

Policy

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Purpose

This policy outlines Longevity Health Plan's coverage of mental health services and addresses which specific services require prior authorization regardless of a provider's network status.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
CMS	Centers for Medicare and Medicaid Services
LCD	Local Coverage Determination

Policy

To ensure enrollees of LHP receive medically appropriate services, prior authorization is required for some services and are subject to review for medical necessity prior to being rendered. Examples include psychotherapy, psychological testing, and counseling services. This policy outlines the criteria by which these services are reviewed for medical necessity. LHP follows the CMS Psychiatry and Psychology Services LCD available at the following website: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33632&ver=76>

This policy will address psychological testing and counseling/psychotherapy services which do require prior authorization regardless of a provider being in or out of network with the LHP. Medicare allows only the medically necessary portion of a visit. Regardless of generation of a complete note, only the necessary services for the condition of the patient at the time of the visit may be considered in determining the level/medical necessity of any service.

LHP requires prior authorization for the following services:

- Psychiatric Diagnostic Procedures
- Interactive Complexity
- Psychotherapy (for services exceeding 5 initial visits)
- Psychiatric Somatotherapy
- Other Psychiatric Services or Procedures
- Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing)

General Coverage Requirements:

The services must be for the purpose of diagnostic study or the services must reasonably be expected to improve the patient's condition.

Coverage Criteria

In order to apply the standards outlined in the CMS Psychiatry and Psychology Services LCD, the following information must be included in the request for prior authorization in order to appropriately apply the CMS guidance. A template for information capture is included in the appendix section should the provider wish to use that form in lieu of clinical progress notes:

- An individualized treatment plan stating the type, amount, frequency, and duration of the services to be furnished. This treatment plan must also include diagnoses and anticipated goals.
- Evidence that the services are for the purpose of diagnostic study or are reasonably expected to improve the patient's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization and improve or maintain the patient's level of functioning.
- For psychotherapy, evidence of the follow must also be submitted with the clinical records:
 - Evidence of cognitive capacity to participate in and benefit from psychotherapy as evidenced by a Brief Interview of Mental Status (BIMS) within the past 90 days indicating a score greater than or equal to 13 or Mini Mental Status Exam (MMSE) within the past 90 days indicating a score greater than or equal to 15

Duration of Services

When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary. When a patient reaches a point in his/her treatment where further improvement does not appear to be indicated and there is no reasonable expectation of improvement, the outpatient psychiatric services are no longer considered reasonable or medically necessary.

Services will be authorized for 90 days or 12 visits at a time. Alternative options will be explored for members who have exceeded timelines, are not showing improvement, and/or are no longer appropriate based on established appropriateness criteria established by Longevity Health.

Any member requiring additional services beyond the authorization period of 90 days or 12 visits will require an additional prior authorization to support the medical necessity of ongoing services.

Psychotherapy for Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient with high distress.

LHP will cover and reimburse providers rendering behavioral health services to members undergoing an emergency medical condition without prior authorization and regardless of network status. An “emergency medical condition” under §422.113(b)(1)(i) is defined as a medical condition manifesting itself by acute



symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in serious jeopardy to the health of the individual or their unborn child, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

Emergency services are inpatient or outpatient services that are furnished by a provider qualified to furnish the services and needed to evaluate or stabilize an emergency medical condition (determined using the prudent layperson standard).

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		8/19/2022	Courtney Gonzales	NEW
2	Minor	9/8/2022	Courtney Gonzales	Add timelines and appropriateness verbiage
3	Minor	1/30/2023	Courtney Gonzales	Addition of Authorization Time Frames
4	Major	1/4/2024	Stefanie Caswell	Standardization of prior authorization requirements with CMS LCD
5	N/A	12/12/2025	Stefanie Caswell	Annual Review, No changes

Appendices

Screening for Medical Necessity of Psychotherapy Services

The below screening tool is intended to capture clinical information to aid in the medical necessity determination for psychotherapy services for Longevity Health Plan Members. The criteria applied to the medical necessity determination is based on the Medicare Local Coverage Determination (LCD) for Psychiatry and Psychology Services.

The below form can be included with the prior authorization request for psychotherapy services. Prior authorization is required for psychotherapy services beyond initial 5 visits. Prior authorization is not required for psychotherapy for crisis.

Demographic Information	
Member Name	
Member DOB	
Member Longevity Health Plan ID	

Treatment Plan

The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization and improve or maintain the patient's level of functioning.

When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary.

Type of Treatment	
Number of Treatments	
Duration of Treatment	
Diagnosis	
Anticipated Goals of Treatment	

Assessment of Cognitive Status

Most Recent Brief Interview for Mental Status (BIMS) Score		Only members whose most recent BIMS Score is greater than or equal to 13 qualify for psychotherapy services. BIMS Score must be from an assessment completed in the 90 days prior to the authorization request.
Date of Most Recent BIMS Score		

-OR-

Most Recent Mini Mental State Examination (MMSE) Score		Only members whose most recent MMSE Score is greater than or equal to 15 qualify for psychotherapy services. BIMS Score must be from an assessment completed in the 90 days prior to the authorization request.
Date of Most Recent MMSE Score		

Does the member possess the capacity to recall a therapeutic encounter from one session to another?



Yes

No

Provider Name: _____

Date of Completion: _____

References