

UTILIZATION MANAGEMENT GUIDELINE – 3.01.522


Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs

Effective Date: Aug. 1, 2023
Last Revised: June 13, 2023
Replaces: N/A

RELATED MEDICAL POLICIES
10.01.531 InterQual Criteria: Services Reviewed for Medical Necessity

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Introduction

Wilderness therapy programs, also known as outdoor behavioral healthcare residential wilderness programs, are treatment programs for mental health disorders and substance use disorders that take place in an outdoor setting instead of inside a facility. Individuals who attend these programs are in the program setting 24 hours a day, seven days a week. They receive some of the same types of treatment for their mental health or substance use disorders that they would have received if they were in a residential treatment facility. The providers of wilderness therapy/outdoor behavioral healthcare residential wilderness programs believe that receiving treatment in an outdoor setting can be therapeutic. Wilderness therapy/outdoor behavioral healthcare residential wilderness programs are different than adventure programs, daytime adventure therapy programs, wilderness excursions, outward bound programs, outdoor leadership programs, boot camps, training camps, fitness camps, and other camping programs because those programs do not provide clinical staff monitoring 24 hours a day, seven days a week, or their primary focus is on recreation or on developing various skills, rather than treating mental health or substance use disorders.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a

service may be covered.

Policy Coverage Criteria

InterQual criteria are utilized for medical necessity determinations regarding most behavioral health levels of care. InterQual criteria are a nationally recognized, evidence-based set of criteria for medical and behavioral health levels of care and services. InterQual does have a set of criteria for outdoor behavioral healthcare residential wilderness programs. However, the InterQual criteria for outdoor behavioral healthcare residential wilderness programs are problematic for two primary reasons: (1) The InterQual criteria are admission criteria only. InterQual does not have continued stay criteria for outdoor behavioral healthcare residential wilderness programs. The lack of continued stay criteria renders the InterQual criteria impractical for determining the medical necessity of continued stay in wilderness therapy/outdoor behavioral healthcare residential wilderness programs after the initial admission determination. (2) The InterQual criteria are designated by InterQual as "Limited Evidence." According to InterQual, "Limited Evidence" means that research has not demonstrated at least equivalent outcomes to the current standard of care, and/or clinical utility has not been clearly established, and/or evidence is mixed, unclear, or of low quality. Due to these limitations, the InterQual criteria for outdoor behavioral healthcare residential wilderness programs are not suitable for determining the medical necessity of admission to and continued stay in wilderness therapy/outdoor behavioral healthcare residential wilderness programs.

Wilderness therapy/outdoor behavioral healthcare residential wilderness programs are considered to be a type of residential treatment program. InterQual has criteria for residential treatment of psychiatric/mental health disorders and substance use disorders in residential treatment centers which cover both admissions and continued stays, and that are well-established, well-vetted, evidence-based criteria. Therefore, InterQual residential treatment center criteria are utilized for determining the medical necessity of admission to and continued stay in wilderness therapy/outdoor behavioral healthcare residential wilderness programs for adults and adolescents. Minor adjustments are made to the criteria, when necessary, only to account for the fact that treatment is in an outdoor setting instead of in a facility. For children, the InterQual criteria for outdoor behavioral healthcare residential wilderness programs do point out that there is no evidence to support wilderness therapy/outdoor behavioral healthcare residential wilderness programs.

Some self-funded groups may exclude coverage of wilderness therapy/outdoor behavioral healthcare residential wilderness programs. Refer to member contracts for benefit information.



Except when excluded by member contract, treatment in wilderness therapy/outdoor behavioral healthcare residential wilderness programs is considered to be medically necessary as follows:

