

EVH Clinical Guideline 2728.CC for Psychosocial Rehabilitation

Guideline Number: EVH_CG_2728.CC	<u>Applicable Codes</u>	
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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

The goal of **Psychosocial Rehabilitation** is to reduce risk of clinical readmission and to assist in maintaining current living situation. CountyCare considers **Psychosocial Rehabilitation** medically necessary for the following indications ^(1–3):

- Member is 18 years or older
- Member requires treatment for a mental or behavioral health disorder (as specified in 59 ILAC 132.25) recognized by the current edition of the Diagnostic & Statistical Manual of Mental Disorders
- Member has acute and serious deterioration in ability to fulfill age-appropriate responsibility and management of activities of daily living
- Member is able to participate in therapeutic interventions and shows potential for symptom improvement or symptom management
- Member must have a documentation of a treatment plan leading to the reduction or control of symptoms
- Member does not require ongoing, significant active, or invasive medical treatment for management
- Member does not require a more intensive level of care

LIMITATIONS

- This is a face-to-face intervention and the services may be provided in a group or an

individual setting

- Member to staff ratio for groups shall be no more than 15:1
- May not be provided in conjunction with Assertive Community Treatment (ACT; except during transition to or from ACT) or hospital-based psychiatric clinic services type A.
- Services shall be available at least 25 hours/week and on at least four days/week.
- Members must not require skilled nursing care, or have a moderate, severe, or profound developmental disability

CODING AND STANDARDS

Codes

Code	Description
H2017	Psychosocial rehabilitation services, per 15 minutes

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Psychosocial rehabilitation is defined as facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving and coping skills development.

Examples include:

- Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments.
- Cognitive behavioral intervention.
- Interventions to address co-occurring psychiatric disabilities and substance use.

- Promotion of self-directed engagement in leisure, recreational and community social activities.
- Engaging the client to have input into the service delivery of psychosocial rehabilitation programming.
- Client participation in setting individualized goals and assisting their own skills and resources related to goal attainment.

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> ● This guideline replaces PA.233.CC Psychosocial Rehabilitation ● Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; updated Indications and Limitations sections; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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REFERENCES

1. National Institute for Health and Care Excellence. Rehabilitation for adults with complex psychosis. *NICE Guideline*. Published online 2020:1-82.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. 5th ed.; 2022.
3. Illinois Administrative Code. *TITLE 59: MENTAL HEALTH*. ILGA.gov; 2024.