

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

Prior authorization and medical review are required.

Participation in this program is a conditional benefit; Approval is based on review of the medical necessity documentation.

Coverage Determination

The Hasbro Partial Program is a day program for children with both medical and psychiatric/behavioral health conditions, who require care of an interdisciplinary team to manage these conditions. When the medical co-morbid conditions are unstable, the provider sends medical necessity documentation to Neighborhood Utilization Management's attention to request authorization.

Criteria

The following criteria must be met in order to be considered for admission authorization.

▶ **NOTE:** Criteria 1-4 must be met, criterion # 5 is recommended:

- The child has active medical and active behavioral health diagnoses, which are treatable in partial hospital setting
- Any psychiatric or behavioral condition where the child is at risk for deterioration in status, and/or potential risk for inpatient facility admission
- The medical condition is unstable, and cannot be managed in home environment secondary to psycho-social or environmental barriers
- The child and (parent/guardian) have capacity for reliable attendance and active participation in all phases of the treatment

- Other appropriate settings for treatment have been maximized, have failed, or are not available. (i.e., acute hospital, home environment, group home)

Authorization for a continued stay must meet the following criteria:

- The child continues to meet admission criteria, and less intensive care is not appropriate
- The goals and progress are being monitored and documentation demonstrates progress towards goals
- The member and/or family compliance with treatment plan
- Active discharge planning is ongoing, and documentation demonstrates the goal of transitioning the child to a less intensive level of care

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Cross Reference:

Created:	12/27/07
Annual Review Month:	April
Review Dates:	9/09, 11/1/10, 10/23/12, 1/21/2014, 1/6/215, 12/15/2015, 12/15/2016, 1/9/18, 1/4/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23, 4/10/24
Revision Dates:	12/15/2015, 6/30/2016, 12/15/2016, 1/9/18
CMC Review Date:	12/06/11, 11/13/12, 1/21/2014, 1/6/215, 1/5/2016, 1/10/2017, 1/9/18, 1/9/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23, 4/10/24
Medical Director Approval Dates:	2/12/08, 9/22/09, 11/09/10, 12/28/11, 11/13/12, 1/28/2014, 1/6/15, 1/5/2016, 2/16/2017, 4/12/18, 1/9/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23, 4/10/24
Effective Dates:	1/28/2014, 1/6/15, 1/5/2016, 7/1/2016, 2/16/2017, 4/12/18, 1/9/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23, 4/10/24

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

Beacon Health Strategies, LLC. Level of Care Criteria, Section G. Acute Psychiatric Partial Hospitalization