Type of Disorder and Age Group	Medical Necessity
<p>Psychiatric/Mental Health Disorders; Adults (18 years old and older)</p>	<p>Wilderness therapy/outdoor behavioral healthcare residential wilderness programs may be considered medically necessary when, because of a psychiatric disorder, or a psychiatric disorder and a co-occurring substance use disorder, the following criteria are met:</p> <p>Admission</p> <p>All of the following:</p> <ul style="list-style-type: none"> • Current living situation is not safe or unstable, or is unable to manage symptoms, or attempts to live independently have been unsuccessful. • Severe and persistent functional impairment causing poor or severely damaged relationships for the last 6 months, and inability to go to school or work or take care of others for the last 6 months. • Support system is a high-risk environment, is unable to ensure safety, is unable to provide required care and supervision, or is unavailable. • One or more of the following: <ul style="list-style-type: none"> ○ While in a lower level of care, unable to meet treatment goals, plus repeated threatening behaviors to others without physical harm, or repeated self-harm not requiring professional medical attention, or repeated property destruction without physical harm to self or others, or very problematic sexual behavior. ○ Discharged from inpatient mental health treatment within the last week, lack of insight into illness, and treatment non-adherence is expected. ○ Unable to follow instructions or negotiate needs. ○ Unable to perform ADLs independently on a daily basis. ○ Co-occurring substance use disorder and high risk of relapse or history of psychiatric or treatment nonadherence.



Type of Disorder and Age Group	Medical Necessity
	<p>Continued Stay</p> <p>One or more of the following within the last week:</p> <ul style="list-style-type: none"> • Socially withdrawn or interacting with others in very strange or angry or threatening ways, or with very problematic sexual behavior, in or including in the treatment program. • Unable to follow instructions or negotiate needs. • Unable to perform ADLs independently on a daily basis. • Co-occurring substance use disorder and either substance use while in the program or high risk of relapse. <p>OR</p> <ul style="list-style-type: none"> • Improvement such that discharge is planned within the next week and passes out of the program are planned within the next week to evaluate readiness for discharge or for transitioning to a different level of care. <p>In addition, one or more of the following within the last week:</p> <ul style="list-style-type: none"> • Angry outbursts • Harm or attempted harm of others or homicidal ideation • Self-harm or suicidal ideation • Property destruction • Other serious psychiatric symptoms such as psychotic or hypomanic or manic symptoms <p>OR</p> <ul style="list-style-type: none"> • Improvement such that discharge is planned within the next week, and either some treatment goals have not been met that will be met within the next week, or a planned out-of-home placement is not ready but will be ready within the next week <p>Minimum Service Requirements</p> <p>All of the following:</p> <ul style="list-style-type: none"> • Treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program or a licensed residential program that provides 24 hour individualized interdisciplinary treatment.



Type of Disorder and Age Group	Medical Necessity
	<ul style="list-style-type: none"> • Psychiatric evaluation within one business day of admission, and a psychiatric or psychiatric medication evaluation at least one time per week (every 7 days), by a licensed clinical practitioner, in addition to any individual or group or family therapy sessions, daily clinical assessments, nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, or any other evaluations. • Medical history and physical examination within 12 months prior to admission or within 30 days after admission. • Psychosocial evaluation within 48 hours of admission. • Substance use evaluation within 48 hours of admission. • Individualized goal-directed treatment plan. (No timeframe for completion is specified.) • Individual or group or family therapy at least 2 times per week. • Clinical assessment at least one time per day by program facility staff in addition to any individual or group or family therapy sessions. • Structured treatment program at least 4 hours per day. • Symptom or behavior management training at least one time per day, in addition to any individual or group or family therapy sessions. • Psychiatric medication administration or supervision at least one time per day, or at least once every 3 to 4 weeks for long-acting depot antipsychotic medication. • Nursing staff on-site or on-call 24 hours per day. • On-site supervision 24 hours per day, 7 days a week. • Preliminary discharge planning started within 24 hours of admission. <p>Note: Based on criteria in Change Healthcare InterQual Criteria, BH: Adult and Geriatric Psychiatry, Residential Treatment Center (Psych), 2021</p> <p>Registration and certification are not the same as licensure. Therefore, registered and certified clinicians are not licensed clinical practitioners. Accordingly, psychiatric or psychiatric medication evaluations by registered and certified clinicians do not satisfy the requirement for</p>



