STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Psychiatric Intensive Care Training for Providers

V2

June 2023

Agenda

- Introduction of Presenters
- Overview of Psychiatric Intensive Care (PIC)
- PIC Admittance, Exclusion and Discharge Criteria
- Prior Authorization
  - Health and Human Services (HHS)
  - Amerigroup
  - Iowa Total Care
  - Molina Healthcare
- Claims and Billing
- Case Studies
- References and Contacts

Learning Objectives

Criteria for admittance into PIC.

How to submit a prior authorization for PIC.

How to bill for PIC.

Introduction of Presenters

- Jenny Erdman, Program Manager-BH, SUD and IHH policy
- Hannah Olson, HHS BH and SUD Policy Specialist
- Maria James, HHS Provider Services Specialist
- Amerigroup – Danah Zepeda, Manager of Behavioral Health
  Tina Derrick, Manager of Behavioral Health
- Iowa Total Care – Rebecca Zaidi, Clinical Manager
- Molina Healthcare – Jean McClurken, Behavioral Health Director

Psychiatric Intensive Care Overview - Informational Letter 2456

- PIC is defined as care provided for a condition with rapid onset that is accompanied by **severe symptoms and is generally of brief duration**, requiring emergency treatment and intensive psychiatric care.

- These services provide a level of care **beyond the capacity of general psychiatric inpatient unit** care to assure the safety of the member, other patients, and staff.

Psychiatric Intensive Care - Admittance, Exclusion and Discharge Criteria

Psychiatric Intensive Care - Admittance Criteria

To meet the need for acute PIC, the member must have a serious mental illness as defined in 441-subrule 77.47(I):

Illness is specified within the most current Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, AND

Member is between 18 and 64 years of age (78.3(8);AND has a serious mental illness as defined in 441-subrule 77.47(1);AND has a current, severe, imminent risk of serious harm to self or others;AND

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Psychiatric Intensive Care - Admittance Criteria

The Member must display additional complexity of need related to one of the following:

1. Complex comorbidities, including intellectual or developmental disability, autism spectrum disorder, substance use disorders, or traumatic brain injuries; OR

2. A history of violence (clinical risk) or current aggression that is secondary to mental illness; OR

3. A request for patient transfer that has been rejected by inpatient level of care by one or more hospitals due to severity of symptoms; OR

4. Lack of responsiveness to typical interventions or a condition that is treatment refractory, OR

Psychiatric Intensive Care - Admittance Criteria

The Member must display additional complexity of need related to one of the following, continued:

5. Disorganized psychotic state or manic thought process that impairs the ability to function, or risks the safety of the patient or others, OR

6. Behavior that causes disruption to the general milieu of the member (e.g., instigating other patients in negative ways); OR

7. High elopement risk; OR

8. Any other atypical reason for which the treating mental health provider feels that additional resources are needed to keep the patient and others around the patient safe.

Psychiatric Intensive Care - Admittance Criteria

9. The individual must have a documented need for acute intensive care requiring increased or specialized staffing, equipment, or facilities, based on two or more of the following:

(1) Fall precaution protocol in place, OR

(2) Restraints or seclusion room requirements, OR

(3) Requiring assistance with activities of daily living, OR

(4) Requirements for complex nursing care, OR

Psychiatric Intensive Care - Admittance Criteria

9. The individual must have a documented need for acute intensive care requiring increased or specialized staffing, equipment, or facilities, based on two or more of the following:

(5) Acutely impaired cognitive functioning from baseline, OR

(6) Documentation of interventions to address acute complex mental illness and comorbidities, OR

(7) Safety protocols in place to address the physical risk posed to staff, other patients, and infrastructure, OR

(8) Elopement risk precaution protocol in place.

Exclusion Criteria

- The member can be safely maintained and effectively treated at a less-intensive level of care; **OR**
- The member exhibits serious and persistent mental illness but is not in an acute exacerbation of the illness; **OR**
- The primary problem is not psychiatric. It is social, legal, or medical problem without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration, the justice system, or for respite or housing; **OR**

Exclusion Criteria, cont.

Exclusion Criteria, cont.

