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Guidelines for Determining Medical Necessity and Appropriate Level of Care

Medical necessity is an important function, not only to meet technical federal requirements for funding, but also to ensure that members are accessing appropriate services that best meet their needs and reduce their symptoms.

There is no single tool or score that will determine the medical necessity for a specific service or level of care. KHS provides the following guidelines that should be used by practitioners and will be used by KHS in utilization reviews to determine the appropriateness of the services rendered:

1. A complete evaluation has been done that includes all five AXISs'. The member has a mental illness diagnosis from the DSM IV-TR and the GAF indicates a lower level of functioning. The evaluation would indicate a need for psychiatric treatment.
2. It is the opinion of the treating clinician/s that without treatment the member could become at risk of harm to self and/or others.
3. The level of care provided is determined by the clinician/s to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harms.
4. The intervention recommended has been proven to be effective.
5. Certain services have eligibility requirements that have been defined by the state and the contract with KHS. These eligibility requirements have to be met in order for the Member to receive these services. These would include, but are not limited to community based services, community support services, acute inpatient and residential care.
6. There are other standardized assessments and tools that clinicians should use to assist in determining higher levels of care such as, but not limited to the CAFAS, PECAFAS and/or CBCL scores.