LifeWise
Health Plan of Washington

UTILIZATION MANAGEMENT GUIDELINE – 3.01.521

Psychiatric and Other Specified Evaluations in Inpatient, Residential, and Partial Hospital Program Behavioral Health Treatment

Effective Date:	**Nov. 16, 2026***	RELATED POLICIES / GUIDELINES:
Last Revised:	Sep. 8, 2026	None
Replaces:	N/A	
*View the current policy here.		

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | EVIDENCE REVIEW | REFERENCES | HISTORY

Clicking this icon returns you to the hyperlinks menu above.

Introduction

The company uses a nationally recognized, evidence-based set of criteria (InterQual criteria) to decide if inpatient and residential mental health and substance use disorder treatment are medically necessary. For inpatient mental health and substance use disorder treatment, the criteria require a psychiatric evaluation within 24 hours of admission and then at least once every day. For residential mental health and substance use disorder treatment, the criteria require a psychiatric evaluation within one business day of admission and then at least once every week. For inpatient withdrawal management (detoxification), a psychiatric-medical evaluation is required within 24 hours of admission and then at least once every day. For partial hospital programs, the criteria for evaluations vary depending on the conditions being treated. This policy supplements the medical necessity criteria by indicating what types of providers must conduct these evaluations or other specific evaluations when not specified in the InterQual criteria.

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

This Medical Policy is utilized in addition to InterQual criteria for the specific type of inpatient or residential or partial hospital program (PHP) treatment under consideration. For inpatient mental health and substance use disorder treatment, inpatient withdrawal management (detoxification), and partial hospital program (PHP) treatment, InterQual criteria do not specify the clinician types that must conduct the required psychiatric evaluations.

Residential/sub-acute detoxification is not covered in this policy because **3.01.515 Behavioral Health: Residential/Sub-Acute Withdrawal Management (Detoxification**) specifies the clinician types that must conduct the required evaluations.

Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness programs are not covered in this policy because **3.01.522 Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs** specifies the clinician types that must conduct the required evaluations.

Service	Medical Necessity
Psychiatric evaluations during inpatient mental health treatment, including inpatient eating disorder treatment	**In addition to other InterQual criteria, inpatient mental health treatment including inpatient eating disorder treatment is medically necessary only when a psychiatric evaluation is done within one day after admission and then at least once every day, and is conducted by one of the following provider types:** • Psychiatrist • Psychiatric nurse practitioner • Psychiatric physician assistant • Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient mental health treatment is within licensed psychologists' legally-permitted scope of licensure • Physician, nurse practitioner, or physician assistant who specializes in eating disorder treatment (for inpatient eating disorder treatment only)

Service	Medical Necessity
	• Non-psychiatric physician, nurse practitioner, or physician assistant with documentation of daily consultation or daily evaluations by a master's degree or doctoral degree or licensed mental health clinician, only for inpatient mental health treatment on a medical unit or in an emergency department, while waiting for a psychiatric bed to become available **Note**: Unlike physicians and nurse practitioners, physician assistants are not certified in specialties. Physician assistant specialties are determined by the specialty setting in which they are working. Psychiatric physician assistants are therefore physician assistants who are working in a psychiatric setting.
Psychiatric evaluations during inpatient substance use disorder treatment	**In addition to other InterQual criteria, inpatient substance use disorder treatment is medically necessary only when a psychiatric evaluation is done within one day after admission and then at least once every day, and is conducted by one of the following provider types:** • Psychiatrist • Psychiatric nurse practitioner • Psychiatric physician assistant • Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient substance use disorder treatment is within licensed psychologists' legally-permitted scope of licensure • Physician, nurse practitioner, or physician assistant who specializes in addiction medicine **Note**: Unlike physicians and nurse practitioners, physician assistants are not certified in specialties. Physician assistant specialties are determined by the specialty setting in which they are working. Psychiatric physician assistants are therefore physician assistants who are working in a psychiatric setting. Physician assistants who are working in substance use disorder settings are considered to be specializing in addiction medicine.
Medical evaluations during inpatient mental health treatment, including	**In addition to other InterQual criteria, inpatient mental health treatment including inpatient eating disorder treatment is considered medically necessary only when a medical history and physical examination are done by a physician, nurse**

