

Section 65 Day Treatment Documentation Guidelines

A treatment plan is required for all Continued Stay Reviews. An Individual Education Plan (IEP) should also be included, in addition to the Individualized Treatment Plan (ITP).

To be eligible for Section 65 Day Treatment, a member must need treatment that is more intensive and frequent than Outpatient but less intense than hospitalization. As Day Treatment is a clinical intervention, it is expected that a member would need direct clinical intervention as part of this service.

Prior Authorization

Verify that you have the correct member and the correct Requesting and Servicing NPI numbers.

Service Type: Section 65

Request Type: Prior Authorization

Procedure Code: H2012HO – Child BH Day Treatment – Provided by ED. SYS. – Master’s
H2012HN – Child BH Day Treatment – Provided by ED. SYS. – Bachelor’s

Service Length: 30 Days

Quantity: No more than 128 units (7 hours/day, 5 days/week)

Diagnosis: Enter in the diagnosis for the member, if known. An eligible diagnosis is needed at time of the first Continued Stay Review.

Clinical Information: No information is needed here.

Attached Documents: An IEP and Treatment Plan is needed at the time of Prior Authorization. Upload these documents directly into Atrezzo.

Questionnaire: Fill out the questionnaire with the information that is known about the member, such as the reason for referral, presenting symptoms and behaviors, etc. Include Functional Assessment Scores in the General Questionnaire.

Continued Stay Review

Enter in the case ID from the Prior Authorization and click Extend.

Procedure Code: H2012HO – Child BH Day Treatment – Provided by ED. SYS. – Master’s
H2012HN – Child BH Day Treatment – Provided by ED. SYS. – Bachelor’s

Service Length: 180 Days



Quantity: No more than 780 units (7 hours/day, 5 days/week) for Bachelor's level. For Master's level, scheduled clinical intervention (group, individual, family) needed for the requested time period.

Diagnosis: An eligible diagnosis is needed at time of the first Continued Stay Review.

Attached Documents: An IEP and Treatment Plan is needed at the time of Prior Authorization. Upload these documents directly into Atrezzo.

Questionnaire: Fill out the questionnaire in its entirety. Please use the questionnaire to discuss the ongoing needs, such as symptoms and behaviors that continue to require this level of daily intervention, and how the BHP and Clinician will be meeting those needs through how the units will be used. For the section for Transition/Discharge – indicate the *criteria, plan, and time for a reduction in intensity of service and eventual discharge of service*. Include what observable progress will signal when the member might be ready to decrease to fewer units per day/week, and to eventually discharge.