Type of Disorder and Age Group	Medical Necessity
	psychiatric or psychiatric medication evaluations by licensed clinical practitioners.
Psychiatric/Mental Health Disorders; Adolescents (13 to 17 years old)	<p>Wilderness therapy/outdoor behavioral healthcare residential wilderness programs may be considered medically necessary when, because of a psychiatric disorder, or a psychiatric disorder and a co-occurring substance use disorder, all of the following criteria are met:</p> <p>Admission All of the following:</p> <ul style="list-style-type: none"> • Unable or unwilling to follow instructions or negotiate needs, or unable to maintain behavioral control for more than 48 hours. • Support system is abusive, a high-risk environment, is unable to ensure safety, is unable to manage intensity of symptoms, or is unavailable. • Unable to be managed safely in the community because of one or more of the following for at least the past 6 months: repeated self-harm; repeated harm to others; repeated aggressive behavior; repeated property damage; repeated problematic or abusive sexual behavior; repeated running away to dangerous situations; repeated arrests; or other serious psychiatric symptoms such as psychotic or hypomanic or manic symptoms. <p>OR</p> <ul style="list-style-type: none"> • While in a lower level of care, unable to meet treatment goals, plus repeated threatening behavior to others without physical harm, or repeated self-harm not requiring professional medical attention, or repeated property destruction without physical harm to self or others. <p>Continued Stay One or more of the following within the last week:</p>



Type of Disorder and Age Group	Medical Necessity
	<ul style="list-style-type: none"> • Angry outbursts, tantrums, severe irritability, or rage, manifested e.g., by yelling and screaming, punching a fist into objects, or throwing or smashing things • Harm or attempted harm of others or homicidal ideation • Self-harm or suicidal ideation • Property destruction • Problematic sexual behavior • Psychomotor agitation • Other very serious psychiatric symptoms or behaviors such as psychotic or manic symptoms, severe depression, suicidal ideation, severe anxiety, severe obsessive-compulsive disorder, agitation, sexually inappropriate behavior, running away <p>OR</p> <ul style="list-style-type: none"> • Improvement such that discharge is planned within the next week, and either some treatment goals have not been met that will be met within the next week, or return to family is planned and family or guardian requires further intervention that will be done within the next week <p>In addition, one or more of the following within the last week:</p> <ul style="list-style-type: none"> • Symptoms interfering with functioning in school and unresponsive to staff intervention • Interpersonal conflict • Interacting with others in very angry or threatening ways, including in the treatment program • Repeated privilege restriction or loss of privileges • Unable or unwilling to follow instructions or negotiate needs • Unresponsive to staff direction or limits <p>OR</p> <ul style="list-style-type: none"> • Improvement such that discharge is planned within the next week, and passes out of the program are planned within the next week to help with transitioning to a different level of care <p>Minimum Service Requirements All of the following:</p>



Type of Disorder and Age Group	Medical Necessity
	<ul style="list-style-type: none"> • Treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program or a licensed residential program that provides medical monitoring and 24-hour individualized treatment. • Psychiatric evaluation within one business day of admission, and a psychiatric or psychiatric medication evaluation at least one time per week (every 7 days), by a licensed clinical practitioner, in addition to any individual or group or family therapy sessions, daily clinical assessments, nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, or any other evaluations. • Medical history and physical examination within 12 months prior to admission or within 30 days after admission • Psychosocial evaluation within 48 hours of admission • Substance use evaluation within 48 hours of admission • Individualized, goal-directed treatment plan is done within one week of admission • Behavioral contract or symptom management plan (no timeframe for completion is specified) • Individual or group or family therapy at least 3 times per week • Clinical assessment at least one time per day by a treatment facility licensed clinician in addition to any individual or group or family therapy sessions • Structured treatment program at least 4 hours per day • Symptom or behavior management training at least one time per day • Individual or family psychoeducation (no frequency or timeframe for completion is specified) • Parent training for patient's parents or guardians if return to family is expected. (no frequency or timeframe for completion is specified) • School or vocational program • Awake adult supervision 24 hours per day • Nursing staff on-site or on-call 24 hours per day • Preliminary discharge planning started within 24 hours of admission



