



POLICY AND PROCEDURE MANUAL

Policy Number: PA.233.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

PA.233.CC Psychosocial Rehabilitation

CountyCare considers **Psychosocial Rehabilitation** medically necessary for the following indications:

- 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

The goal is to reduce risk of readmission and to assist in maintaining current living situation.

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 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



PA.233.CC Psychosocial Rehabilitation

Policy Number: PA.233.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

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.

Codes

| Code | Description |
|-------|--|
| H2017 | Psychosocial rehabilitation services, per 15 minutes |

Note: This code is not covered by Medicare

References

1. Earnheart K, et al. Partial hospitalization programs and intensive outpatient programs. 2015 AABH Standards and Guidelines [Internet] Association for Ambulatory Behavioral Healthcare. 2015.
<http://www.aabh.org/#!aabh-standards--guidelines/c23ge>
2. MCG 21st Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures > Psychosocial Rehabilitation (B-812-T)
3. Optum 360. HCPCS Code Detail – H2017.
4. Psychosis and schizophrenia in adults: treatment and management. NICE clinical guidance CG178 [Internet] National Institute for Health and Care Excellence. 2014 Feb.
<http://www.nice.org.uk/guidance>
5. Stafford MR, et al. Efficacy and safety of pharmacological and psychological interventions for the treatment of psychosis and schizophrenia in children,

PA.233.CC Psychosocial Rehabilitation

Policy Number: PA.233.CC

Last Review Date: 11/16/2023

Effective Date: 12/01/2023

adolescents and young adults: a systematic review and meta-analysis. PLoS ONE 2015;10(2):e0117166. DOI: 10.1371/journal.pone.0117166.

<https://pubmed.ncbi.nlm.nih.gov/25671707/>

6. State of Illinois. Community of Mental Health services. Service Definition and Reimbursement Guide.

https://www2.illinois.gov/hfs/MedicalProviders/behavioral/sass/Documents/070507_cmhp_guide.pdf

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.