



MEDICAL COVERAGE GUIDELINES  
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 01/01/17  
LAST REVIEW DATE: 12/18/18  
LAST CRITERIA REVISION DATE: 12/12/17  
ARCHIVE DATE:

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## INPATIENT SUBACUTE BEHAVIORAL HEALTH TREATMENT / RESIDENTIAL TREATMENT FACILITY SERVICES

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## INPATIENT SUBACUTE BEHAVIORAL HEALTH TREATMENT / RESIDENTIAL TREATMENT FACILITY SERVICES (cont.)

### Description:

Inpatient subacute behavioral health treatment and residential treatment facilities provide short term treatment to members who have diagnosed psychiatric and/or substance abuse disorders. This level of care is for members who cannot safely be treated in an outpatient setting, but do not need an acute inpatient level of care. Inpatient subacute behavioral health treatment and residential treatment facilities provide care to those who are at risk of harm to self or to others and/or are not able to adequately care for themselves. Medically supervised care and rehabilitation is provided 24/7 in an appropriately licensed facility. This level of care is not appropriate for custodial, domiciliary, educational, recreational or respite care.

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### Criteria:

**COVERAGE FOR INPATIENT SUBACUTE BEHAVIORAL HEALTH TREATMENT / RESIDENTIAL TREATMENT FACILITY SERVICES IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO THE MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.**

The following criteria apply to adults, children and adolescents.

### Criteria for Admission:

- **If benefit coverage for inpatient subacute behavioral health treatment / residential treatment is available**, inpatient subacute behavioral health treatment / residential treatment is considered **eligible for coverage** with documentation of **ALL** of the following:
  1. Applicable InterQual® Care Planning criteria are met. (Specific criteria may be requested via criteria telephone access line 602-864-4614)
  2. Properly licensed facility
  3. 24/7 Registered Nurse (RN) on site
  4. Face-to-face psychiatric evaluation within 24 hours of admission
  5. Physical examination within 24 hours of admission
  6. Individualized treatment plan which includes preliminary discharge plan within 7 days of admission
  7. Rehabilitation level of care is not primarily for custodial, domiciliary, educational, recreational or respite care



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## INPATIENT SUBACUTE BEHAVIORAL HEALTH TREATMENT / RESIDENTIAL TREATMENT FACILITY SERVICES (cont.)

Criteria: (cont.)

The following criteria apply to adults, children and adolescents.

Continued Stay:

- **If benefit coverage for inpatient subacute behavioral health treatment / residential treatment is available**, inpatient subacute behavioral health treatment / residential treatment is considered **eligible for coverage** with documentation of **ALL** of the following:
  1. Applicable InterQual® Care Planning criteria are met. (Specific criteria may be requested via criteria telephone access line 602-864-4614)
  2. Admission criteria are met
  3. Individual cannot be managed safely at a less restrictive level of care
  4. Individual is attending and participating in the program as designated by the treatment plan
  5. Individual is making progress towards established goals as documented in the medical record **OR** the individual is not making progress towards established goals as documented in the medical record and the treatment plan is revised



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## INPATIENT SUBACUTE BEHAVIORAL HEALTH TREATMENT / RESIDENTIAL TREATMENT FACILITY SERVICES (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

