Regence Oregon and Utah | Regence Idaho and select counties of Washington

NOTE: This policy is not effective until May 1, 2019.

Medical Policy Manual Behavioral Health, Policy No. 29

Psychiatric Inpatient Hospitalization

Effective: May 1, 2019

Next Review: January 2019
Last Review: January 2020

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Inpatient Psychiatric Hospitalization is a 24-hour acute treatment setting occurring on a locked unit that is licensed as a hospital by the appropriate agency and under the direct supervision of an attending psychiatrist.

MEDICAL POLICY CRITERIA

Notes: For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

I. An Inpatient Psychiatric Hospitalization (IP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A-B) are met:

   A. All the following (1-4) must be met:

      1. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.

      2. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

3. The treatment is not primarily for the convenience of the provider or member (e.g. primarily for lack of housing options, respite care, custodial needs or extended discharge planning).
4. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.

B. One or more of the following must be met:

1. There is significant evidence that member is an imminent risk of harm to self or to others due to one or more of the following reasons:
    a. The member has made a recent and serious attempt to substantially harm self or someone else in a way that was intended to be deadly.
    b. The member is verbalizing intent and plan to harm self or someone else in a way that would either be deadly or cause serious bodily harm.
    c. Recent self-injurious behaviors that are substantial enough to require 24-hour observation and safety planning (example: Cutting self substantially enough to require sutures).
    d. Recent violent, impulsive, and/or agitated behavior that cannot safely be controlled outside of 24-hour monitoring and intervention to prevent serious harm to self or others.
2. The member is experiencing severe deterioration in their ability to care for himself/herself due to the severity of their psychiatric condition. Examples of this level of deterioration are:
    a. The member is not taking care of basic tasks such as eating, drinking, caring for hygiene or taking prescribed psychiatric medications which contributes to deterioration.
    b. The member is experiencing a recent onset or exacerbation of psychotic symptoms that are resulting in significant deterioration of functioning that can only be safely managed with 24-hour observation and treatment. (Examples include: delusional thinking with limited to no awareness of reality, auditory and/or visual hallucinations, severe paranoia).
3. Member has a comorbid medical condition in addition to active psychiatric symptoms and requires the resources of an inpatient hospital for safe and appropriate treatment.

II. Continued stay in an Inpatient Psychiatric Hospitalization (IP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A-C) are met:

A. The individual continues to meet admission criteria (I.A-B).

B. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.

C. One or more of the following criteria must be met:

1. The active treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be

helping the member reach a level of stability that step-down to a lower level of care will be possible.

2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
3. Member is experiencing complications arising from medications or other treatments (such as Electroconvulsive Therapy) with such severity that require further stabilization and 24-hour observation.
4. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

POLICY GUIDELINES

REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

Request for Extension/Concurrent Review

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

Treatment Expectations

Within 24 hours of admissions, members should receive: an initial assessment by a licensed behavioral health clinician, a psychiatric evaluation by a psychiatrist, a history/physical completed by medical staff and a completed preliminary treatment plan. Inpatient treatment is provided under the direct supervision of an attending psychiatrist with 24-hour nursing and behavioral health care available on the unit. Patients should receive, at a minimum, face-to-face assessments by a psychiatrist (or physician extender where state laws allow) 6 days/week, with documented active treatment of behavioral health symptoms by a multidisciplinary treatment team consisting of 6 hours daily of therapeutic programming. A psychiatrist must be available for consultation 24 hours a day, 7 days a week. For

children/adolescents, family therapy should be provided once weekly, at a minimum. Family therapy is recommended for adult members, when appropriate, at least once weekly. Members should also receive active discharge planning starting at admission to identify appropriate step-down plan including scheduling follow-up behavioral health appointments within 7 days of discharge.

Inpatient treatment is intended for immediate stabilization of acute psychiatric symptoms, providing safety for those at risk of harming themselves or others and active medication management. Inpatient treatment is not designed to provide long term treatment of psychiatric conditions.

CROSS REFERENCES

1. Eating Disorder Inpatient Treatment, Behavioral Health, Policy No. 25
2. Eating Disorder Intensive Outpatient, Behavioral Health, Policy No. 26
3. Eating Disorder Partial Hospitalization, Behavioral Health, Policy No. 27
4. Eating Disorder Residential Treatment, Behavioral Health, Policy No. 28
5. Psychiatric Intensive Outpatient, Behavioral Health, Policy No. 30
6. Psychiatric Partial Hospitalization, Behavioral Health, Policy No. 31
7. Psychiatric Residential Treatment, Behavioral Health, Policy No. 32

REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 1/9/2019]; Available from: https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf
4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx
5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: http://psychiatryonline.org/guidelines.aspx
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: https://www.aabh.org/copy-of-partial-hospitalization-pro
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: https://www.aabh.org/copy-of-partial-hospitalization-pro

9. Medicare Benefit Policy, Outpatient Hospital Psychiatric Services, Manual, Chapter 6, Section 70 - Hospital Services Covered Under Part B, A3-3112.7, HO-230.5 (Rev. 157, 06-08-12).
10. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: http://www.mentalhealthamerica.net/positions/residential-children
11. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0114	R&B Private, Psychiatric
	0124	R&B Semi-Private, Psychiatric
	0134	R&B Multi-Bed, Psychiatric
	0144	R&B Deluxe Private, Psychiatric
	0154	R&B Ward, Psychiatric
	0204	ICU, Psychiatric

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