



# PROVEN & UNPROVEN BEHAVIORAL HEALTH SERVICES

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## BENEFIT CONSIDERATIONS

**Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.**

## COVERAGE RATIONALE

**Proven Services:** Services or technologies that, after a review of the evidence, demonstrate they can be safely and effectively administered to a defined patient population, under a set of specific conditions that are clearly identified. A service found to be proven does not necessarily indicate that the service is covered. The member’s specific benefit plan must be referenced to determine coverage, limitations, and exclusions.

*A service found to be "Proven" does not necessarily indicate that a service is covered. The member’s specific benefit plan must be referenced to determine coverage, limitations and exclusions.*

**Unproven Services:** Services including medications that are not consistent with prevailing medical research that has determined the services to not be effective for treatment of the condition and/or not to have the beneficial effect on behavioral health outcomes due to insufficient and inadequate clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published peer-reviewed literature. Unproven services and all services related to unproven services are typically excluded. The fact that an unproven service, treatment, device, or pharmacological regimen is the only available treatment for a particular condition will not result in benefits if the procedure is considered to be unproven in the treatment of that particular condition.

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member’s benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

All services must be provided by or under the direction of a properly qualified behavioral health provider.

## LEVEL OF CARE GUIDELINES

**Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at:**  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

*The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing.*

**For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified***Covered Health Service(s)*

Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in *Section 1: What's Covered--Benefits as a Covered Health Service*, which is not excluded under *Section 2: What's Not Covered--Exclusions*.

**For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified***Covered Health Service(s)*

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *Certificate of Coverage* under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

**For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified**

*Covered Health Care Service(s)* - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations*.

*Medically Necessary* - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific

evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

## OPTUM CLINICAL TECHNOLOGY ASSESSMENT COMMITTEE (CTAC)

The Clinical Technology Assessment Committee (CTAC) reviews and evaluates new and existing behavioral health treatments to determine the strength of the scientific evidence in support of the efficacy and safety of the treatment being reviewed. Reviews are specific to the purpose and population for which the treatment is intended.

CTAC is responsible for reviewing a treatment when it is intended to treat a mental disorder, it requires behavioral health expertise to provide, it is primarily delivered by behavioral health providers, and Optum Behavioral is delegated for managing and/or paying for the treatment.

A request for coverage of Unproven Services and all services related to Unproven Services must be reviewed against the language in the enrollee's benefit document. When the requested service or procedure is covered, limited or excluded from the enrollee's benefit document, or is otherwise defined differently, it is the terms of the enrollee's benefit document that prevails.

## REFERENCES\*

Generic UnitedHealthcare Certificate of Coverage, 2001  
Generic UnitedHealthcare Certificate of Coverage, 2007  
Generic UnitedHealthcare Certificate of Coverage, 2009  
Generic UnitedHealthcare Certificate of Coverage, 2011  
Generic UnitedHealthcare Certificate of Coverage, 2017

\*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

## HISTORY/REVISION INFORMATION

Date	Action/Description
05/09/2017	<ul style="list-style-type: none"><li>Version 1 – Annual Review</li></ul>
05/09/2018	<ul style="list-style-type: none"><li>Annual Update: Update to formatting</li></ul>