

# Beacon NMNC 6.603.07 Psychiatric Visiting Nurse (Home Health Services) (Child/Adolescent)

Child and adolescent VN services are provided for treatment and monitoring of a member's psychiatric condition that:

- a) Prevents the member from leaving their home; or makes it extremely difficult or unsafe to leave their home
- b) Is severe and persistent (SP) and involves a history of medication non-adherence
- c) Meets the current DSM or corresponding ICD diagnostic criteria
- d) Involves psychiatric medication management.

Typical examples of when the VN service is utilized are:

- a) When a comorbid physical health condition results in the inability to receive psychiatric care involving medication administration
- b) At points of care transition from more intensive levels of care where there is a high risk for decompensation and readmission without the use of VN services
- c) For members with both a SP condition and a history of medication non-adherence
- d) For member with difficulties ambulating that present a barrier for attending outpatient medical and psychiatric care.

Services provided by psychiatric VNs include:

- a) Administration of medications, including long acting, injectable antipsychotic medications
- b) Obtaining blood work for a member
- c) Providing education, psycho-education and motivational interviewing
- d) Other psychiatric nursing services for which they are licensed.

Before starting Visiting Nurse (VN) services, a specialized treatment plan is developed by the member's psychiatrist or advanced practice registered nurse (APRN).

If a comorbid physical condition is contributing to the members' need for child/adolescent psychiatric VN services, the specialized treatment plan is developed in conjunction with the member's primary physical health care provider.

## CPT CODES

Northeast 1: S9123

Employer: 0581

## ADMISSION CRITERIA

**All** of the following criteria must be met:

1. Member must meet the criteria for a *DSM* or corresponding ICD diagnosis.
2. Services are for assistance with
  - a. Psychiatric medication management (e.g., pharmacy, adherence, medication reconciliation, assessing medication side effects)
  - b. Education about chronic disease management
  - c. Coordination of care and care transition management
  - d. Nutrition and/or hydration management
  - e. Emergency plan management.
3. Member can be adequately and safely maintained in the home.
4. Member and Member's guardian are willing and motivated to receive psychiatric nursing/home care services.
5. Outpatient or community-based medication management services are not adequate to stabilize the member or maintain current level of functioning due to at least *one* of the following:
  - a. Member has complex co-morbidity resulting in difficulty attending a community based health setting; or
  - b. Member requires long-term injectable medication and/or regular bloodwork to maintain stability on current medication regimen.
6. Member does not require a level of structure beyond the scope of VN services.
7. Without psychiatric VN, the member would be at high risk of requiring a higher level of care.
8. A specialized treatment plan has been developed by the member's psychiatrist or advanced practice registered nurse (APRN).
9. If a comorbid physical condition is contributing to the member's need for child/adolescent psychiatric VN services, the specialized treatment plan is developed in conjunction with the primary physical health care provider.

## CONTINUED STAY CRITERIA

**All** of the following criteria must be met:

1. Member continues to meet admission criteria.
2. A less intensive level of care would not be adequate to administer care.
3. Treatment is still necessary to reduce symptoms and improve functioning.
4. The treatment plan has a set of clearly defined and measurable goals.
5. Member's progress toward treatment plan goals is monitored regularly
6. Progress assessment includes appropriate psychometric assessment.
7. The treatment plan is modified and updated based on progress that is being made.
8. There is evidence of progress and the member appears to be benefitting from services.
9. Member is participating in the treatment plan.
10. Intensity and frequency of services occurs at a rate appropriate for the member's current psychiatric symptoms.
11. Continuation of psychiatric visiting nurse/home care services is necessary to prevent decompensation of symptoms and placement in a more restrictive treatment setting.

12. Coordination of care and active discharge-planning is ongoing, with the goal of transitioning the member to a less intensive level of care.

### **DISCHARGE CRITERIA**

**One** of discharge criteria 1-3 must be met; criteria 4 and 5 are recommended, but optional:

1. Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive, and that level of care is sufficiently available.
2. Guardian withdraws consent for treatment.
3. Member does not appear to be participating in the treatment plan despite multiple documented efforts to engage the member.
4. Member's individual treatment plan and goals have been met.
5. Member's support system is in agreement with the aftercare treatment to follow discontinuation of VN services.

### **EXCLUSIONS**

**Any one** of the following criteria is sufficient for exclusion from this level of care:

1. Member requires a level of structure and supervision beyond the scope of Psychiatric Visiting Nurse services.
2. Member is receiving community-based medication management services without contraindication/service interruption.
3. Intervention is requested for only primary physical health diagnosis.

### **REFERENCES**

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevant research or update:

1. Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual® Behavioral Health Criteria
3. National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4. Professional publications and psychiatric texts
5. Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)