

**Topic:** Supplement to MCG™ Discharge Criteria for Residential Treatment

**Date of Origin:** August 2013

**Section:** Utilization Management

**Last Reviewed Date:** July 2014

**Policy No:** 14

**Effective Date:** October 1, 2014

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **MCG™ CARE GUIDELINES**

The health plan uses MCG, formerly Milliman Care Guidelines, per licensed agreement, as the basis for determining medical necessity for Mental Health and Substance Abuse services. This policy provides additional clarification to the residential discharge criteria provided in the following MCG guidelines:

- Residential Acute Behavioral Health Level of Care, Adult, ORG: B-901-RES (BHG)
- Residential Acute Behavioral Health Level of Care, Child or Adolescent, ORG: B-902-RES (BHG)
- Eating Disorders, Residential Behavioral Health Level of Care, ORG: B-904-RES (BHG)
- Substance Use, Residential Behavioral Health Level of Care, Adult, ORG: B-903-RES (BHG)
- Substance Use, Residential Behavioral Health Level of Care, Child and Adolescent, ORG: B-907-RES (BHG)

These clarifications are ancillary information intended to be used as supplements to the MCG residential treatment guidelines above; they are not intended to replace MCG guidelines. The health plan's supplemental criteria are identified through the use of *blue italic text*.

### **SUPPLEMENT TO MCG RESIDENTIAL DISCHARGE GUIDELINES**

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I. The supplemental residential discharge criteria in *blue italic text* below applies to the following 3 MCG guidelines:

- Residential Acute Behavioral Health Level of Care, Adult ORG: B-901-RES (BHG)
- Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-902-RES (BHG)
- Eating Disorders, Residential Behavioral Health Level of Care, ORG: B-904-RES (BHG)

**MCG Discharge Criteria:**

- Residential care no longer appropriate due to patient progress record or consent as indicated by 1 or more of the following:
  - Patient deterioration requires higher level of care
  - Patient (or guardian) no longer consents to treatment

*Supplemental Criteria*

- *Patient inadequately participates in program*
- *Following 60 days of residential treatment, patient has not made progress despite participation and is judged not likely to improve*

II. The supplemental residential discharge criteria in *blue italic text* below applies to the following 2 MCG guidelines:

- Substance Use, Residential Behavioral Health Level of Care, Adult, ORG: B-903-RES (BHG)
- Substance Use, Residential Behavioral Health Level of Care, Child and Adolescent, ORG: B-907-RES (BHG)

**MCG Discharge Criteria:**

- Residential care no longer appropriate due to patient progress record or consent as indicated by 1 or more of the following:
  - Patient deterioration requires higher level of care
  - Patient (or guardian) no longer consents to treatment

*Supplemental Criteria*

- *Patient inadequately participates in program*
- *Following 30 days of residential treatment, patient has not made progress despite participation and is judged not likely to improve*

**REFERENCES**

1. American Academy of Child and Adolescent Psychiatry Practice Parameters. [cited 06/2013]; Available from: [www.aacap.org/index.wv](http://www.aacap.org/index.wv)

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2. MCG™ - 18th Edition (formerly Milliman Care Guidelines®). [cited 07/18/2014]; Available from: <http://careweb.careguidelines.com/ed18/>

## CROSS REFERENCES

None

CODES	NUMBER	DESCRIPTION
CPT	None	
HCPCS	None	