Type of Disorder and Age Group	Medical Necessity
	<p>Note: Based on criteria in Change Healthcare InterQual Criteria, BH: Child and Adolescent Psychiatry, Residential Treatment Center (Psych), 2021</p> <p>Registration and certification are not the same as licensure. Therefore, registered and certified clinicians are not licensed clinical practitioners. Accordingly, psychiatric or psychiatric medication evaluations by registered and certified clinicians do not satisfy the requirement for psychiatric or psychiatric medication evaluations by licensed clinical practitioners.</p>
<p>Substance Use Disorders; Adolescents and Adults (13 years old and older)</p>	<p>Wilderness therapy/outdoor behavioral healthcare residential wilderness programs may be considered medically necessary when, because of a substance use disorder, all of the following criteria are met:</p> <p>Admission</p> <p>All of the following:</p> <ul style="list-style-type: none"> • Recovery environment (living situation, family, friends, support system, or social situation) is abusive, enabling, conflictual, unavailable, unable to manage intensity of symptoms, or non-existent. • Twenty-four structure and clinical supervision are required to achieve or maintain abstinence because of lack of knowledge of coping skills to deal with stress, lack of relapse prevention skills or plan, and inability to achieve or maintain abstinence. • Physical health stable or stabilizing and can be safely managed in the program. • No withdrawal symptoms or mild to moderate withdrawal symptoms that can be safely managed in residential treatment. • No co-occurring psychiatric disorders or any psychiatric disorders stable or stabilizing and can be safely managed in the program. • One or more of the following: <ul style="list-style-type: none"> ○ Increased individual relapse warning signs and unresponsive to change in treatment plan, or continued or increasing substance use, or 2 or more relapses in the last



Type of Disorder and Age Group	Medical Necessity
	<p>week, in spite of active engagement in less intensive levels of care.</p> <ul style="list-style-type: none"> ○ Discharge or transfer from an authorized more intensive level of substance use disorder treatment within the last week. ○ Discharge or transfer from a controlled environment within the last week, where substance use was prevented, and risk of adverse consequences or potential harm to self or others from continued substance use, or unable to stop substance use prior to admission or incarceration. ○ Not currently in substance use disorder treatment, unable to achieve or maintain abstinence on own, and risk of adverse consequences or potential harm to self or others from continued substance use. <p>Continued Stay</p> <p>One or more of the following within the last week:</p> <ul style="list-style-type: none"> • Interpersonal conflict. • High risk of relapse. • Socially withdrawn. • Unable to ask for help. • Unable to establish positive staff or peer relationships. <p>OR</p> <ul style="list-style-type: none"> • Improved ability to apply relapse prevention skills and either discharge is planned within the next week, or passes are planned to help with transitioning to a different level of care. <p>In addition, one or more of the following within the last week:</p> <ul style="list-style-type: none"> • Chronic severe pain and pain management plan initiated or revised within last week. • Drug glorification. • Drug seeking. • Easily frustrated and poor impulse control. • Marked mood instability.



Type of Disorder and Age Group	Medical Necessity
	<ul style="list-style-type: none"> • Preoccupation with using substances or past substance use and associated experiences and unable to positively interact with others. • Severe cravings. • Mild to moderate withdrawal symptoms. • Medical symptoms require stabilization before beginning medication–assisted treatment and expected to be initiated within next week (applicable only during the first week in the program) . • Unwilling to commit to maintaining abstinence if discharged. <p>OR</p> <ul style="list-style-type: none"> • Symptoms have improved, discharge is planned within the next week, and some treatment goals have not been met that will be met within the next week, or relapse prevention plan is not completed but it will be completed within the next week, or no stable residence for post-discharge but planning is underway for placement and will be completed within the next week. <p>Minimum Service Requirements</p> <p>All of the following:</p> <ul style="list-style-type: none"> • Treatment is taking place 24 hours a day, 7 days a week in a program that is licensed for substance use disorder wilderness therapy/substance use disorder outdoor behavioral healthcare residential treatment or licensed for residential substance use disorder treatment. • Psychiatric evaluation within one business day of admission, and a psychiatric evaluation at least one time per week (every 7 days), by a licensed clinical practitioner, in addition to any individual or group or family therapy sessions, daily clinical assessments, nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, ASAM dimension assessments, or any other evaluations. • Medical history and physical examination within 12 months prior to admission or within 30 days after admission. • Psychosocial evaluation within 48 hours of admission. • Substance use evaluation within 48 hours of admission.