- Behavioral dyscontrol in the context of traumatic brain injury, intellectual disability, pervasive developmental disorder, dementia, or other medical condition without indication of acute crisis related to a diagnosis listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

Discharge Criteria

ANY of the following are sufficient for discharge from this level of care:

- The member no longer meets continuing stay criteria for acute psychiatric intensive care services requiring specialized milieu and increased observation and staffing levels but does meet admission criteria for general inpatient mental health services or another level of care, either more- or less-intensive, where the member can be safely treated; **OR**
- Treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at a less-intensive level of care; **OR**

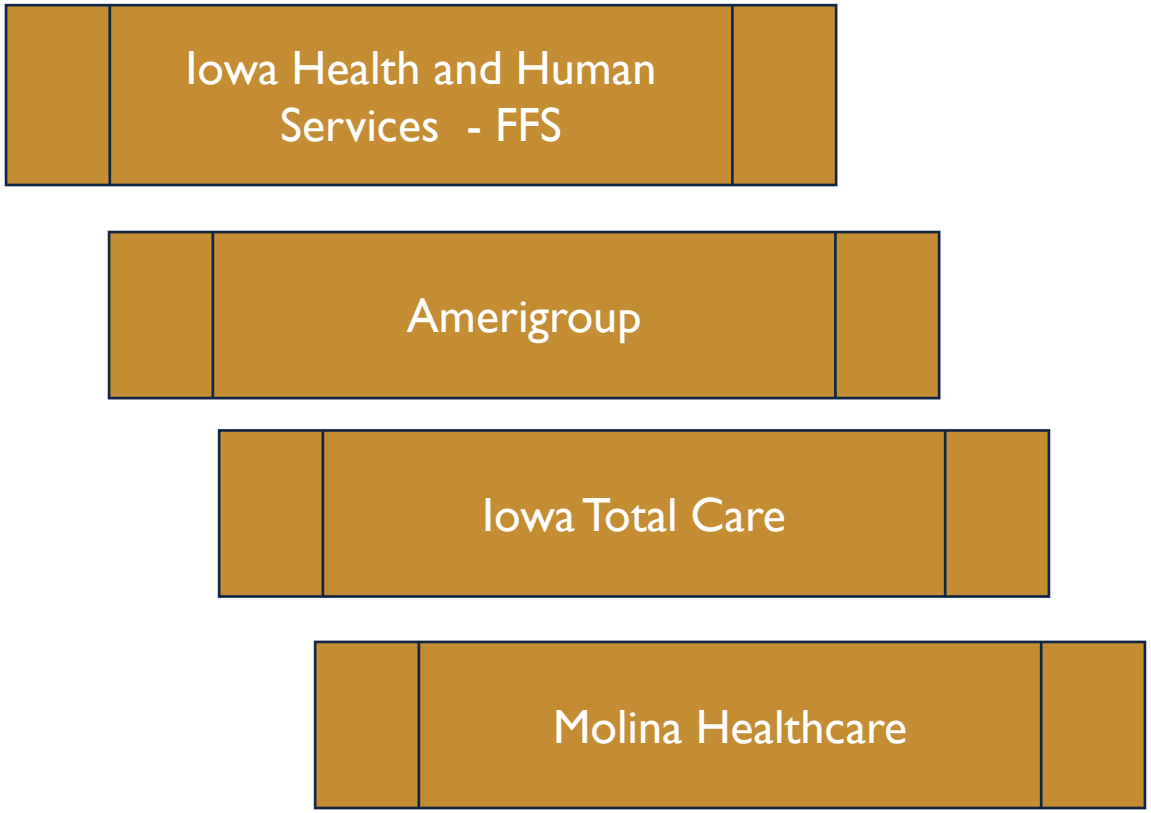
Discharge Criteria, cont.

Discharge Criteria, cont.

ANY of the following are sufficient for discharge from this level of care:

- The member is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care; **OR**
- The need for high-intensity of services is the result of a chronic condition, and the member requires transfer to a long term care setting for ongoing treatment.

Psychiatric Intensive Care - Prior Authorization



Prior Authorization Process – Fee For Service (FFS)

- Providers must follow the current review process for prior authorizations for inpatient services using the Inpatient Medicaid Prior Authorization form.

- For members enrolled in FFS, the provider must also submit the Iowa Medicaid Inpatient Psychiatric Prior Authorization form.

- Providers must ensure that all documents and supplemental information (e.g., clinical notes) are submitted with the request form.

