 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Intensive In-Home Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	041
	ORIGINAL POLICY EFFECTIVE DATE:	06/20/11
	LAST REVISED DATE:	03/15/2023
	LAST REVIEWED DATE:	3/15/2023

DEFINITIONS: Intensive In Home Therapy is a unique form of counseling services provided to children covered under Badger Care (up to age 20) in the home by contracted providers. Services include a combination of individual or family therapy and travel time per provider. Services are provided to Severely Emotionally Disturbed (SED) children and are subject to a Health Check screen.

Policy: When requesting this level of service, the provider should submit the following:


- A clinical assessment performed by at least a Masters Level therapist that identifies current symptoms/behaviors, level of functioning affected and availability/competency of support system
- Clinical documentation indicating the member has completed a Health Check Screen in the past year. This must be a Health Check screen and include a BMI, anticipatory guidance, physical examination and health and developmental history. Appropriate CPT codes for this exam include 99381-99385 & 99391-99395. A signed Health Check referral form does not suffice as evidence that a Health Check Screen was performed.
- Submission of a treatment plan which may include a secondary therapist (A secondary team member must be any of the following: an MA-enrolled QTT, possess a Bachelor's degree in behavioral science, an RN, an OT, an MA enrolled psychotherapist, a substance abuse counselor, or professional with equivalent training, or have at least 2,000 hours of supervised clinical experience working in a related program.)
- Submission of Group Health's Intensive Outpatient Treatment Prior Authorization form

Procedure: Prior Authorization: YES

Coverage Criteria:

This level of service is considered medically necessary when InterQual criteria are met in addition to the following bullet points.

- Children less than 21 years of age who meet for an *Intensive Outpatient or Partial Hospital Program* are appropriate for this level of care provided the lead therapist is at least Masters Level prepared.
- The auth should include the procedure codes for the therapy to be provided (H0004, H0022, or T1006), number of visits, cert period and the procedure code for travel time (99082).
- No more than two hours of travel time will be reimbursed per visit per therapist. Time should be estimated through the use of Mapquest or similar map tool to determine distance from provider's office to member's home.
- Treatment may be approved up to a month at a time.
- Treatment hours should be no more than 8 hours per week.
- Total treatment duration should be no more than one year.
- A minimum of 4 hours of service per week must be provided to consider services Intensive In Home Therapy. Treatment planning at less than four hours per week is considered an

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Outpatient plan of care and should be treated as such. Providers do have the option to provide Outpatient therapy in the home.

Treatment should be monitored through Case Management efforts and provider's resubmission of authorization for these services. Resubmission only requires an update indicating current symptoms, functioning, compliance and involvement of support system with treatment and progress with treatment plan. Services may continue to service limits as mentioned above, or to a time which the member can safely be transitioned to outpatient services, whichever comes first.

APPROVED: *Michele Bauer MD.* DATE: 3/15/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/11/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Reviewed with updates.
01/14/2016	Betsy Kelly, RN	Reviewed with no changes
5/14/2019	Michele Bauer, MD, CMO	Reviewed with no changes
4/25/2020	Michele Bauer, MD, CMO	Reviewed
3/18/2021	Michele Bauer, MD, CMO	Updated secondary therapist requirements
3/4/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
3/15/23	Terry Weaver, RN HM Mgr	Updated name of prior auth form and frequency for concurrent review