Service	Medical Necessity
inpatient eating disorder treatment	**practitioner, or physician assistant within one day after admission, or were done in an emergency department or hospital inpatient medical unit prior to direct transfer to the inpatient mental health or eating disorder unit or facility.**
Medical evaluations during inpatient substance use disorder treatment	**In addition to other InterQual criteria, inpatient substance use disorder treatment is considered medically necessary only when a medical history and physical examination are done by a physician, nurse practitioner, or physician assistant within one day after admission, or were done in an emergency department or hospital inpatient medical unit prior to direct transfer to the inpatient substance use disorder unit or facility.**
Medical evaluation during substance use disorder inpatient rehabilitation	**In addition to other InterQual criteria, substance use disorder inpatient rehabilitation is considered medically necessary only when a medical history and physical examination are done by a physician, nurse practitioner, or physician assistant within one day before or one day after admission.**
Psychiatric evaluations during residential mental health treatment, including residential eating disorder treatment	**In addition to other InterQual criteria, residential mental health treatment including residential eating disorder treatment is considered medically necessary only when a psychiatric evaluation by a licensed clinical practitioner is done within one business day of admission, or is done within two calendar days after admission, or is done during mental health or eating disorder (whichever is appropriate) inpatient or partial hospitalization treatment within three calendar days prior to direct transfer to residential treatment in the same facility, and a psychiatric or psychiatric medication evaluation by a licensed clinical practitioner is then done at least once every week, and:** • For residential mental health and eating disorder treatment, the psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, or any other evaluations. • For residential mental health treatment, the psychiatric evaluations must be in addition to any individual, group, or family therapy sessions, and in addition to daily clinical assessments.

Service	Medical Necessity
	• For residential eating disorder treatment, the psychiatric evaluations must be in addition to any individual, group, or family therapy sessions, in addition to daily clinical assessments, and in addition to nutritional assessments. • The standard for once every week is at least once every 7 days. However, to allow for changes in when psychiatric evaluations are done because of patients' clinical condition, or unavailability of patients due to conflicting appointments or mandatory activities, or changes in the schedules of evaluating clinicians, or differing schedules of covering clinicians, an exception to the standard of at least once every 7 days can be made for psychiatric evaluations at least once every 10 days, but no less frequently than at least once every 10 days. **Note**: 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. Review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for psychiatric or psychiatric medication evaluations because they are not documented psychiatric or psychiatric medication evaluations on specific dates.

Service	Medical Necessity
Psychiatric evaluations during substance use disorder residential treatment	**In addition to other InterQual criteria, substance use disorder residential treatment is considered medically necessary only when a psychiatric evaluation is done within one week (7 days) after admission, or, is done during inpatient or residential/sub-acute withdrawal management (detoxification), within three calendar days prior to direct transfer to residential treatment, and the individual transfers to substance use disorder residential treatment in the same facility, and:**

Service	Medical Necessity
	• The psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, ASAM (American Society of Addiction Medicine) dimension assessments, or any other evaluations. • The psychiatric evaluation must be in addition to any individual, group, or family therapy sessions, and in addition to daily clinical assessments. **Note**: Registration and certification are not the same as licensure. Therefore, registered and certified clinicians are not licensed clinical practitioners. Accordingly, a psychiatric evaluation by a registered or certified clinician does not satisfy the requirement for a psychiatric evaluation by a licensed clinical practitioner. Review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for a psychiatric evaluation because they are not documentation of a psychiatric evaluation on a specific date.
Psychiatric/medical evaluations during inpatient withdrawal management (detoxification)	**In addition to other InterQual criteria, inpatient withdrawal management (detoxification) is considered medically necessary only when a medical history and physical examination assessment are is done within one day of admission by, a physician, nurse practitioner or physician assistant, and a psychiatric evaluation is done within one day of admission, and a psychiatric evaluation, or a medical evaluation that includes an assessment of the individual's withdrawal status and management, is then done at least once every day, by one of the following provider types:** • Psychiatrist • Psychiatric nurse practitioner • Psychiatric physician assistant • Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient withdrawal management (detoxification) is within licensed psychologists' legally permitted scope of licensure