- **Multiple prior authorizations may be needed to reflect movement between PIC and general inpatient psychiatric level of care.**

Prior Authorization Forms – Fee For Service (FFS)

- Prior Authorization forms
  - IME - Inpatient Medicaid Prior Authorization Form (iowa.gov) (clickable link)
  - The Universal Prior Authorization form (Form 470-5594) https://hhs.iowa.gov/sites/default/files/470-5594.pdf should include both the PIC (primary procedure code) of 90899 and an additional Procedure/REV code of 204.
  - PA Forms, FFS, Cont.

Prior Authorization – Fee For Service Form - 470-5594 (03/21)

AUTHORIZATION REQUEST

*Primary Procedure Code
204
(CPT/HCPCS) (Modifier)

Additional Procedure Code
90899
(CPT/HCPCS) (Modifier)

*Start Date *OR* Admission Date
Month, day, year
(MMDDYYYY)

*Diagnosis Code
F209.
(ICD-10)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise
Length of Stay will be based on Medical Necessity
(MMDDYYYY)

Additional Diagnosis Code
Medical
(ICD-10)

Should include both the PIC (primary procedure code) of 90899 and an additional Procedure/REV code of 204.

Submit for Fee For Service: Fax #: 515-725-1356
More information: https://hhs.iowa.gov/ime/providers/claims-and-billing/PA

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Prior Authorization Forms – Fee For Service (FFS)

- Prior Authorization forms, FFS, Cont.
  - For the FFS population, there is no box to check for PIC on the Universal PA form, but we would know if PIC were being requested because of the 90899 code.
  - When requesting PIC for the MCO's you would need to check the box for Psychiatric Admission in addition to including the procedure codes noted above.

Prior Authorization Process – Fee For Service (FFS): Initial Review

(1) Within 24 hours of admission to PIC level of care, provider submits a request for prior authorization, with supporting clinical documentation, through the web portal, fax, or email.

(2) The initial request will be reviewed. If the current clinical presentation meets the criteria detailed in the guidelines, an approval will be issued, and the provider will be informed of the approval.

(3) The initial authorization will be for 1-3 days, based on current clinical presentation.

Prior Authorization Process – Fee For Service (FFS) – Continued Stay

- On the last authorized day, provider submits a request for continued stay with supporting clinical documentation through the web portal, fax, or email.

- The continued stay request will be reviewed, and if the current clinical presentation meets the criteria detailed in the guidelines, an approval will be issued, and the provider will be informed of the approval.

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Prior Authorization Process – Fee For Service (FFS) – Continued Stay

- The continued stay authorization will be based on the current clinical presentation with a minimum of a one-day authorization.

- This process will continue until the member discharges from PIC level of care.

Psychiatric Intensive Care (PIC) Prior Authorization Process

5/15/2023

Prior Authorization - Initial

- An authorization will be needed for each movement between psychiatric intensive care and general inpatient psychiatric levels of care.
- Outline prior authorization steps/requirements - **Initial review**:
  - By the end of the next business day after admission to the PIC level of care, provider submits a request for prior authorization, with supporting clinical documentation, either through the web portal or by fax.
  - The initial request will be reviewed and if the current clinical presentation meets the criteria detailed in the guidelines, an approval will be issued, and the provider will be informed of the decision to approve.
  - The initial authorization will be for 1-3 days, based on the current clinical presentation/documented need.

Prior Authorization - Concurrent

- Outline prior authorization steps/requirements - **Continued stay:**
  - On the last authorized day, provider submits a request for continued stay with supporting clinical documentation, either through the web portal or by fax**.**
  - The continued stay request will be reviewed and if the current clinical presentation meets the criteria detailed in the guidelines, an approval will be issued, and the provider will be informed of the decision to approve.
  - The continued stay authorization will be based on the current clinical presentation with a minimum of a one-day authorization.
  - This process will continue until the member discharges from PIC level of care and discharge clinical has been received for PIC.

Prior Authorization – Medical Director Review

- Outline prior authorization steps/requirements - **Medical Director Review:**
  - If the provider has requested prior authorization for an initial review or for a concurrent review and the current clinical presentation does not meet the criteria detailed in the guidelines, a medical director review will take place with the option for the provider to request a peer-to-peer discussion of the case.
  - If the peer-to-peer discussion results in an approval, this decision will be communicated to the provider.
  - If the peer-to-peer discussion results in an adverse decision, this will be communicated to the provider.
  - Appeal: Appeals for PIC level of care will follow the current appeals process.

