

Section 65 Day Treatment Documentation Guidelines

A treatment plan is required for all Continued Stay Reviews. An Individual Education Plan (IEP) should also be included, in addition to the Individualized Treatment Plan (ITP).

To be eligible for Section 65 Day Treatment, a member must need treatment that is more intensive and frequent than Outpatient but less intense than hospitalization. As Day Treatment is a Clinical Intervention, it is expected that a member would need direct clinical intervention as a part of this service.

Prior Authorization:

Verify that you have the correct member, and the correct Requesting and Servicing NPI numbers

Service Type: Section 65

Request Type: Prior Authorization

Procedure: Code: H2012 HO- Master's; H2012 HN- Bachelors
Description: Child BH Day Treatment – Master's/Bachelor's
Length of service: 30 days
Quantity: No more than 128 units (7 hours/day, 5 days/week)

*to add a second code, select "FIND" to search for the next code.

Diagnosis: Enter in the diagnosis for the member, if known. An eligible diagnosis is needed at time of first Continued Stay Review.

Clinical Information: No information is needed here.

Attached Documents: An IEP and Treatment Plan is needed at the time of Prior Authorization. Upload those documents directly into Atrezzo.

Questionnaire: Fill out the questionnaire with the information that is known about the member, such as the reason for referral, presenting symptoms and behaviors, etc. Include Functional Assessment Scores in the General Questionnaire.

Continued Stay Review:

Enter in the case ID from the Prior Authorization, and click extend.

Procedure: Code: H2012 HO- Master's; H2012 HN- Bachelors
Description: Child BH Day Treatment – Master's/Bachelor's
Length of service: up to 180 days
Quantity: No more than **780 units** (7 hours/day, 5 days/week), for Bachelors
For Master's- scheduled Clinical Intervention (group, individual, family) needed for the requested time period.

Diagnosis: An eligible diagnosis is required at time of first Continued Stay Review.

Attached Documents: A Treatment Plan is required at each CSR, in addition to the IEP. Upload those documents directly into Atrezzo.

Questionnaire: Fill out the questionnaire in its entirety. Please use the questionnaire to discuss the ongoing needs, such as symptoms and behaviors that continue to require this level of daily intervention, and how the BHP and Clinician will be meeting those needs through how the units will be used. For the section for Transition/Discharge- indicate the *criteria, plan and time frame for a reduction in intensity of service, and eventual discharge of service*. Include what observable progress will signal when the member might be ready to decrease to fewer units per day/week, and to eventually discharge.