

MEDICAL POLICY

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| SUBJECT: SEX OFFENDER TREATMENT PROGRAM | EFFECTIVE DATE: 06/22/16 REVISED DATE: 06/22/17, 10/25/18 |
| POLICY NUMBER: 3.01.17 CATEGORY: Behavioral Health | PAGE: 1 OF: 4 |
| <ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> | |

POLICY STATEMENT:

- I. Based upon our criteria and assessment of peer-reviewed literature, sex offender treatment programs have been medically proven to be effective and therefore are considered a **medically appropriate** treatment for adults and adolescents.
- II. Adults must meet the following criteria. The patient must have a history of legal charges related to sexual offenses with high risk of re-offending AND a principal diagnosis of mental illness as specified in the current edition of Diagnostic and Statistical Manual (DSM) or ICD-10-CM which includes:
 - A. Paraphilic disorders; or
 - B. Pedophilic disorders.
- III. Adolescents must meet the following criteria. The patient must have a history of legal charges related to sexual offenses with high risk of re-offending AND principal diagnosis of mental illness as specified in the current edition of Diagnostic and Statistical Manual (DSM) or ICD-10-CM which includes:
 - A. Paraphilic disorders; or
 - B. Pedophilia disorder; or
 - C. Impulse control disorder.
- IV. The diagnosis must be consistent with nationally recognized, evidenced based tier (different levels of evidenced based) Behavioral Health standards.
- V. Sex offender treatment programs **must** meet the following requirements:
 - Adult and Adolescent sex offender treatment programs consist on average of 2 years or 104 weekly group visits for completion of the program; per the peer reviewed literature.
 - A. Individual therapy may be encompassed with the group therapy.
 - B. Substance abuse referrals for treatment should also be made when required.
 - C. Ongoing and regular collateral contacts with the legal systems, medical systems, behavioral health systems, Child Protective Services, and other sources should continue throughout treatment.
 - D. The sex offender treatment program should administer polygraph testing and/or plethysmographic testing (when available) at least annually and this should be noted in the treatment plan.
 - E. Sex offender therapy programs should abide by the Association for the Treatment of Sexual Abusers (ATSA) standards.
 - F. All sex offender treatment program providers must receive specialized training in sex offender treatment.
 - G. Two co-therapists should be used at all times during the group process and the group should not exceed eight offenders.
- VI. Based upon our criteria and assessment of peer-reviewed literature, sex offender treatment programs for adults do not improve patient outcomes and are **not medically necessary** for diagnoses other than paraphilic disorders and/or pedophilic disorders.
- VII. Based upon our criteria and assessment of peer-reviewed literature, sex offender treatment programs for adolescents do not improve patient outcomes and are **not medically necessary** for diagnoses other than paraphilic disorders, pedophilia disorder and/or impulse control disorder.
- VIII. Based upon our criteria and assessment of peer-reviewed literature, sex offender therapy programs are considered **investigational** for all other diagnoses.

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POLICY GUIDELINES:

- I. Sex offender treatment programs are expected to maintain clear written descriptions of the treatment goals and objectives, as well as admission and discharge criteria.
- II. Medical necessity reviews are required for any requests which will extend beyond two years.
- III. It is expected that patients will be seen for medication management and support by a psychiatrist as necessary while in sex offender treatment program.
- IV. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Please refer to Corporate Medical Policy # 11.01.15 Medically Necessary Services for classification as to the criteria utilized by the Health Plan in determining when services are medically necessary.

Sex Offender Treatment Program (SOTP) is a cognitive-behavioral treatment (CBT) approach. SOTP originated in the mid-1980s as a relapse prevention model; by the late 80s most states were trained and utilizing this method as the treatment for sex offenders. Current treatment consists primarily of CBT with relapse prevention, pharmacological options, and other behavioral techniques as an addition.

The goal of CBT is to empower the patient(s) so they can experience clearer thinking, eliminate thinking errors, and live an overall more optimistic life. These goals are attained by increasing self-control, learning to be empathetic for others, and increasing positive problem solving skills through the group process, a cohesive group is also an important part of the process.

RATIONALE:

Studies have been performed assessing methods of treatment (CBT, group treatment, interpersonal therapy, behavioral therapy, etc.) for Sex Offender Treatment Program (SOTP) as the treatment(s) for sexual offenders including methods for treatment, length of treatment, and outcomes associated with treatment.

Maletzky and Steinhauer (2002) conducted a mixed longitudinal study over a 25 year period to show how CBT lowered recidivism and risk to the community across different diagnoses and crimes related to sexual crimes. Due to the longevity of this study follow up for the sexual offenders was limited and made for a small number of participants engaging in the overall study. The study suggested an average duration for a sexual offender group is 1 ¾ years in length, and the treatment modality of the group should be CBT while augmenting aversive conditioning primarily olfactory stimuli and relapse prevention (Jennings & Deming, 2013; Yates, 2003). When assessed at 5 year and 25-year spans CBT for most offenders appeared effective. However, as time passed, recidivism increased, it appeared low at 6 months and 1-year, doubling at 5-years, but then remaining steady. Male rapists in this study were an exception; they continued to rise until close to 10 years. Jennings & Sawyer (2003) also added to the literature that CBT and group are the most effective and common format to treat sexual offenders.

Beech & Hamilton-Giachritsis (2005) also studied CBT as a primary method of sexual offender group treatment effective hours needed to lower the rate of recidivism associated with sexual offending. The study was six different medium security U.K. prison systems and 12 different treatment groups across these prison systems totaling 100 participants. The researchers found no significant relationship between length of treatment and amount of treatment change. Meaning, there was no change in outcome for recidivism between 80 hours of group treatment vs. 160 hours of group treatment. Instead, the authors indicated the change they noticed were in the groups where cohesiveness was noted. Those groups where clear cohesive relationships were reported as well as an extent to which freedom of action and expressions of feelings were encouraged showed lower reductions in co-offending attitudes. Levenson and Macgowan (2004) completed a qualitative study utilizing an outpatient sex offender program. They found group cohesiveness was important for free expression, for instilling hope, and that a non-confrontational approach worked better with offenders.

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- *Kim B, et al. Sex offender recidivism revisited: review of recent meta-analysis on the effects of sex offender treatment. Trauma Violence Abuse 2016 Jan;17(1):105-17.
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KEY WORDS:

Sex Offender Treatment Programs (SOTP)

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=42&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&Keyword=psychological&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAA&>