NETWORK HEALTH PLAN/NETWORK HEALTH INSURANCE CORPORATION
MEDICAL POLICY DEVELOPMENT/REVIEW SUMMARY

1570 Midway Pl.
Menasha, WI 54952

Meeting: Utilization Management Committee	Date: 12/14/2023
Title/Topic: In-Home Intensive Outpatient Psychotherapy	Policy Number: n05747
Purpose: Annual Review	Outcome: Choose an item.
Line of Business: Commercial	Effective Date: 12/14/2023

INTRODUCTION:
Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

In-home intensive outpatient psychotherapy entails a team of at least two therapists who provide services within the members/participants home, at a greater quantity, duration, and/or frequency than conventional outpatient psychotherapy. Services include a combination of individual, family, and parent/guardian sessions.

Our UM staff consult the member's individual coverage document regarding plan coverage prior to applying medical necessity criteria. NHP/NHAS covers the treatment of autism spectrum disorder services within the home as required by Wis. Stat. §632.895 (12m) and the Federal Mental Health Parity and Equity Act (MHPAEA) when the medical necessity criteria are met per the member/participants individual plan document. NHP/NHAS may consider home health psychiatric nursing services to be medically necessary when the coverage criteria for home health care services for the individual member/participant have been met.

This policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of In-Home Intensive Outpatient Psychotherapy services. This policy is due for annual review.

ACTION RECOMMENDED:
States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the In-Home Intensive Outpatient Psychotherapy policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include updating of references, verification, and addition of CPT codes.

ANALYSIS/JUSTIFICATION:
Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services

(CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

No coverage determinations (National (NCD) or Local (LCD)) were identified from the Centers for Medicare & Medicaid (CMS) pertaining to In-Home Intensive Outpatient Psychotherapy services.

No criteria or guidance was identified within MCG pertaining to In-Home Intensive Outpatient Psychotherapy services.

A review of the medical literature was performed with a lack of evidence found to support the efficacy for these services.

This policy was developed in coordination with a behavioral health provider and meets regulatory state and federal guidelines for behavioral health coverage.

REFERENCES:
Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- State of Wisconsin Group Health Insurance Program (ET-2180) Certificate of Coverage, Plan Year 2024
- Network Health Individual Health Maintenance Organization (HMO) Medical Policy, 2024 QHP Policy
- Network Health Large Group Fully Insured Plan Certificate of Coverage, 2024 NHP LG GRP NGF COC
- Assure Self-Insured Plan, Plan Document and Summary Plan Description, Assure ERISA with and without COBRA eff 012023

REVISION REASON:
Includes the date changes or updates were made and summary of changes applied.

11/01/2023- Annual review was completed. CMS, MCG, and Up to Date were reviewed for guidance updates. A literary review search was performed with no new recent articles identified. CPT/HCPCS code verification was performed, and additional codes were identified and added. References were updated.

Disclaimer:
Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.