Category: Utilization Management

Code: UM 2.0 Attach G Inpatient MH

Subject: Inpatient (IP) Mental Health (MH) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for inpatient MH services.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for inpatient MH services when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Review for IP services is ultimately the responsibility of the Medical Director at BHP.

Medical Necessity Criteria – Must satisfy any of I-III

I. Admission – must satisfy one of the following: A-C

A. Care is court ordered, or

B. The patient's clinical condition meets the diagnostic criteria for a DSM mental disorder diagnosis that can either be more efficiently treated or treated more rapidly as an inpatient to decrease the patient's suffering; or

C. Documentation supports a current DSM mental disorder diagnosis and there is a documented need for 24- hour medical supervision because a less restrictive setting would not be beneficial due to, but not limited to, one of the following: 1-7

1. Actual or potential danger to self or others through actions with inability to provide for safety; or

2. Documentation of inability to follow an outpatient treatment plan, eg, keep appointments or take prescribed medications, has led to or will lead to a serious deterioration in the member's condition or create a reasonable risk of injury to self or others requiring a structured environment; or
3. Presence of a psychiatric disorder and severe multiple and complex psychosocial situations; or

4. Dual diagnoses of substance related disorder and severe mental health disorder precluding compliance with recommended outpatient or inpatient substance related disorder treatment; or

5. There is a documented need for 24-hour medical supervision for initiation or monitoring of psychotropic medications and their effects; or

6. Treatment with electroconvulsive therapy is ordered when an inpatient environment is indicated; or

7. Presence of an acute unstable medical condition that cannot be managed in a less intensive psychiatric level of care or imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom(s).

II. Continued stay - must satisfy: A, or B and either C or D

A. Care is court ordered; or

B. The patient's clinical condition continues to meet criteria for a DSM mental disorder diagnosis; and

C. The patient continues to demonstrate significant symptoms of a mental health disorder requiring 24-hour medical supervision that precludes transfer to a less intensive setting; or

D. There is substantial risk for re-emergence of acute symptoms or behaviors if the patient is discharged to a less intensive treatment setting or efforts to decrease structure result in an increase in symptoms.

III. Discharge - must satisfy: A, and any of B-H

A. The patient is not considered a significant and current danger to self or others; and

B. Objectives for acute inpatient care have been met and discharge plan is in place; or

C. The patient's condition has stabilized and can be managed in a less intensive treatment setting; or

D. The patient is unlikely to benefit from, or may deteriorate functionally, with continued stay in an inpatient psychiatric setting; or

E. The patient refuses to cooperate with treatment recommendations and does not satisfy clinical criteria for involuntary hold and/or civil commitment after a 72-hour evaluation; or

F. Care is custodial or maintenance in nature; or

G. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment. (may merit need for substance abuse evaluation or treatment); or

H. The patient demonstrates stability consistent with a lower level of care.

Note: Discharge criteria do not apply to court ordered

IV. Exclusions - none of the following will be considered as sole indications for the inpatient setting: A-D

A. Impaired ability to meet academic, family, or employment obligations.

B. Psychometric testing or psychiatric evaluations that could be performed on an outpatient basis.

C. Absence of placement availability (such as, but not limited to, halfway house, foster home, board and care home or other less intensive treatment setting).

D. There is insufficient clinical data supporting the admission diagnosis of the member.

DEFINITIONS:

DSM:
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

ICD:
The most current edition of the International Statistical Classification of Diseases and Related Health Problems.

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

The optimal treatment setting and the patient's ability to benefit from a different level of care should be reevaluated on an ongoing basis throughout the course of treatment. The facility must be part of an accredited hospital setting.

Regulatory / External References: NCQA UM 2.0 Chapter 62M.

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. 2013.
2. Department of Veterans Affairs and Department of Defense. Clinical practice guideline for management of major depressive disorder (MDD). Version 3.0 – 2016. Retrieved from https://www.healthquality.va.gov/guidelines/MH/mdd/.
3. American Association of Community Psychiatrists. Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS). Adult version 20 [Internet] American Association of Community Psychiatrists. 2016 Dec. Retrieved from https://drive.google.com/file/d/0B89glzXJnn4cV1dESWI2eFEzc3M/view. Accessed 03-05-20.
4. Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition. Retrieved from https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.pe02 . Accessed 03-05-20.

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: **03/01/2014**

Date Revised: **03/01/2014, 12/12/19, 12/21/2020**

Date Evaluated by Clinical Team: **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021**

Revision Tracking

Date Revised	**Revision Type** List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	**Details of Revision Made**
12/12/19	Minor changes	Reformatted to match Preferred One, Admission criteria updated to match Preferred One
12/20/2020	Minor changes	Wording update to item D of exclusions (page 3). Updated references.