

North Sound Behavioral Health Organization (North Sound BHO) Utilization Guidelines for Children and Adolescents

The information below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care if appropriate. North Sound BHO approval is required for some services prior to delivery of the service.

Please refer to the Service Encounter Reporting Instructions for appropriate Current Procedural Terminology (CPT) and Health Care Procedural Coding System (HCPCS) codes.

Assigned Level of Care	North Sound BHO Services
Level 1	<p style="text-align: center;">Guideline: 1-10 Hours/Average: 5 per year</p> <ul style="list-style-type: none"> • Outpatient Services: Brief Intervention Treatment, Comprehensive Community Support Services, Cognitive Behavioral Therapy (CBT), Trauma Focused CBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment; • Medication Services: Medication Management; • Peer Services: Parent to Parent; • Other Services: Special Population Evaluation.
Level 2	<p style="text-align: center;">Guideline: 11-30 Hours/Average: 20 per year</p> <ul style="list-style-type: none"> • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, Dialectical Behavioral Therapy (DBT), Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment; • Medication Services: Medication Management; • Peer Services: Parent to Parent; • Other Services: Psychological Assessment, Special Population Evaluation.
Level 3	<p style="text-align: center;">Guideline: 31-60 Hours/Average: 40 per year</p> <ul style="list-style-type: none"> • High Intensity Treatment: High Intensity Treatment Services (System of Care/Wraparound)*, Children's Hospital Alternative Program (CHAP)*; • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment; • Rehabilitation Services: Day Support/Adolescent*, Day Support/Elementary Ages*; • Medication Services: Medication Management, Medication Monitoring; • Peer Services: Parent to Parent; • Other Services: Psychological Assessment, Special Population Evaluation.

<p style="text-align: center;">Level 4</p>	<p style="text-align: center;">Guideline: 61+ Hours/Average: 80 per year</p> <ul style="list-style-type: none"> • High Intensity Treatment: High Intensity Treatment Services (System of Care/Wraparound)*, CHAP*; • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment; • Rehabilitation Services: Day Support/Adolescent*, Day Support/Elementary Ages*; • Medication Services: Medication Management, Medication Monitoring; • Peer Services: Parent to Parent; • Other Services: Psychological Assessment, Special Population Evaluation, Respite Care (planned).
<p style="text-align: center;">Level 5</p>	<p style="text-align: center;">Guideline: 61+ Hours/Average: 80 per year</p> <p>The hours noted are for provision of outpatient mental health services for individuals in a residential setting. The hours are not applicable to services that are associated with residential services such as room and board. Residential services for children/adolescents are not currently available in this region. For individuals for whom it is determined Level 5 services are needed, services which approximate this level of care should be provided.</p>
<p style="text-align: center;">Level 6</p>	<p style="text-align: center;">Guideline: 61+ Hours/Average: 80 per year</p> <p>Inpatient services are separately authorized based on medical necessity and admission criteria and are not dependent on the individual's CALOCUS level. For individuals for whom it is determined Level 6 services are needed, but who are not certified for inpatient care, services which approximate this level of care should be provided.</p>

****North Sound BHO approval required prior to receiving this service.***