Medical Necessity Criteria and Clinical Policy Bulletins

Medical necessity criteria/guidelines assist in making and overseeing coverage decisions regarding level, type and duration of care:

- Level of Care Assessment Tool\(^1\): The Aetna Level of Care Assessment Tool, or LOCAT instrument, helps determine appropriate levels and types of care for patients in need of evaluation and treatment for mental health conditions and diagnoses. It also applies for patients in need of placement in specialized psychiatric or mental health facilities or units.

- The American Society of Addiction Medicine Guidelines: The American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM 3) is a nationally recognized criteria set that helps determine appropriate levels and types of care for patients in need of evaluation and treatment for chemical dependency and substance abuse conditions and diagnoses. They also apply for patients in need of placement in specialized chemical dependency detoxification or rehabilitation facilities or units. Note: For treatment provided in Texas, Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers (28 TAC §§3.8001-3.8030) are utilized in place of ASAM.


  These criteria are copyrighted but can be purchased by contacting:
  American Society of Addiction Medicine
  4601 North Park Ave
  Arcade Suite 101
  Chevy Chase, MD 20815
  Telephone: 301-656-3920
  Fax: 301-656-3815
  Contact ASAM at: Email@asam.org

Aetna Behavioral Health supplies relevant pages of ASAM criteria upon request. Please direct requests to our Provider Service Center. For HMO-based and Medicare Advantage plans, call 1-800-624-0756. For all other plans, call 1-888-MD AETNA (1-888-632-3862).

- State-required criteria: In Texas, the Texas Department of State Health Services oversees the Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers (formerly TCADA), which are substituted for the ASAM guidelines noted above. You can find these standards at: http://info.sos.state.tx.us/pls/pub/readtac$ext. ViewTAC?tac_view=5&ti=28&pt=1&ch=3&sch=HH&rl=Y

- Aetna’s Applied Behavioral Analysis (ABA) Medical Necessity Guideline for the treatment of Autism Spectrum Disorders: The ABA Medical Necessity Guide is a clinical behavioral health patient management instrument used to guide and track treatment decisions for Aetna members in need of ABA. For practitioners treating pervasive developmental disorders (such as autism) using Applied Behavior Analysis, either national certification is needed from the Behavior Analyst Certification Board (BACB), or the practitioner must be licensed as a behavioral health professional in the state in which he/she practices.
Aetna Clinical Policy Bulletins (CPBs) are based on evidence in peer-reviewed published medical literature, technology assessments and structured evidence reviews, evidence-based consensus statements, expert opinions of health care providers, and evidence-based guidelines from nationally recognized professional health care organizations and government public health agencies. CPBs are detailed and technical documents that explain how we make coverage decisions for members under our health benefits plans. They spell out what medical, dental, pharmacy and behavioral health technologies and services may or may not be covered. New, revised and updated CPBs become effective when published on Aetna’s CPB websites. You’ll find a complete index of published CPBs on the Aetna website at http://www.aetna.com/healthcare-professionals/policies-guidelines/clinical_policy_bulletins.html.

Both new and revised CPB drafts undergo a comprehensive review process that includes review by Aetna’s Clinical Policy Council and external practicing clinicians. The Aetna chief medical officer (or designee) approves CPBs. The Aetna Clinical Policy Council evaluates the safety, effectiveness and appropriateness of medical technologies (that is, drugs, devices, medical and surgical procedures used in medical care, and the organizational and supportive systems within which such care is provided) that are covered under Aetna medical plans, or that may be eligible for coverage under Aetna medical plans. In making this determination, the Clinical Policy Council reviews and evaluates evidence in the peer-reviewed published medical literature, information from the U.S. Food and Drug Administration and other federal public health agencies, evidence-based guidelines from national medical professional organizations, and evidence-based evaluations by consensus panels and technology evaluation bodies.

The criteria noted above are only guidelines. Their use does not preclude the requirement that trained, licensed, credentialed and experienced behavioral health professionals must exercise their independent professional judgment when providing behavioral health care services to Aetna members. Referrals for evaluation and/or treatment of chemical dependency and mental health issues will be reviewed by a psychiatrist or licensed clinician to determine the appropriate level of care.

Refer to Attachment A for a summary of the LOCAT criteria. For full LOCAT guidelines, visit our website at http://www.aetna.com/healthcare-professionals/policies-guidelines/ABH_LOCAT_Disclaimer.html.

For current information on our medical necessity criteria or Clinical Policy Bulletins, visit our Clinical Policy Bulletin page on www.aetna.com at http://www.aetna.com/healthcareprofessionals/policies-guidelines/clinical_policy_bulletins.html. If you need hard copies of any of Aetna Behavioral Health’s UM criteria or CPBs, contact our Provider Service Center at 1-888-632-3862.

Medicaid Medical Necessity Criteria (Medicaid in KY, MI and VA)
MHNet has developed Medical Necessity Criteria for making all clinical utilization management decisions. The Medical Necessity Criteria are a set of rigorous, objective standards based on clinical literature and expert consensus. There are specified criteria for triage, including handling of routine, urgent, emergent and crisis calls as well as for referrals and treatment of specific member conditions. Criteria encompass mental health and substance use conditions. To obtain a copy of MHNet’s Medical Necessity Criteria, please contact 1.855.319.4388 or visit our website at www.mhnet.com.

LOCUS/CALOCUS
The Level of Care Utilization System (LOCUS) and Child and Adolescent Level of Care Utilization System (CALOCUS), developed by the American Association of Community Psychiatrists, are guidelines that indicate the
appropriate level of care for members with psychiatric, addictive and developmental disorders. MO HealthNet requires that these guidelines be utilized by managed care organizations making benefit coverage determinations for Missouri Medicaid members. The LOCUS/ CALOCUS guidelines are quantifiable measures that guide assessment, level of care placement, and continued stay decisions. To obtain a copy of the LOCUS/ CALOCUS guidelines, please contact 1.855.319.4388 or visit our website at http://www.mhnet.com/services-and-support/providers/clinical-resource-info/A111019.

**Pennsylvania-only requirement for PA Act 106**

In accordance with the requirements under PA Act 106, the law requires that a licensed physician or psychologist: 1) Certify in writing that the person is suffering from alcohol/ drug abuse or dependency 2) Refer them for appropriate facility or outpatient alcoholism and drug abuse treatment 3) Include length and type of care in the written certification. All services must be provided in facilities licensed by the Pennsylvania Department of Health to specifically provide alcohol and other drug addiction treatment services. This applies to all individuals covered under fully insured group plans written in Pennsylvania.

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1 Level of Care Assessment Tool (LOCAT) is an instrument that an Aetna clinician uses to aid in the decision-making process. It helps determine the level of care appropriate for effective treatment and medically necessary for a mental health patient. “Aetna clinician” may mean a care manager, an independent physician reviewer working on Aetna’s behalf or an Aetna medical director.