Service	Medical Necessity
	• Physician, nurse practitioner, or physician assistant who specializes in addiction medicine
Nutritional assessments during eating disorder residential treatment	**In addition to other InterQual criteria, eating disorder residential treatment is considered medically necessary only when:** • A nutritional assessment is done by treatment staff daily. **OR** • A nutritional assessment is done within two days of admission to eating disorder residential treatment. and then at least once every week, by a Registered Dietician. • The standard for once every week is at least once every 7 days. However, to allow for changes in when nutritional assessments are done because of patients' clinical condition, or unavailability of patients due to conflicting appointments or mandatory activities, or changes in the schedules of Registered Dieticians, or differing schedules of covering Registered Dieticians, an exception to the standard of at least once every 7 days can be made for nutritional assessments at least once every 10 days, but no less frequently than at least once every 10 days. **Note**: Observation and charting of food and fluid choices and/or food and fluid intake and/or behavior during meals and snacks do not constitute nutritional assessments.
Psychiatric evaluations during mental health and eating disorder partial hospital program (PHP) treatment	**In addition to other InterQual criteria, mental health and eating disorder partial hospital program (PHP) treatment are considered medically necessary only when a psychiatric or psychiatric medication evaluation by a licensed clinical practitioner is done within the first week of treatment in the program, and a psychiatric or psychiatric medication evaluation by a licensed clinical practitioner is then done at least once every week, and:** • The psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, nutritional assessments, daily clinical assessments, individual or group or family therapy

Service	Medical Necessity
	sessions, treatment program activities, or any other evaluations or treatment activities. • Within the first week of treatment means within the first 7 calendar days starting with the day of admission. • After the first psychiatric evaluation, the standard for once every week is at least once every 7 days. However, to allow for changes in when psychiatric evaluations are done because of patients' clinical condition, or unavailability of patients due to conflicting appointments or mandatory activities, or patient absences, or changes in the schedules of evaluating clinicians, or differing schedules of covering evaluating clinicians, an exception to the standard of at least once every 7 days can be made for psychiatric evaluations at least once every 10 days, but no less frequently than at least once every 10 days. **Notes:** 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. Review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for psychiatric or psychiatric medication evaluations because they are not documented psychiatric or psychiatric medication evaluations on specific dates.
Psychiatric and substance use evaluations during substance use disorder partial hospital program (PHP) treatment	**In addition to other InterQual criteria, substance use disorder partial hospital program (PHP) treatment is considered medically necessary only when a psychiatric or psychiatric medication evaluation by a licensed clinical practitioner is done within the first week of treatment in the program, and a substance use evaluation by a licensed clinical practitioner or licensed or certified substance use disorder professional or certified alcohol and drug counselor is done on admission to the program or within one program day after admission to the program, or was done during a different level of substance use disorder treatment within three calendar days prior to direct**

Service	Medical Necessity
	transfer in the same facility, and is then done at least once every week, and: • The psychiatric evaluations must be in addition to nursing assessments, psychosocial or biopsychosocial assessments, substance use assessments, ASAM (American Society of Addiction Medicine) dimension assessments, daily clinical assessments, individual or group or family therapy sessions, treatment program activities, or any other evaluations or treatment activities. • The substance use evaluations must be in addition to any nursing assessments, psychosocial or biopsychosocial assessments, psychiatric evaluations, daily clinical assessments, individual or group or family therapy sessions, or any other evaluations or treatment sessions except that ASAM (American Society of Addiction Medicine) dimension assessments are acceptable as substance use evaluations. • On admission means during the first day in the treatment program. Within one program day after admission to the program means on the second day in the treatment program. • Within the first week of treatment means within the first 7 calendar days starting with the day of admission. • The standard for once every week is at least once every 7 days. However, to allow for changes in when substance use evaluations are done because of patients' clinical condition, or unavailability of patients due to conflicting appointments or mandatory activities, or patient absences, an exception to the standard of at least once every 7 days can be made for substance use evaluations at least once every 10 days, but no less frequently than at least once every 10 days. **Notes**: 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. Review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for psychiatric or psychiatric medication