Psychiatric Intensive Care (PIC) Prior Authorization Process

Prior Authorization - Initial

- Admission request with supporting clinical documentation is due by next business day after admission to the PIC level of care.

- The initial request is reviewed and if medical necessity criteria is met, an approval will be issued, and the provider will be informed of the decision to approve.

- The initial authorization will be based on the current clinical presentation with a minimum of a one-day authorization.

Prior Authorization – Concurrent Review

- On the last authorized day, provider submits request for continued stay with supporting clinical documentation.

- The continued stay request is reviewed and if medical necessity criteria is met, an approval will be issued, and the provider will be informed of the decision
to approve.

- The continued stay authorization will be based on the current clinical presentation with a minimum of a one-day authorization.

Prior Authorization – Medical Director Review

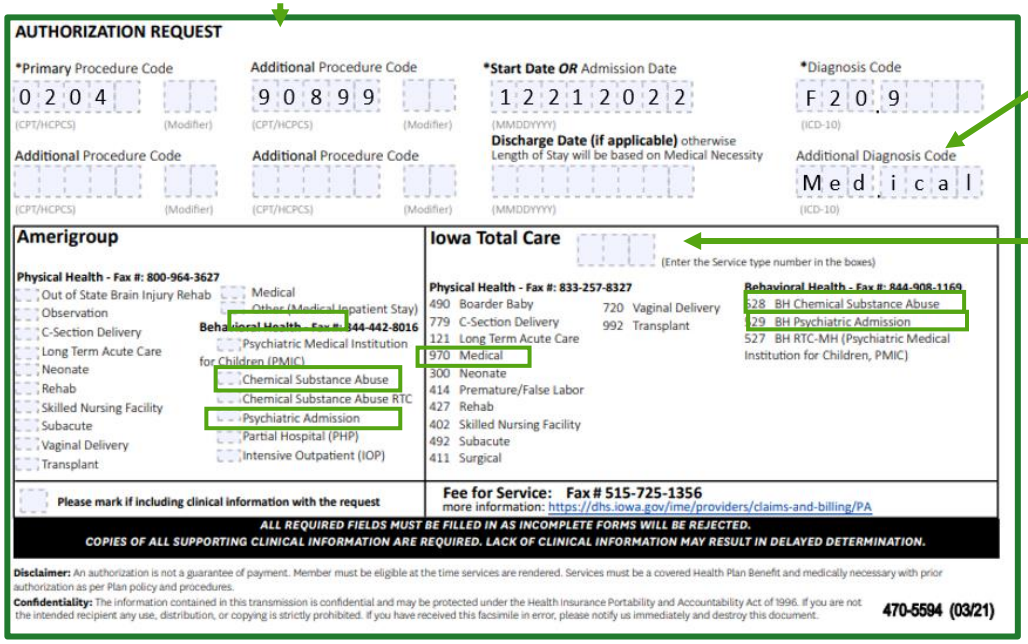
- If the provider has requested prior authorization for an initial/concurrent review and medical necessity is not met, a medical director review will take place.
  - A peer-to-peer discussion is available.
- The provider will be informed of the decision following the peer-to-peer review.
- Appeals for PIC will follow the appeals process.

Helpful Information

- **General psychiatric admission and Psychiatric Intensive Care rate have the same authorization number.**
- **For initial requests, use the prior authorization form.**

0204 and **90899** should be entered for PIC requests.

If member is in a medical bed and PIC is requested, enter **Medical** in the **Additional Diagnosis Code** field.



