

PerformCARE®		Policy and Procedure
Name of Policy:	Authorization and Delivery of Music Therapy Services	
Policy Number:	CM-047	
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	11/01/13	
Last Revision Date:	06/11/25	
Last Review Date:	05/22/26	
OMHSAS Approval Date:	10/16/24	
Next Review Date:	05/01/27	

Policy: Music Therapy will be delivered to Members who meet medical necessity guidelines 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, office-based service that can be provided either individually or in a group setting.

Music Therapy should be provided only by a credentialed professional who has completed an approved Music Therapy program, and has a current certification, and possesses a degree in this specialty area from an accredited university.

Acronyms: None

Procedure:

1. Under HealthChoices Music Therapy is available to Members *up to age 21* who meet medical necessity guidelines.
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 guidelines when determining what constitutes an office. It should be noted that Music Therapy is an office-based service. If clinically appropriate, Music Therapy can be provided via telehealth when the clinician is in the office.

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 (3) 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., Intensive Behavioral Health Services).
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 *QI-049 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 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 measurable way and baseline information provided). Treatment goals must address the behavioral health need that is being targeted and include a comprehensive discharge plan. Discharge criteria should be collaboratively developed with the Member and family/guardian 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/Family/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 MNG guidelines. 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 ensure 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 guidelines, 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-013 Approval/Denial Process and Notification*
QI-044 Grievance Policy
QI-049 Documentation Standards for Providers

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: [*Attachment 1 PerformCare Music Therapy Request Form*](#)
*Attachment 2 PerformCare Medical Necessity Guidelines for Music
Therapy*

Approved by:

Chrissy Sandacy, LSW

Primary Stakeholder

PerformCare Medical Necessity Guidelines (MNG).

Music Therapy—Outpatient

Music Therapy (MT)

Brief Description

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 have on treatment progress. Much of the research completed has included children impacted by an Autism Spectrum Disorder, which is why this is the primary area of focus for the criterion developed. Other diagnoses will be considered on an individual basis.

As with other outpatient services, Music Therapy is office based. Requests for Music Therapy will be submitted via the “Request for Music Therapy Form”. Music Therapy should be provided only by a credentialed professional who has completed an approved Music Therapy program, with a current certification, and possesses a degree in this specialty area from an accredited university. An individual who does not have proper training and credentials is not qualified to provide Music Therapy services.

Music Therapy is appropriate for children and adolescents (under age 21). As with all therapy, Music Therapy should begin treatment with a comprehensive developmental assessment which must be included in the Member chart. 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. Music Therapy may 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. 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., IBHS). In general, Music Therapy is provided one time per week, lasting 60 minutes. Music Therapy must have a clearly defined and objectively written treatment plan for

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-855-707-5823

Mailing Address: 8040 Carlson Road Harrisburg, PA 17112

each Member, which includes baseline information. Treatment goals must address the behavioral health need that is being targeted and also include a comprehensive discharge plan. Discharge guidelines should be collaboratively developed with the Member and family and should include the anticipated length of Music Therapy treatment. 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). Detailed progress notes, following an accepted format, must be completed for each Music Therapy session.

Guidelines

Admission Guidelines: All of the following Guidelines are necessary for admission:

1. A Certified Music Therapist or another mental health professional determines that Music Therapy is appropriate, and an identified behavioral health need exists which could benefit from Music Therapy; and
2. Based on research from the National Autism Center (2009) suggesting that Music Therapy is an emerging practice (e.g., few published peer reviewed studies; Scientific Merit Rating Scale score of “2” suggesting limited ability to generalize results obtained; lack of operational definition; observation based measurement), providers should look to utilize this type of therapy primarily with Members who are impacted by an Autism Spectrum Disorder, as defined and meeting full guidelines within the Diagnostic and Statistical Manual (DSM 5) or subsequent versions, as such, this should be the primary population considered for Music Therapy. Requests for Music Therapy for Members with other mental health diagnoses will also be reviewed for medical necessity on an individual basis, utilizing the guidelines below; and
3. The Member must be exhibiting mental health symptoms associated with reduced levels of functioning and/or subjective distress, or the Member has a history of psychiatric illness and presents in remission, or there is a residual state of a psychiatric illness, and without treatment, there is a significant potential for serious regression.