Service	Medical Necessity
	evaluations or for substance use evaluations because they are not documented psychiatric or psychiatric medication evaluations or substance use evaluations on specific dates.
Nutritional assessments during eating disorder partial hospital program (PHP) treatment	**In addition to other InterQual criteria, eating disorder partial hospital program (PHP) treatment is considered medically necessary only when a nutritional assessment by a dietician is done within the first week of treatment in the program and is then done at least once every week, and:** • Within the first week of treatment means within the first 7 calendar days starting with the day of admission. • After the first nutritional assessment, the standard for once every week is at least once every 7 days. However, to allow for changes in when nutritional assessments are done because of patients' clinical condition, or unavailability of patients due to conflicting appointments or mandatory activities, or patient absences, or changes in the schedules of dieticians, or differing schedules of covering dieticians, an exception to the standard of at least once every 7 days can be made for nutritional assessments at least once every 10 days, but no less frequently than at least once every 10 days. • Observation and charting of food and fluid choices and/or food and fluid intake and/or behavior during meals and snacks do not constitute nutritional assessments.

Coding

N/A

Related Information

The overall evidence for residential treatment is moderate, limited by a predominance of observational and quasi-experimental designs, high attrition rates, heterogeneity of treatment models, and lack of standardized outcome measures across studies (Open Evidence, 2026; Epstein, 2004; Reif et al, 2014). Psychiatric evaluations are an essential component of residential treatment for increasing the likelihood of successful outcomes. The initial psychiatric evaluation establishes the diagnoses and determines what specific treatment is indicated in addition to the facility's standard treatment program, including what medications if any are appropriate. Although initial telephonic contact between the evaluating clinician and facility staff can yield preliminary diagnoses and treatment decisions, only a comprehensive psychiatric evaluation can elicit sufficient clinical information to allow for more definitive diagnoses and then more condition-specific, individualized treatment decisions**.** Without an initial psychiatric evaluation within one business day or two calendar days after admission, the patient in residential treatment is primarily being housed without adequate treatment. Similarly, regular follow-up psychiatric evaluations, optimally at least once every seven days but no less frequently than at least once every ten days, are essential to ensure the patient is continuing to receive the indicated treatment, including professional medical assessment of the effects of treatment and active determination of what adjustments need to be made to improve the likelihood of a positive outcome. The importance of weekly follow-up psychiatric evaluations is highlighted by professional psychiatric associations. The American Academy of Child and Adolescent Psychiatry states that, for residential treatment, "The psychiatrist should also meet with the patient once a week or more as clinically indicated" (American Academy of Child and Adolescent Psychiatry, 2010). The American Association of Community Psychiatrists states that, for residential treatment, "Psychiatric care should be available either on site or by remote communication 24 hours daily and psychiatric consultation should be available on site at least weekly, but client contact may be required as often as daily" (American Association of Community Psychiatrists, 2020). The American Association of Community Psychiatrists and the American Academy of Child and Adolescent Psychiatry jointly state that, for residential treatment, "Psychiatric care (child and adolescent psychiatrists) should be available on site at least weekly, but client contact may be required as often as daily" (American Association of Community Psychiatrists and American Academy of Child and Adolescent Psychiatry, 2019).

