

2010 Magellan Medical Necessity Criteria *(effective August 10, 2009)*
Specific Changes in the Outpatient Medical Necessity Criteria

In order to make the Outpatient criteria more specific and to facilitate the determination of medical necessity when reviewing clinical information, Magellan has instituted the following changes:

1. Combined initial and continued stay criteria
 - Purpose: Most plans will now allow a number of sessions for evaluation purposes before outpatient review begins. Combining the new criteria sets eliminates redundancy.
 - Clinical reviewers will not begin review until a thorough diagnostic evaluation is underway or completed and an initial treatment plan with time-specific goals is formulated. At this point, concurrent review will begin.
 - Providers must obtain authorization for further sessions after initial evaluative sessions have been completed.
2. Added language regarding functional impairment
 - Purpose: To identify specific behaviors or impairments that are the result of the member's condition and are targeted in treatment.
 - Clinical reviewers will be asking for descriptions of functional impairment in social, school and/or work environments.
 - Providers will be expected to identify specific functional impairments and the treatment strategies to be used to address them.
3. Indication of progress as evidenced by improved GAF score or as measured by an objective outcome tool
 - Purpose: To identify specific, objective outcomes measurement tools that are being used to assess the member's level of functional impairment and progress in treatment.
 - Clinical reviewers will be inquiring about the mechanisms used to measure treatment outcomes.
 - Providers will be expected to describe use of tools such as the SF-BHT™, CHI, CHI-C, or other recognized instruments used to measure functionality, such as the GAF score.
4. Added language to require assessment of member's demonstrated motivation level and ability to benefit from treatment
 - Purpose: To identify the member's level of motivation (stages of change) and a demonstrated commitment and ability to benefit from treatment.
 - Clinical reviewers will be inquiring about the specific behaviors that indicate the member is participating in treatment and is committed to, and capable of, improvement, or there is evidence the member's condition would significantly deteriorate if treatment were stopped.
 - Providers will be expected to describe the member's level of motivation (stage of change) and the specific behaviors that indicate the member is fully invested in, and capable of benefiting from, treatment.
5. Coordination of care with PCP and other health care providers
 - Purpose: To identify specific activities indicating coordination of care and linkage to physical and behavioral health care providers, as appropriate.
 - Clinical reviewers will be inquiring about identification of PCP and member signing authorization to release information to their PCP, to other behavioral health providers and/or to community resources.
 - Providers will be expected to describe activities to coordinate care and refer to appropriate community resources.
6. Visit frequency of once per week except for crisis or situations where the provider demonstrates medical necessity for more frequent visits
 - Purpose: To identify specific rationales for visit frequency of more than once per week.
 - Clinical reviewers will be inquiring about specific rationale for additional weekly visits.
 - Providers will be expected to give a rationale for the frequency of visits if more often than once per week and to have a plan to decrease the frequency over time.