Type of Disorder and Age Group	Medical Necessity
	<ul style="list-style-type: none"> • Individualized, recovery-oriented treatment plan is discussed with the member at least one time per week or is expected to be discussed with the member within the next week and is in progress or is in place. • Relapse prevention plan is discussed with the member at least one time per week or is expected to be discussed with the member within the next week and is in progress or is in place. • Individual or group or family therapy at least 3 times per week. • Clinical assessment at least one time per day by a treatment facility primary therapist, substance abuse counselor, or nurse, in addition to any individual or group or family therapy sessions. • Structured treatment program at least 4 hours per day. • Staff monitoring 24 hours per day. • On-site supervision 24 hours per day. • Nursing staff on-site or on-call 24 hours per day. • Preliminary discharge planning started within 24 hours of admission. • Discharge planning is discussed with the member at least one time per week or is expected to be discussed with the member within the next week and is in progress or is in place. <p>Note: Based on criteria in Change Healthcare InterQual Criteria, BH: Substance Use Disorders, Substance Use Disorder Residential Treatment, 2021</p> <p>Registration and certification are not the same as licensure. Therefore, registered and certified clinicians are not licensed clinical practitioners. Accordingly, psychiatric or psychiatric medication evaluations by registered and certified clinicians do not satisfy the requirement for psychiatric or psychiatric medication evaluations by licensed clinical practitioners.</p>
<p>Children (12 years old and younger); any behavioral health disorders</p>	<p>Wilderness therapy/outdoor behavioral healthcare residential wilderness programs are not medically necessary.</p> <p>There is no evidence to support the effectiveness of wilderness therapy/outdoor behavioral healthcare residential wilderness programs for children younger than 13 years old.</p>



Type of Disorder and Age Group	Medical Necessity
	<p>Note: Based on Change Healthcare InterQual Criteria, BH: Outdoor Behavioral Healthcare (OBH) Residential Wilderness Program, 2021</p>
<p>Residential Treatment Centers/Facilities with a Wilderness Component</p>	<p>Covered stays at residential treatment centers/facilities that include a wilderness therapy/outdoor behavioral healthcare component:</p> <p>The wilderness therapy/outdoor behavioral healthcare component starts at the time of admission</p> <ul style="list-style-type: none"> • The age and condition-appropriate wilderness therapy/outdoor behavioral healthcare residential wilderness programs Admission and Minimum Service Requirements are utilized for the admission determination. • The age and condition-appropriate wilderness therapy/outdoor behavioral healthcare residential wilderness programs Continued Stay, and Minimum Service Requirements are then utilized for subsequent determinations, until treatment in the residential treatment center/facility begins. <p>The wilderness therapy/outdoor behavioral healthcare component takes place after an initial period of time in the residential treatment center/facility</p> <ul style="list-style-type: none"> • The age and condition-appropriate wilderness therapy/outdoor behavioral healthcare residential wilderness programs Continued Stay, and Minimum Service Requirements are utilized for determinations, until treatment in the residential treatment center/facility resumes.

Documentation Requirements
<p>The individual’s medical records submitted for review should document that the medical necessity criteria above are met for the level of care, the type of disorder, and the age of the member.</p>



Coding

Code	Description
Revenue Codes	
1001	Behavioral Health Accommodations-Residential Treatment-Psychiatric
1002	Behavioral Health Accommodations-Residential Treatment-Chemical Dependency
1006	Behavioral Health Accommodations; Outdoor/Wilderness
HCPCS	
T2036	Therapeutic camping, overnight, waiver; each session
T2037	Therapeutic camping, day, waiver; each session

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Benefit Application

This policy is applicable for all plans that do not exclude coverage of wilderness therapy/outdoor behavioral healthcare residential wilderness programs. Refer to member contracts for benefit information.

Wilderness therapy/outdoor behavioral healthcare residential wilderness programs may be excluded from coverage when not state licensed according to member contract requirements; refer to member contracts.

When wilderness therapy/outdoor behavioral healthcare residential wilderness programs are not covered because of either contract exclusion or not meeting medical necessity criteria, specific evaluation or treatment sessions (initial psychiatric evaluations, individual psychotherapy sessions, family psychotherapy sessions, family psychotherapy sessions, medication management sessions, psychological testing) can be covered if done by covered provider types and billed separately.