Evidence Review

N/A

References

1. Optum, Inc. InterQual Criteria, LOC: Acute Adult, InterQual 2026
2. Optum, Inc. InterQual Criteria, LOC: Acute Pediatric, InterQual 2026
3. Optum, Inc. InterQual Criteria, LOC: Subacute/SNF, InterQual 2026
4. Optum, Inc. InterQual Criteria, BH: Adult and Geriatric Psychiatry, InterQual 2026
5. Optum, Inc. InterQual Criteria, BH: Adolescent and Child Psychiatric, InterQual 2026
6. Optum, Inc. InterQual Criteria, BH: Substance Use Disorders, InterQual 2026
7. Principles of Care for Treatment of Children and Adolescents with Mental illness in Residential Treatment Centers. American Academy of Child and Adolescent Psychiatry, Work Group on HealthCare Access and Economics. June 2010.
8. State Operations Manual: Appendix AA-Psychiatric Hospitals–Interpretive Guidelines and Survey Procedures. Revision 149. Centers for Medicare and Medicaid Services. October 9, 2015.
9. Barnhill JW. The Psychiatric Interview and Mental Status Examination. In Weiss-Roberts L, editor. The American Psychiatric Publishing Textbook of Psychiatry, Seventhh Edition. American Psychiatric Publishing. 2019.
10. Boland R and Verduin ML. Examination of the Psychiatric Patient. In Boland and Verduin ML. Kaplan and Sadock's Concise Textbook of Clinical Psychiatry, Fifth Edition. Wolters Kluwer. 2023.
11. Avery J, Adam T. Levounis P. Substance-Related and Addictive Disorders. In Weiss-Roberts L, editor. The American Psychiatric Publishing Textbook of Psychiatry, Seventh Edition. American Psychiatric Publishing. 2019.
12. Paran TV, Bondeson M, McCormick RA, Delos Reyes CM. Assessment. In Miller SC, Fiellin DA, Rosenthal RN, Saitz, R. The ASAM Principles of Addiction Medicine. Sixth Edition. Wolters Kluwer. 2019.
13. Open Evidence.com. What is the evidence for psychiatric residential treatment? Accessed 26 July 2026.
14. Epstein RA Jr. Inpatient and residential treatment effects for children and adolescents: a review and critique. Child Adolesc Psychiatr Clin N Am. 2004 Apr;13(2):411-28.
15. Reif S, George P, Braude L, Dougherty RH, Daniels AS, Ghose SS, Delphin-Rittmon ME. Residential treatment for individuals with substance use disorders: assessing the evidence. Psychiatr Serv. 2014 Mar 1;65(3):301-12.
16. American Academy of Child and Adolescent Psychiatry, Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers, 2010.
17. LOCUS, Level of Care Utilization System for Psychiatric and Addiction Services, Adult Version 20, American Association of Community Psychiatrists, 2020.
18. CALOCUS, Child and Adolescent Level of Care Utilization System, Version 20, American Association of Community Psychiatrists and American Academy of Child and Adolescent Psychiatry, 2019.

Note: InterQual Acute and Subacute/SNF criteria are cited (references 1, 2, and 3) to note criteria for medical levels of care that are comparable to InterQual Behavioral Health inpatient and residential treatment criteria. References 7-12 discuss components of the psychiatric evaluation, including components that require medical and psychiatric specialty training and experience.

History

Date	Comments
11/01/17	New utilization management guideline, approved October 10, 2017. Adopting to support InterQual medical necessary requirements for psychiatric evaluations by clarifying the provider types who must conduct the evaluations.
01/01/18	Interim Review, approved December 20, 2017. Minor clarification that the mental health clinician's involvement must be daily when a non- psychiatric physician, nurse practitioner, or physician assistant is the provider type.
03/01/18	Interim Review, approved February 27, 2018. Clarified that psychiatric medication evaluation applies only to eating disorder residential treatment.
11/01/18	Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements.
09/01/20	Annual Review, approved August 20, 2020. No changes to policy.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy.
12/03/21	Interim Review, approved December 2, 2021. Added reference to Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs medical policy. Removed the requirement for inpatient mental health treatment on a medical unit or in an emergency department that the hospital must be without available psychiatrists, psychiatric nurse practitioners, or psychiatric physician assistants. Changed the provider type for residential treatment psychiatric evaluations to licensed clinical practitioner due to InterQual specification. Added clarification that residential treatment psychiatric evaluations are in addition to any individual, group, or family therapy sessions, and in addition to daily clinical assessments. Added clarification that at least once every week means at least once every 7 days. Updated InterQual references.
05/01/22	Annual Review, approved April 25, 2022. For inpatient levels of care, changed the timeframe for the initial psychiatric evaluation from 24 hours to one day. Added notes to clarify that for clinicians doing psychiatric evaluations, registration and certification do not qualify as licensure. Clarified that only daily psychiatric evaluations, not medical assessments, are required after the initial psychiatric evaluation and medical assessment for inpatient detoxification. Added sections for psychosocial evaluations during substance use disorder residential treatment, substance use evaluations during substance use disorder residential treatment, and nutritional assessments during eating disorder residential treatment, in order to allow alternatives to the InterQual criteria consistent with current standards of practice. Slight title modification to add "and Other Specified" to include evaluations that are not psychiatric evaluations.

