

<b>PerformCARE<sup>®</sup></b>		<b>Policy and Procedure</b>
<b>Name of Policy:</b>	Authorization and Delivery of Music Therapy Services	
<b>Policy Number:</b>	CM-047	
<b>Contracts:</b>	<input type="checkbox"/> All counties <input checked="" type="checkbox"/> Bedford / Somerset <input checked="" type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Care Management Department	
<b>Related Stakeholder(s):</b>	All Departments	
<b>Applies to:</b>	Associates	
<b>Original Effective Date:</b>	11/01/13	
<b>Last Revision Date:</b>	07/25/13	
<b>Last Review Date:</b>	11/13/17	
<b>Next Review Date:</b>	11/01/18	

**Policy:** Music Therapy will be delivered to Members who meet medical necessity criteria for the purpose of treating a behavioral health concern.

**Purpose:** To outline authorization and delivery of music therapy services.

**Definitions:** **Music Therapy:** Music Therapy is an outpatient service that can be provided either individually or in a group setting. Music Therapy is an office based service. Music Therapy should be provided only by a credentialed professional who has completed an approved Music Therapy program, holds current certification, and possesses a Master’s degree in this specialty area from an accredited university.

**Acronyms:** None

**Procedure:**

1. Under HealthChoices Music Therapy is available to Members aged 21 years and younger who meet medical necessity criteria.
2. A Certified Music Therapist who has been approved by the PerformCare Credentialing Committee and holds the appropriate Medical Assistance Enrollment (11/175) must deliver services.
3. Services may only be delivered in an office setting. The office must meet the requirements outlined by the Office of Medical Assistance Programs. PerformCare will apply current criteria when determining what constitutes an office. If provider disagrees with PerformCare assessment, they may appeal the decision in writing to outline the reasons they believe the site qualifies.
4. PerformCare conceptualizes Music Therapy as an outpatient service that can be provided either individually or in a group setting, as determined by the provider, based on the developmental level of the Member. This

will assure that the specific and individual needs of the Member are foremost in this process. Treatment modality will be determined by the provider based upon the specific needs of the Member, the Member's ability to benefit from group instruction, and the impact that social stimulation/interaction would impede/benefit the Member.

5. As such, services may be delivered individually or in a group setting. A group is comprised of three or more Members, with a maximum of eight (8) participants.
6. Music Therapy is viewed as a specialized type of therapy therefore Music Therapy can be a complimentary treatment (or specialized adjunct) to other mental health interventions (e.g., BHRS).
7. As with all therapy, Music Therapy should begin treatment with a comprehensive developmental assessment which must be included in the Member chart. Please see PerformCare CM-006 Documentation Standards for Providers policy and procedures for all chart requirements. Music Therapy may include the use of various therapeutic techniques (e.g., behavioral, biomedical, developmental, humanistic, adaptive music instruction) and these should be clearly delineated in treatment plans and meet a mental health need.
8. Music Therapy can be an effective treatment for improving self-expression, improving peer interactions, emotional expression, and affect modulation. These areas need to be addressed by the mental health system not because of a desire to aid in developmental progression (which would be the focus of other systems, such as education) but because they are demonstrated to be part of behavioral health symptoms that bring this Member to the mental health treatment arena (e.g., physical aggression). Music Therapy, then, for each Member must be planned in a way to address mental health needs and must have outcomes that suggest it is effective and efficient at treating these mental health symptoms.
9. In general, Music Therapy is provided one time per week, lasting 60 minutes.
10. Music Therapy must have a clearly defined and objectively written treatment plan for each Member, which includes baseline information (e.g., if Music Therapy is addressing social interaction, this must be operationally defined in a measureable way and baseline information provided). Treatment goals must address the behavioral health need that is being targeted and also include a comprehensive discharge plan. Discharge criteria should be collaboratively developed with the Member and family and should include the anticipated length of Music Therapy treatment.
11. As with other types of outpatient therapy, Music Therapy should be a brief therapeutic interaction that targets specific mental health goals and/or behaviors (e.g., identifying a specific behavior of focus rather than improving overall functioning).

12. Documentation will comply with PerformCare and Medical Assistance requirements.
13. The process for initiation of Music Therapy for a six month authorization (up to 26 sessions) is outlined as follows:
  - 13.1. Member/Guardian or Provider seeks services from a Music Therapy Provider.
  - 13.2. Music Therapy Provider submits Music Therapy request form to PerformCare.
  - 13.3. Request will indicate if individual or group treatment is needed.
  - 13.4. Rationale for why individual or group treatment is warranted will be included on the form by requestor.
  - 13.5. Decision to approve based on MNC criteria. Approval and denial decisions will be determined by PerformCare PA and will parallel the process that is currently established for testing request review and authorization.
  - 13.6. Twenty-six sessions will be authorized for the initial six month authorization period.
  - 13.7. If a denial of Music Therapy occurs, the CCM will be notified to insure continuity of care and explore alternate services.
  - 13.8. Notification of approval or denial to Provider and Family.
14. The process for continuation of Music Therapy is outlined as follows:
  - 14.1. Concurrent review documentation is to be submitted at re-authorization (6 months) for a reauthorization of 26 sessions. Information will be reviewed by PA, in a manner similar to above (e.g., updated treatment plan, progress notes.) All service reauthorizations for Music Therapy are dependent on the ability of the clinician to document movement toward treatment goals and the ability to meet medical necessity criteria, which will be determined by the PA.
  - 14.2. Contents for concurrent review/reauthorization include: *PerformCare Music Therapy Request Form*, updated treatment plans, and progress notes, as well as any objective measures that the Music Therapist has used for assessment.
  - 14.3. Reauthorization request to continue Music Therapy services beyond the 6 month authorization period should be submitted no less than 14 days prior to the current authorization end date and should include the information outlined above.

**Related Policies:** *CM-006 Documentation Standards for Providers*

**Related Reports:** *Medical Necessity Criteria*

**Source Documents**

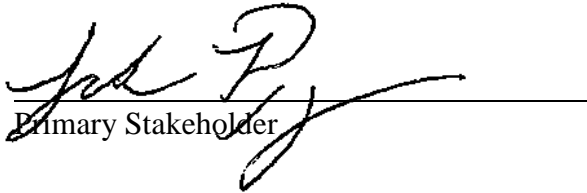
**and References:** *Pennsylvania Department of Human Service HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria*

**Superseded Policies**

**and/or Procedures:** None

**Attachments:** [Attachment 1 PerformCare Music Therapy Request Form](#)

Approved by:

  
Primary Stakeholder