This policy is not applicable for recreational programs, adventure programs, daytime adventure therapy programs, wilderness excursions, hiking programs, outdoor activity programs, outward bound programs, outdoor leadership programs, tall ship programs, boot camps, training camps, fitness camps, and other camping programs. These programs are not wilderness therapy/outdoor behavioral healthcare residential wilderness programs, and/or are not mental



health or substance use disorder treatment programs. Contract exclusions may apply; refer to member contracts.

Evidence Review

Refer to the following:

- Change Healthcare InterQual Criteria, BH: Adult and Geriatric Psychiatry, Residential Treatment Center (Psych), 2021
- Change Healthcare InterQual Criteria, BH: Child and Adolescent Psychiatry, Residential Treatment Center (Psych), 2021
- Change Healthcare InterQual Criteria, BH: Substance Use Disorders, Substance Use Disorder Residential Treatment, 2021
- Change Healthcare InterQual Criteria, BH: Outdoor Behavioral Healthcare (OBH) Residential Wilderness Program, 2021
- Change Healthcare InterQual Clinical Development Process 2020

References

1. Change Healthcare InterQual Criteria, BH: Adult and Geriatric Psychiatry, Residential Treatment Center (Psych), 2021
2. Change Healthcare InterQual Criteria, BH: Child and Adolescent Psychiatry, Residential Treatment Center (Psych), 2021
3. Change Healthcare InterQual Criteria, BH: Substance Use Disorders, Substance Use Disorder Residential Treatment, 2021
4. Change Healthcare InterQual Criteria, BH: Outdoor Behavioral Healthcare (OBH) Residential Wilderness Program, 2021

History



Date	Comments
01/01/22	New policy, approved December 14, 2021, effective for dates of service on or after January 1, 2022.
05/01/22	Annual Review, approved April 12, 2022. Added service criteria from InterQual that had inadvertently been left out. Added notes to clarify that for clinicians doing psychiatric evaluations, registration and certification do not qualify as licensure.
05/01/22	Interim Review, approved April 25, 2022. Removed “or psychiatric medication evaluation” from Minimum Service Requirements in the Substance Use Disorders; Adolescents and Adults (13 years old and older) coverage criteria.
07/01/22	Interim Review, approved June 27, 2022. For MH wilderness treatment programs, added clarification that the psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, or any other evaluations. For SUD wilderness treatment programs, added clarification that psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, ASAM dimension assessments, or any other evaluations.
12/01/22	Interim Review, approved November 7, 2022. Minor modifications made to the admission criteria for psychiatric/mental health disorders for adults, psychiatric/mental health disorders for adolescents, and substance use disorders, for consistency with minor modifications that were made to the 2022 InterQual residential treatment center criteria, because InterQual residential treatment center criteria are utilized for determining the medical necessity of wilderness therapy/outdoor behavioral healthcare residential wilderness programs.
08/01/23	Annual Review, approved June 13, 2023, effective August 1, 2023. Minor modifications made to the admission and continued stay criteria for psychiatric/mental health disorders for adults, psychiatric/mental health disorders for adolescents, and substance use disorders, for consistency with minor modifications that were made to the 2023 InterQual residential treatment center criteria, because InterQual residential treatment center criteria are utilized for determining the medical necessity of wilderness therapy/outdoor behavioral healthcare residential wilderness programs. In addition, for mental health wilderness therapy, clarified that treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program or in a licensed residential program that provides medical monitoring and 24-hour individualized treatment. And for substance use disorder wilderness therapy, clarified that treatment is taking place in a program that is licensed for substance use disorder wilderness therapy/substance use disorder outdoor behavioral healthcare residential treatment, or is licensed for residential substance use disorder treatment.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit



booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2023 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Washington residents: You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

Alaska residents: Contact the Alaska Division of Insurance via email at insurance@alaska.gov, or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-722-1471 (TTY: 711).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totagi, mo oe, Telefoni mai: 800-722-1471 (TTY: 711).

ໂປດອຸລາ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມມນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግኙዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ထိပ်စီး: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-722-1471 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.