CCP Inpatient Psychiatric Procedures Information to Be Added to Inpatient and Outpatient Hospital Services Handbook

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Information about prior authorization and documentation requirements for Comprehensive Care Program (CCP) psychiatric inpatient admissions will be added to 2012 Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook subsections 3.5, “Documentation Requirements,” and 3.6, “Inpatient Utilization Review.” The new information will mirror information that is available in the Behavioral Health, Rehabilitation, and Case Management Services Handbook and the Children’s Services Handbook.

CCP Inpatient Psychiatric Admissions- Prior Authorization and Documentation

Prior authorization is required under TMHP Comprehensive Care Inpatient Psychiatric Unit (CCIP) for admission to freestanding psychiatric facilities or state psychiatric hospitals for clients who are birth through 20 years of age.

A toll-free telephone and fax line are available to complete the authorization process. Providers can contact the TMHP CCIP Unit at 1-800-213-8877 or fax to (512) 514-4211.

Authorization procedures and approved providers may be different for managed care clients. Contact the client's specific health-care plan for details.

A completed Psychiatric Inpatient Initial Admission Request Form or Psychiatric Inpatient Extended Stay Request Form that prescribes the inpatient psychiatric services must be signed and dated by the admitting physician who is familiar with the client prior to requesting authorization. All signatures must be current, unaltered, original, and handwritten.

Computerized or stamped signatures are not accepted. The completed Psychiatric Inpatient Initial Admission Request Form or Psychiatric Inpatient Extended Stay Request Form must be maintained by the requesting provider and the prescribing physician. The original signature copy must be kept in the hospital's medical record for the client.

Documentation of medical necessity for inpatient psychiatric care must specifically address the following issues:

- Why the ambulatory care resources in the community cannot meet the treatment needs of the client.
- Why impatient psychiatric treatment under the care of a psychiatrist is required to treat the acute episode of the client.
- How the services can reasonably be expected to improve the condition or prevent further regression of the client’s condition in a proximate time period.

Psychological or neuropsychological testing performed in a freestanding or state psychiatric facility does not require prior authorization; however, the facility must maintain documentation that supports medical necessity for the testing and the testing results of any psychological or neuropsychological testing service performed while the client is an inpatient.
For initial inpatient admissions to freestanding and state psychiatric facilities, the completed Psychiatric Inpatient Initial Admission Request Form must be faxed no later than the date of the client's admission unless the admission is after 5 p.m., on a holiday, or a weekend.

When the admission occurs after 5 p.m., on a holiday, or a weekend, the TMHP CCIP Unit must receive the faxed request on the next business day following admission. If the admission occurs after 2 p.m., the provider must contact the TMHP CCIP Unit by telephone and fax the Psychiatric Inpatient Initial Admission Request Form to the TMHP CCIP Unit on the following business day.

- To complete the prior authorization process the provider must fax the completed Psychiatric Inpatient Admission Form to the TMHP CCIP Unit.

- To facilitate a determination of medical necessity and avoid unnecessary denials, the physician must provide correct and complete information, including accurate documentation of medical necessity for the services requested.

Initial admissions may be prior authorized for a maximum of five days based on the client's Medicaid eligibility and documentation of medical necessity.

- All psychiatric admission requests for clients who are 11 years of age and younger will be reviewed by a psychiatrist.

- Psychiatric admission requests for clients who are 12 through 20 years of age will be reviewed by a mental health professional. Any requests for psychiatric admissions which do not meet the criteria for admission will be referred to a psychiatrist for final determination.

Providers must submit a Psychiatric Inpatient Extended Stay Request Form to the TMHP CCIP Unit requesting prior authorization for a continuation of stay. Requests for a continuation of stay must be received on or before the last day authorized or denied. The provider is notified of the decision in writing via fax by the TMHP CCIP Unit. If the date of the TMHP CCIP Unit determination letter is on or after the last day authorized or denied, the request for continuation of stay is due by 5 p.m. of the next business day.

The Psychiatric Inpatient Extended Stay Request Form must reflect the need for continued stay in relation to the original need for admission. Any change in the client's diagnosis must be noted on the request. Additional documentation or information supporting the need for continued stay may be attached to the form. Up to seven days may be authorized for an extension request.

**Medicaid Clinical Criteria for Inpatient Psychiatric Care for Clients**

The client must have a valid AXIS I, DSM-IV-TR diagnosis as the principle admitting diagnosis and outpatient therapy or partial hospitalization has been attempted and failed, or a psychiatrist has documented reasons why an inpatient level of care is required. The client's Axis II diagnosis must also be included on the request for inpatient psychiatric treatment.

The client must meet at least one of the following criteria:

- The client is presently a danger to self, demonstrated by at least one of the following:
  - Recent suicide attempt or active suicidal threats with a deadly plan and an absence of appropriate supervision or structure to prevent suicide.
Recent self-mutilative behavior or active threats of same with likelihood of acting on the threat and an absence of appropriate supervision or structure to prevent self-mutilation (i.e., intentionally cutting/burning self).

Active hallucinations or delusions directing or likely to lead to serious self-harm or debilitating psychomotor agitation or intellectual disability resulting in a significant inability to care for self.

