate they will be referred to Medical Affairs for a determination for services to be continued at an IOP level for substance use disorder. Additional requests should be supported by clinical to include that the patient is progressing and improving even though it may be taking longer. They must show that the treatment is medically necessary.
      - H0004
      - H0031
      - H0038
      - H2010
      - H2014
      - H2017
      - H2019
      - Any CPT codes that support the treatment.
   b. If no craving: individual therapy up to 1 hour per week X 90 days
   c. Counselling should occur in conjunction with a 12 step process (no cost AA/NA meetings) or similar program as a standard of care per the treatment plan.
   d. Case Management: Four (4) units per week and taper off of the service in 6 weeks.

3) **Residential Treatment:** Qualis Health currently does not complete reviews for services above the ASAM 2.1 IOP level under this contract.

IV. Behavioral Health Definitions

1) Acute: Symptoms demonstrate sudden onset with expectation of (relatively) rapid resolution.
2) Symptom Severity: Refers to current clinical status with respect to intensity of symptoms.
3) Decompensation: Significant deviation (deterioration) from long term baseline; alternative designations include symptom exacerbation and regression.
4) Stable: Symptom intensity and level of function demonstrate modest changes over time.
5) Chronic: Condition is (or expected to be) of long duration even with treatment.

6) Baseline: The patient's symptoms and behavior are at his/her typical level of intensity, often after a period of transient exacerbation requiring more aggressive treatment.

V. Case management - Case Management only for a patient nearing the end of care may have up to 4 units per month for 6 months.

VI. Initial patients to behavioral health and/or Substance abuse:

1) A patient can have 20 visits each year that do not require a prior authorization.
2) If a patient has been seen for 20 visits and is new to a provider, the provider can have three approved face to face contacts with the client. Per the Provider Manual: A diagnostic interpretation or a treatment plan shall be completed prior to or within five (5) working days of the third face-to-face contact with a licensed mental health professional.
3) Additional information:
   - H0031: Update assessment: approve one (1) unit.
   - H0031: Initial assessment or old assessment (more than a year old): approve up to eight (8) units
4) Initial Psychological Testing/Evaluation:
   - For the following codes 96101-96103, 96105, 96110-96111, 96116, 96118- 96120, 96125, please approve the following:
     - up to 10 units for neuropsychological testing,
     - up to 8 units for an initial assessment for a waiver client, and
     - up to 5 units for psychological testing which includes the 3 hours of report writing

     The timeframe is 4 weeks maximum/28 days for a psychologist or neuropsychologist to perform a psychological/neuropsychological testing/evaluation. If additional units are needed, the provider can justify the medical necessity for those units requested.

   - Required documentation for Psychological and Neuropsychological testing
     - Referral for testing with justification for testing to include reason for testing, how will testing support the treatment plan, and what case-specific questions for testing are there
     - What tests are to be administered
     - What type of interview is to be completed
     - Patient and family history of psychiatric and medical history information
     - The collateral information to be obtained by family members during the testing or reason why this is not completed
     - Current or former behavioral health information received or why this is not completed