AUTHORIZATION REQUEST

*Primary Procedure Code: 0204 (CPT/HCPCS) (Modifier)
Additional Procedure Code: 90899 (CPT/HCPCS) (Modifier)
*Start Date *OR* Admission Date: 12212022 (MMDDYYYY)
*Diagnosis Code: F20.9 (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier)
Additional Procedure Code (CPT/HCPCS) (Modifier)
Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)
Additional Diagnosis Code: Medical (ICD-10)

Amerigroup

Physical Health - Fax #: 800-964-3627
- Out of State Brain Injury Rehab
- Observation
- C-Section Delivery
- Long Term Acute Care
- Neonate
- Rehab
- Skilled Nursing Facility
- Subacute
- Vaginal Delivery
- Transplant
- Medical
- Other (Medical Inpatient Stay)

Behavioral Health - Fax #: 844-442-8016
- Psychiatric Medical Institution for Children (PMIC)
- Chemical Substance Abuse
- Chemical Substance Abuse RTC
- Psychiatric Admission
- Partial Hospital (PHP)
- Intensive Outpatient (IOP)

Iowa Total Care (Enter the Service type number in the boxes)

Physical Health - Fax #: 833-257-8327
- 490 Boarder Baby
- 779 C-Section Delivery
- 121 Long Term Acute Care
- 970 Medical
- 300 Neonate
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 492 Subacute
- 411 Surgical
- 720 Vaginal Delivery
- 992 Transplant

Behavioral Health - Fax #: 844-908-1169
- 528 BH Chemical Substance Abuse
- 529 BH Psychiatric Admission
- 527 BH RTC-MH (Psychiatric Medical Institution for Children, PMIC)

Please mark if including clinical information with the request

Fee for Service: Fax # 515-725-1356
more information: https://dhs.iowa.gov/ime/providers/claims-and-billing/PA

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

470-5594 (03/21)

For **Iowa Total Care**, enter service type that PIC will be added to:
- 528 BH Chemical Substance Abuse, or
- 529 BH Psychiatric Admission, or
- 970 Medical

For **Amerigroup**, enter service type that PIC will be added to:
- Medical, or
- Chemical Substance Abuse, or
- Psychiatric Admission

Helpful Information

- For concurrent reviews, clearly outline the date the member entered PIC rate on the prior authorization form or clinical information:
  - Notify Iowa Total Care of any changes during treatment.

- Members with primary insurance in addition to Medicaid:
  - Provider notifies Iowa Total Care by the next business day that the member moved to the PIC rate.
  - Iowa Total Care reviews all cases for coordination of benefits for secondary payer for general psychiatric admission and PIC rate.

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Molina UM Slides

PIC

05/08/23

Providers Can Request PIC Through the Portal

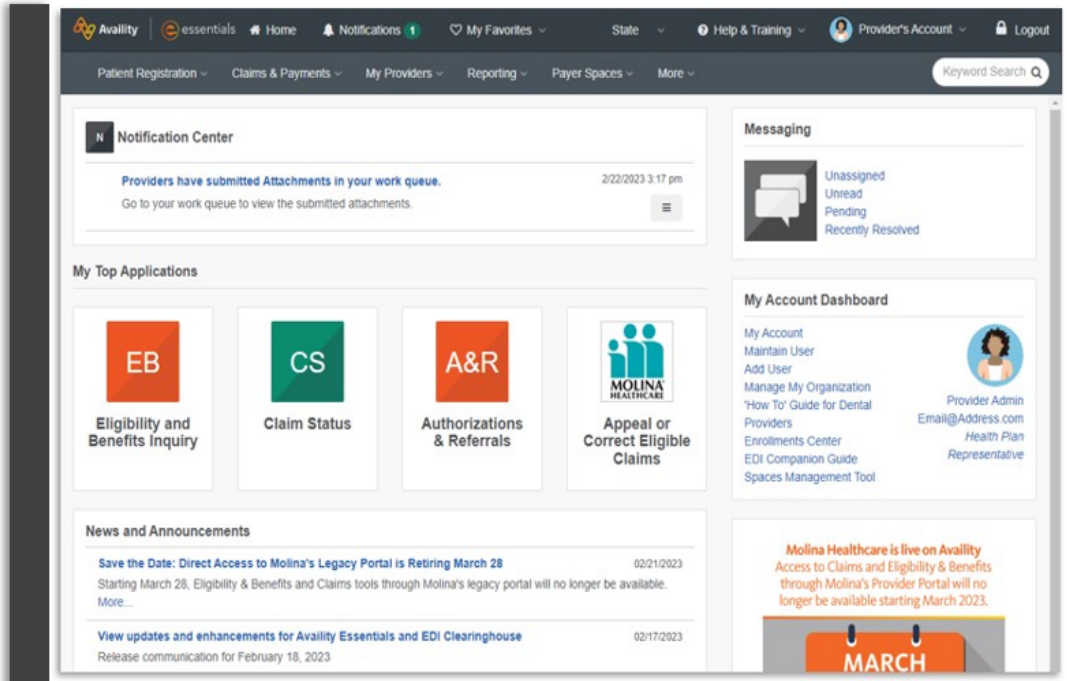
Molina Provider Portal

Molina utilizes *Availity* for our Provider Portal.