Date	Comments
06/01/22	Interim Review, approved May 23, 2022. For residential mental health and eating disorder treatment, 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 residential treatment, 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. For inpatient detoxification, modified the wording for better clarity that the medical assessment is required only one time, within one day of admission, consistent with InterQual criteria, and clarified that the medical assessment can be done by any type of physician, nurse practitioner, or physician assistant. For nutritional assessments in eating disorder residential treatment, corrected the alternative to the InterQual criteria in order to be consistent with current standards of practice.
12/01/22	Interim Review, approved November 7, 2022. For inpatient detoxification, clarified that the initial medical assessment is a medical history and physical examination (for consistency with InterQual criteria). For inpatient detoxification, added an option that daily evaluations can be either psychiatric evaluations or medical evaluations of withdrawal status and management (instead of only psychiatric evaluations). For substance use disorder residential treatment, added an option that the initial psychiatric evaluation can be done during inpatient or residential/sub-acute detoxification if done within 3 calendar days prior to direct transfer to residential treatment with transfer to residential treatment in the same facility.
08/01/23	Annual Review, approved June 13, 2023, effective August 1, 2023. For inpatient mental health treatment, inpatient eating disorder treatment, and inpatient substance use disorder treatment, specified that the initial psychiatric evaluation is done within one day after admission (instead of within one day of admission, which was being interpreted as within one day before or after), in order to align with the same change that was made in the 2023 version of the InterQual criteria. For inpatient mental health treatment, inpatient eating disorder treatment, and inpatient substance use disorder treatment, added requirement for a medical history and physical examination within one day after admission in order to align with the same change that was made in the 2023 version of the InterQual criteria. For mental health and eating disorder residential treatment, added a note that review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for psychiatric or psychiatric medication evaluations because they are not documentation of psychiatric or psychiatric medication evaluations on specific dates. For substance use disorder residential treatment, added a note that review documents that summarize an individual's clinical status and treatment during a week or other time period, such as Clinical Reviews, Clinical Updates, Concurrent Reviews, Utilization Reviews, Progress Reviews, or similar documents, do not satisfy the requirement for psychiatric evaluations because they are not documentation of psychiatric evaluations on specific

Date	Comments
	dates. For inpatient mental health treatment, inpatient eating disorder treatment, and inpatient substance use disorder treatment, added requirement for a nursing assessment upon admission and then nursing staff observation 24 hours per day in order to align with the same change that was made in the 2023 version of the InterQual criteria.
12/01/23	Interim Review, approved November 14, 2023. For daily psychiatric evaluations by non-psychiatric medical clinicians when an individual is on a medical unit or in an ED, changed the wording "in daily consultation with, or with the daily assistance of, or with separate daily evaluation by, a licensed mental health clinician" to "with documentation of daily consultation with or separate daily evaluations by a licensed mental health clinician." Clarified that the medical history and physical examination for inpatient mental health and substance use disorder treatment must be done by a physician, nurse practitioner, or physician assistant. For inpatient mental health and substance use disorder treatment, clarified that because, unlike physicians and nurse practitioners, physician assistants are not certified in specialties, physician assistants' specialties are determined by the setting in which they are working. Clarified that the medical history and physical examination for inpatient mental health and substance use disorder treatment must be done by a physician, nurse practitioner, or physician assistant. Added that a medical history and physical examination that were done in an ED or an inpatient medical unit prior to direct transfer to the inpatient mental health or eating disorder or substance use disorder unit or facility are acceptable in lieu of within one day after admission to the inpatient mental health or eating disorder or substance use disorder unit. Removed the section on psychosocial evaluations for substance use disorder residential treatment because reviews for psychosocial evaluations have been determined to be no longer necessary due to consistent provider compliance. Removed the section on substance use evaluations for substance use disorder residential treatment because reviews for substance use evaluations have been determined to be no longer necessary due to consistent provider compliance.
02/01/24	Interim Review, approved January 9, 2024. Added criteria from InterQual for a psychiatric evaluation, a medical history and physical examination, and a nursing assessment and subsequent nursing staff observation and monitoring for substance use disorder inpatient rehabilitation. Clarified that the psychiatric evaluation and medical history and physical examination, must be done by a physician, nurse practitioner, or physician assistant.
05/01/24	Interim Review, approved April 22, 2024. Clarified the provider types for the psychiatric evaluation within one day of admission to substance use disorder inpatient rehabilitation.
07/01/24	Annual Review, approved June 11, 2024. Removed the requirement for a psychiatric evaluation during substance use disorder inpatient rehabilitation due to the 2024 InterQual criteria that removed the requirement for a psychiatric evaluation during substance use disorder inpatient rehabilitation. Changed the requirement for psychiatric evaluations during substance use disorder residential treatment to one-