Significant inability to comply with prescribed medical health regimens due to concurrent Axis I psychiatric illness and such failure to comply is potentially hazardous to the life of the client. The medical (AXIS III) diagnosis must be treatable in a psychiatric setting.

The client is a danger to others. This behavior should be attributable to the client's specific AXIS I or DSM-IV-TR diagnosis and can be adequately treated only in a hospital setting. This danger is demonstrated by one of the following:

- Recent life-threatening action or active homicidal threats of same with a deadly plan and availability of means to accomplish the plan with likelihood of acting on the threat.
- Recent serious assaultive or sadistic behavior or active threats of same with likelihood of acting on the threat and an absence of appropriate supervision or structure to prevent assaultive behavior.
- Active hallucinations or delusions directing or likely to lead to serious harm of others.

The client exhibits acute onset of psychosis or severe thought disorganization, or there is significant clinical deterioration in the condition of someone with a chronic psychosis, rendering the client unmanageable and unable to cooperate in treatment, and the client is in need of assessment and treatment in a safe and therapeutic setting.

The client has a severe eating or substance abuse disorder that requires 24-hour-a-day medical observation, supervision, and intervention.

The client exhibits severe disorientation to person, place, or time.

The client's evaluation and treatment cannot be carried out safely or effectively in other settings due to severely disruptive behaviors and other behaviors, which may also include physical, psychological, or sexual abuse.

The client requires medication therapy or complex diagnostic evaluation where the client's level of functioning precludes cooperation with the treatment regimen.

The client is involved in the legal system, manifests psychiatric symptoms, and is ordered by court to undergo a comprehensive assessment in a hospital setting to clarify the diagnosis and treatment needs.

The proposed treatment/therapy requires 24-hour-a-day medical observation, supervision, and intervention and must include all of the following:

- Active supervision by a psychiatrist with the appropriate credentials as determined by the Texas Medical Board (TMB) and with documented specialized training, supervised experience, and demonstrated competence in the care and treatment of children and adolescents. Treatment/therapy plans must be guided by the standards of treatment specified by the Texas Society of Child and Adolescent Psychiatry.
Implementation of an individualized treatment plan.

Provision of services that can reasonably be expected to improve the client's condition or prevent further regression so that a lesser level of care can be implemented.

Proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a psychiatrist and is being provided in the least restrictive environment available, and ambulatory care resources available in the community do not meet the client's needs.

**Continued Stays**

Continued stays are considered when the client meets at least one of the criteria from above and has a treatment/therapy regimen that includes all of the following:

- Active supervision by a psychiatrist with the appropriate credentials as determined by the TMB and with documented specialized training, supervised experience, and demonstrated competence in the care and treatment of children and adolescents. Treatment/therapy plans must be guided by the standards of treatment specified by the Texas Society of Child and Adolescent Psychiatry.

- Treatment/therapy requires an inpatient level of care.

- Initial discharge plans have been formulated and actions have been taken toward implementation, including documented contact with a local mental health provider.

Continued stays are considered for children and adolescents whose discharge plan does not include returning to their natural home: If the party responsible for placement has provided the provider with three documented placement options for which the child meets admission criteria, but which cannot accept the child, up to 5 days may be authorized, per request, to allow alternative placement to be located. Up to three 5-day extensions may be authorized.

**Court-Ordered Services**

A request for prior authorization of court-ordered services must be submitted no later than seven calendar days after the date on which the services began.

Court-ordered services are not subject to the 12-hour system limitation per provider per day when billed with modifier H9.

Court-ordered services are not subject to the 5-day admission limitation or the seven-day continued stay limitation. Court-ordered services include:

- Mental health commitments

- Condition of probation (COP)

For court-ordered admissions, a copy of the doctor's certificate and all court-ordered commitment papers signed by the judge must be submitted with the psychiatric hospital inpatient form.

Specific court-ordered services for evaluations, psychological or neuropsychological testing, or treatment may be prior authorized as mandated by the court. A copy of the court document signed by the judge must accompany prior authorization requests. If the requested services differ from the court order, the additional services will be reviewed for
medical necessity. Requested services beyond those court-ordered are subject to medical necessity review.

Claim Denials

All prior authorization requests not submitted or received by the TMHP CCIP Unit in accordance with established policies are denied through the submission date, and claim payment is not made for the dates of service denied.

All denials may be appealed. The TMHP CCIP Unit must receive these appeals within 15 days of the TMHP CCIP Unit denial notice.

- Appeals of a denial for an initial admission or a continued stay must be accompanied by the documentation supporting medical necessity that the provider believes warrants reconsideration.

- Appeals of a denial for late submission of information must be accompanied by documentation that the provider believes supports the compliance with HHSC claims submission guidelines.

- Appeals are reviewed by an experienced psychiatric Licensed Clinical Social Worker (LCSW) or a registered nurse (RN) to determine whether the required criteria is documented and then forwarded to a psychiatrist for final determination. The provider will be notified of all denial determinations in writing via fax by the TMHP CCIP Unit.

For more information, call the TMHP Contact Center at 1-800-925-9126.