Providers may register for access to our Provider Portal for services that include self service member eligibility, claim status, provider searches, to submit requests for authorizations and to submit claims.

Services Offered by Availity and Molina:

- Claim Submission/resubmission
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information



Organization Registration Resource: http://www.availity.com/registration-tips

Availity Payor ID: MLNIA

Availity Payor Name: Molina Healthcare of Iowa

MOLINA HEALTHCARE

Iowa Health Link IOWA HHS

Hawki Iowa HHS

Request for PIC Prior Authorization

Criteria

- Molina will follow the criteria outlined in the Psychiatric Intensive Care Medicaid Inpatient Rate Provider Training dated December 21, 2022. Please refer to the Psychiatric Intensive Care Clinical Criteria checklist.

Documentation – Specific/Unique to PIC

- Providers will use the appropriate Universal Prior Authorization form if faxing, and will need to submit **all** supporting documentation to justify approving the criteria as outlined for both the initial review and continued stay reviews. Providers are encouraged to also submit a completed PIC Criteria Checklist regardless of fax or portal submission, though this is not required.

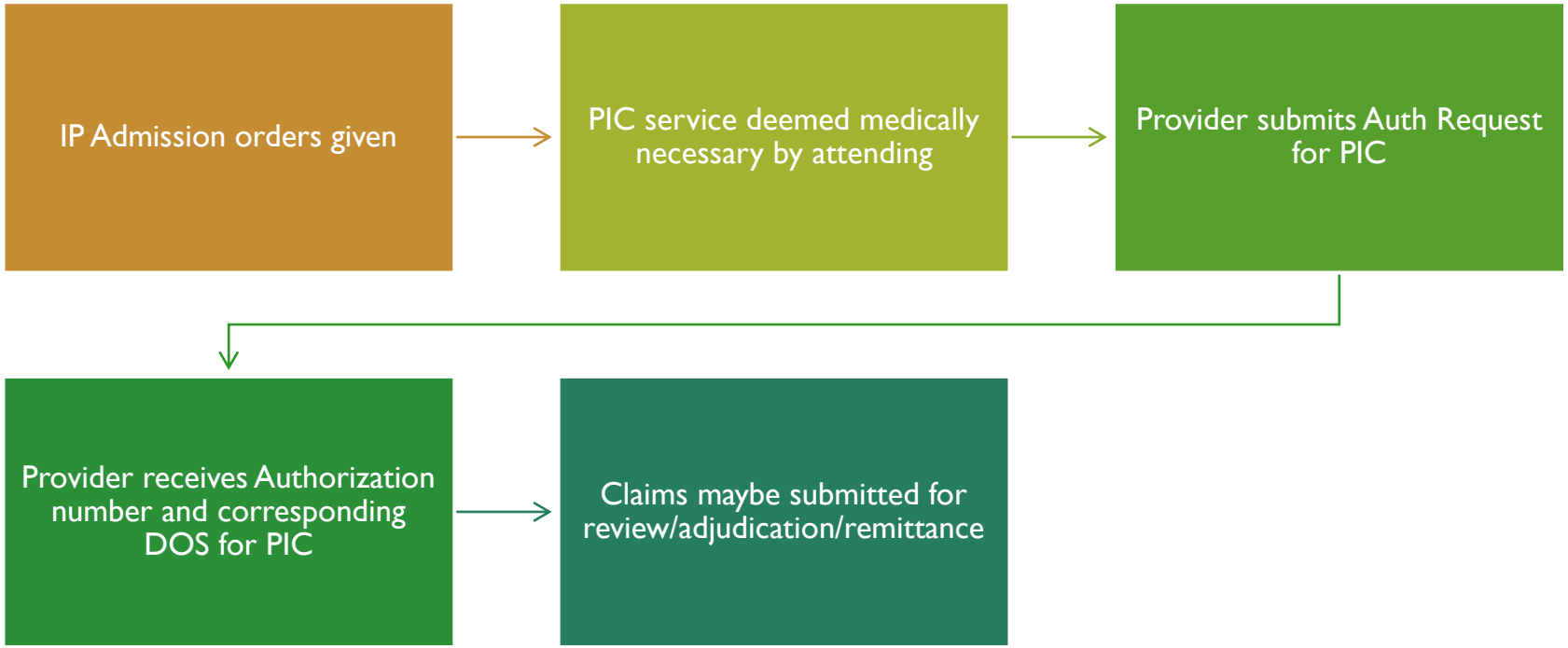
Qualification

- Member must meet all three parts of the criteria to qualify as outlined on the checklist and have supporting documentation for all three parts.

Request for Prior Authorization - Exclusions

Exclusions for PIC	Molina will review for the Exclusion Criteria that is outlined in the clinical guidelines by reviewing the supporting documentation submitted.
Discharge from PIC	Molina will review for Discharge Criteria also outlined in the training by reviewing the information submitted and consultation with our MDs, if needed.
Review	Molina will review for both the inpatient (IP) stay and for the PIC review during the auth process. Providers should submit appropriate supporting documentation.

PIC Prior Authorization Workflow



Claims and Billing

Claims and Billing

- Claims for the PIC rate must include current procedural terminology (CPT) code 90899 and revenue code 0204. **Claims must have both codes to be considered for approval.**

- The PIC revenue code **should be reported as an additional line item** for PIC qualifying days on claims.

- Pay is for a full day (not paid by hour/minutes).

Claims and Billing – Payment Rate

- Providers with a current inpatient psychiatric per diem rate will receive an increase of 42.59% for the covered PIC days on the claim billed with the appropriate revenue and CPT codes.

