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This document shows the specifications for behavioral health residential psychiatric treatment programs for Blue Cross and Blue Shield of Michigan commercial and Blue Care Network commercial members.

Where residential psychiatric treatment takes place

Residential psychiatric treatment takes place in a state-licensed facility that provides 24-hour mental health care and treatment seven days a week.

Providers must always check a member's coverage to see if it includes residential psychiatric treatment benefits. Providers should use our provider portal (availability.com*) to check each member's benefits and eligibility and to understand specific policy limitations.

Requirements to qualify as a psychiatric residential treatment facility

For services to be eligible for reimbursement by Blue Cross and BCN, a psychiatric residential treatment facility must:

- Be licensed by the state of Michigan as a child-caring institution, an adult foster care facility or another type of health care facility that can accommodate the requirements of the Blue Cross or BCN psychiatric residential treatment benefit for individuals who:
 - Require psychiatric treatment that is longer term than the traditional inpatient program and more intensive than outpatient psychiatric treatment
 - No longer require the intensity of service provided in a traditional psychiatric inpatient facility
 - Continue to require supervision 24 hours a day, seven days a week because they cannot safely be treated in a less restrictive setting such as a day treatment program
- Use the services of a multidisciplinary treatment team

- Participate with Blue Cross/BCN (for facilities located in Michigan) or with its local Blue Cross Blue Shield plan (for facilities located outside of Michigan)

Requirements for providing treatment

A psychiatric residential treatment facility must be able to provide room and board for patients as well as supervision and treatment as outlined below:

- A face-to-face/audio-visual (virtual) evaluation by the attending psychiatrist must occur within 48 hours of admission
- Provide these services 24 hours a day, seven days a week:
 - Supervision
 - Nursing care — onsite or on call and no more than 60 minutes away
 - A psychiatrist on call
- A psychiatrist is onsite a minimum of two days per week.
- An individualized plan of active psychiatric treatment and residential living support is provided in a timely manner:
 - The initial plan of care should be developed within 72 hours of admission.
 - A more robust plan of care should be developed by the end of week 2.
- Each member's plan of care should be updated at least weekly. At minimum, the plan must include the following elements:
 - A weekly face-to-face/audio-visual (virtual) meeting scheduled with the patient and his or her caretaker, guardian or family members. This must occur unless there is an identified, valid reason why it is not clinically appropriate or feasible.
 - Medication management by a board-certified psychiatrist, advanced practice nurse practitioner, physician assistant or clinical nurse specialist under the supervision of the attending psychiatrist provided a minimum of twice per week until the patient is stable. After that, it must be provided a minimum of once weekly.
 - Ongoing medical services to evaluate and manage comorbid medical conditions.
 - Integrated treatment, rehabilitation and support provided by a multidisciplinary team. There should be connection and coordination with the patient's community resources with the goal of returning the patient to his or her regular social environment as soon as possible.

- Individual therapy should occur twice a week.
- Group therapy should take place for a minimum of 12.5 hours a week and should adhere to the following guidelines:
 - Group sessions should be from 60 to 90 minutes in length.
 - At least two group therapy sessions should be psychological sessions, such as process groups and dialectal behavior therapy.
 - The remaining group sessions may be expressive. Examples: art therapy, dance therapy, psychodrama therapy, vocational groups, psycho-educational groups.
 - Recreational activities should be available for those able to participate, including a minimum of four hours of treatment or activities planned for each weekend day.
 - Therapies such as equestrian therapy or "ropes" exercises may be included but not at an additional cost to the member.
- Note: Wilderness programs are excluded.
- Clinical judgment should be used to determine whether the member can tolerate the designated amount of group activity. If the member is unable to participate to the extent described above, the reason should be documented in the member's chart for each activity.
- For children and adolescents, a certified school program must be provided.
- For geriatric facilities, the care is expected to include activities and resources available to meet the social needs of older patients with chronic mental illness. These needs would typically include, at a minimum, company (either external visitors or individuals inside the facility), daily activities and having a close confidant.

Noncovered services

We do not pay for the following services under the mental health benefit:

- Admission to a residential psychiatric facility or services provided by such a facility if prior authorization was not obtained
- Staff consultations required by a facility's or program's rule
- Marital counseling
- Services provided by a facility that does not participate with Blue Cross/BCN (for facilities located in Michigan) or participate with its local Blue Cross Blue Shield plan (for facilities located outside of Michigan)

Clinical program requirements

For behavioral health residential psychiatric treatment services

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- Services that are not focused on improving the member's functioning
- Services that are primarily for the purpose of maintaining long-term gains made by the member while in another treatment program
- A residential program that:
 - Is a long-term substitute for a member's lack of available supportive living environment within the community
 - Serves to protect family members and other individuals in the member's living environment
- Services or treatment that are cognitive in nature or supplies related to such services or treatment
- Services, treatment or supplies that are court ordered or related to a court order
- Transitional living centers such as halfway and three-quarter-way houses
- A private room or an apartment
- Therapeutic boarding schools
- Milieu therapies, such as wilderness programs, supportive houses or group homes
- Domiciliary foster care
- Custodial care
- Treatment or programs for sex offenders or perpetrators of sexual or physical violence
- Services to hold or confine a member under chemical influence when the member does not require medical treatment
- Nonmedical services including but not limited to enrichment programs, dance therapy, art therapy, music therapy, equine therapy, yoga and other movement therapies, "ropes" courses, guided imagery, consciousness raising, socialization therapy, social outings and educational or preparatory courses or classes

Note: These services may be paid as part of a treatment program. They are not payable separately.

Prior authorization requirements

Residential psychiatric treatment requires prior authorization and must meet the criteria for medical necessity, use and quality.

Clinical program requirements

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If prior authorization is not obtained:

- A participating or in-network facility that provides the care cannot bill the member for the cost of the admission and services.
- A nonparticipating or out-of-network facility that provides the care may require the member to pay for the admission and services.

Refer to the document [Blue Cross Behavioral Health: Frequently asked questions for providers](#) for information about requesting prior authorization.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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