Date	Comments
	time only per admission, within the first week (7 days) after admission, due to the 2024 InterQual criteria that changed the requirement to one-time only within the first week after admission.
09/01/24	Interim Review, approved August 12, 2024. For the initial psychiatric evaluation for mental health and eating disorder residential treatment, added the option that a psychiatric evaluation done within three calendar days prior to direct transfer from mental health or eating disorder (whichever is appropriate) inpatient or partial hospitalization treatment to residential treatment in the same facility, is acceptable as the initial psychiatric evaluation.
08/01/25	Annual Review, approved July 21, 2025. For psychiatric evaluations during inpatient mental health treatment on a medical unit or in an emergency department, added master's degree and doctoral degree mental health clinicians as providers for conducting or consulting on daily psychiatric evaluations (in addition to licensed mental health clinicians). Updated references that have more recent editions to the most current editions. Added one new reference.
06/01/26	Annual Review, approved May 11, 2026. No changes to policy.
07/01/26	Interim Review, approved June 9, 2026. Effective for dates of service on or after October 9, 2026, following 90-day provider notification. Title changed from 3.01.521 Psychiatric and Other Specified Evaluations in Inpatient and Residential Behavioral Health Treatment to 3.01.521 Psychiatric and Other Specified Evaluations in Inpatient, Residential, and Partial Hospital Program Behavioral Health Treatment. Changed the term "detoxification" to "withdrawal management (detoxification)" for consistency with InterQual terminology, ASAM terminology, and with preferred terminology in the substance use disorder professional community. Added InterQual criteria for psychiatric evaluations during mental health, eating disorder, and substance use disorder partial hospital program (PHP) treatment; for substance use evaluations during substance use disorder PHP treatment; and for nutritional assessments during eating disorder PHP treatment, with additional details to further clarify the InterQual criteria for these services. In addition, specified the clinician types who can do each type of evaluation, maintaining consistency with the clinician types who can do each type of evaluation in the same type of residential treatment. Updated citations for InterQual criteria in the References section.
10/01/26	Interim Review, approved September 8, 2026. In the Introduction section, deleted (every seven days) and added a sentence that for partial hospital programs, the criteria for evaluations vary depending on the conditions being treated. Modified the requirement for the initial psychiatric evaluation during residential mental health treatment (including residential eating disorder treatment) to allow the additional option of within two calendar days after admission. Modified the requirement for subsequent psychiatric evaluations at least once every week during residential mental health treatment (including residential eating disorder treatment) to allow for psychiatric evaluations at least once every 10 days but no less frequently than at least

Date	Comments
	once every 10 days. For nutritional assessments by a Registered Dietician during residential eating disorder treatment, re-stated the requirement for subsequent nutritional assessments after the initial nutritional assessment as once every week instead of once every seven days. Modified the requirement for subsequent nutritional assessments at least once every week during residential eating disorder treatment to allow for nutritional assessments at least once every 10 days but no less frequently than at least once every 10 days. For psychiatric evaluations during mental health, eating disorder, and substance use disorder partial hospital program (PHP) treatment; for substance use evaluations during substance use disorder PHP treatment; and for nutritional assessments during eating disorder PHP treatment, modified the requirement for at least once every week to allow for the evaluations and assessments to be done at least once every 10 days but no less frequently than at least once every 10 days. Removed medical necessity criteria for nursing assessments and observation during hospital inpatient levels of care in recognition of the facts that hospitals are not able to legally operate, are not able to participate in Medicare and Medicaid, and are not able to be accredited, without 24/7 nursing services. Added the Related Information section to explain why psychiatric evaluations are an essential component of residential treatment. Added six new references to the References section that are cited in the Related Information section.
10/01/26	Policy effective date updated from October 9, 2026, to November 16, 2026, due to a business decision based on operational readiness.

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). ©2026 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.