Service Requirements: The services to the Member must meet the following Guidelines:

1. The Member is an active participant in treatment and discharge planning; and
2. A supervisor/clinical lead Certified in Music Therapy reviews and approves the treatment plan; and

3. The treatment team (e.g., Music Therapist; Member; family; other treatment providers if applicable) determines that the Member exhibits one or more signs or symptoms that may benefit from receiving Music Therapy (e.g., improved social skills; managing affective arousal); and
4. Music Therapy provides a primary focus on behavioral health needs; and
5. The Member and family are actively involved in treatment, or there are active, persistent efforts being made by the Music Therapist to engage the child/adolescent/family in treatment; and
6. The treatment plan includes a discharge plan that is reviewed and modified, as appropriate, by the treatment team to address changes in clinical presentation and response to treatment; and
7. The Member is receiving treatment within the framework of a multidisciplinary individualized treatment plan approach as conceptualized by Music Therapy; and
8. Music Therapist conducts a comprehensive developmental assessment which must be included in the Member chart; and
9. The use of various therapeutic techniques (e.g., behavioral, biomedical, developmental, humanistic, adaptive music instruction) must be clearly delineated in treatment plans; and
10. The treatment plan must have clearly defined and objectively written treatment goals for each Member, which includes baseline information and is able to quantify progress (e.g., if Music Therapy is addressing social interaction, this must be operationally defined in a measurable way and baseline information provided and documented by the treatment team); and
11. Treatment goals must address the behavioral health need that is being targeted and also include a comprehensive discharge plan; and
12. Discharge guidelines should be collaboratively developed with the Member and family and should include the anticipated length of Music Therapy treatment; and
13. As with other types of outpatient therapy, Music Therapy should be a brief therapeutic interaction that targets specific mental health goals and/or behaviors, rather than target overall functioning; and
14. Music Therapists must provide detailed progress notes, following an accepted format, and progress notes must be completed for each Music Therapy session.

Continued Stay Guidelines: All of the following guidelines are required for continuing treatment of Music Therapy

1. The Member has a psychiatric diagnosis of Autism Spectrum Disorder or other mental health diagnoses; and
2. The treatment team (e.g., Music Therapist; Member; family; other treatment providers if applicable) determines that the Member continues to exhibit one or more signs or symptoms that necessitated admission and there is an expectation of continued benefit from receiving Music Therapy; or
3. The Member has developed new mental health symptoms that meet admission guidelines and could be expected to benefit from continued Music Therapy; and
4. There is reasonable expectation based on the Member's clinical history that withdrawal of treatment will result in decompensation or recurrence of mental health symptoms; and
5. The Member and family are actively involved in treatment; and
6. An individualized discharge plan has been developed which includes specific, realistic, objective and measurable discharge guidelines and plans for appropriate follow-up care; and
7. Music Therapy must meet the service guidelines 1 through 14, as outlined in the above section (Service Requirements).

Discharge Guidelines: The following guidelines indicate that the child/adolescent no longer meets medical necessity guidelines for Music Therapy

1. The Member no longer meets continued stay guidelines or
2. The Member withdraws from treatment against advice; or
3. The Member is not an active participant in Music Therapy treatment; or
4. Treatment goals are achieved at an improved level.

Psychosocial, Occupational, Cultural/Linguistic Factors: These factors may change the risk assessment and should be considered when assessing appropriateness of Music Therapy.

Exclusion Guidelines: Any of the following guidelines are sufficient for exclusion from Music Therapy

1. The Member is not able to meaningfully participate in Music Therapy; and/or

2. The use of Music Therapy for any condition/symptom other than mental health treatment (e.g., speech therapy; physical rehabilitation; vocational; educational).

Music Therapy Process for Request Submission

The process for initiation of Music Therapy for a six-month authorization is outlined as follows:

- Member/Guardian or Provider seeks services from a Music Therapy Provider.
- Music Therapy Provider submits *Music Therapy Request Form* to PerformCare.
- Request will indicate if individual or group treatment is needed.
- Rationale for why individual or group treatment is warranted will be included on the form by requestor.
- Decision to approve based on MNG. 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.
- Twenty-six sessions will be authorized for the initial six-month authorization period.
- If a denial of Music Therapy occurs, the CCM will be notified to ensure continuity of care and explore alternate services.
- Notification of approval or denial to Provider and Family.

The process for continuation of Music Therapy is outlined as follows:

- 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 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 guidelines, which will be determined by the PA.
- 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.
- Contents include: *PerformCare Music Therapy Request Form*, updated treatment plans, relevant updates, objective measure that have been utilized, and progress notes.