- Providers will receive a *standard diagnosis-related group (DRG) payment for the inpatient stay plus* and *additional per diem add-on payment of $520.47 for the covered PIC days* billed with the appropriate revenue code and CPT code.

- When billing for dually eligible members or those with other private insurance, providers should use standard billing practices. Providers should submit the claim to Medicaid with PIC information and include the amount paid by the primary insurer.

Claims and Billing

- Claims will have lines for PIC days and general days. *There should be only one bed revenue code billed per day.*

- Bill the status at midnight for the day, for example:
  - if PIC at midnight, then this is considered a PIC day;
  - if general psych at midnight, then this is considered a general psych day.

- For FFS members, the prior authorization number will be included in the approval email for reference when completing billing.

Claims and Billing

Rate Calculations:

- For providers reimbursed on an IP psych per diem rate, providers will receive provider specific rates for the PIC reimbursement.

- For these providers' PIC rate, it will be an add on reimbursement to the base IP psych per diem rate as determined by DHHS and submitted to the MCOs through standard regulatory rate sharing files.

Claims and Billing

Rate Calculations, cont.

- To ensure the PIC reimbursement methodology results in more payment than the standard DRG rate and outlier methodology, rate calculations will include all covered inpatient days and covered charges in the outlier calculation on the claim.

- In the example below, if we use the PIC rate add-on per diem of $520.47.

Claims and Billing

LONG STAY DAY OUTLIER CALCULATION	
Qualifications: If the total number of claim days is greater than the DRG high trim value	
Total # of Claim days (approved) 56 ***DRG High Trim Value***	**56** **10**
Does Claim Qualify	Yes
Total Days - High Trim Value = Approved covered days(in excess of high trim)	**46**

Claims and Billing

If qualified in field 49C the following Calc would apply (if not ignore):

Hospital's Base Rate	$7,371.11
(x) DRG's Relative Weight	0.41760
(x) contract % - leave this at 100%	100%
Hospital's Base DRG Payment	$3,078.18
Divided By: Average Length of Stay for DRG	2.8
Average Daily Rate	$1,099.35
(x) Approved Covered Days (in excess of high trim)	46
Total Payment At Average Daily Rate	$50,570.03
(x) 60%	60%
LONG STAY DAY OUTLIER PAYMENT	$30,342.02
(+) DRG rate	$3,078.18
Long Stay Outlier Payment	**$33,420.19**

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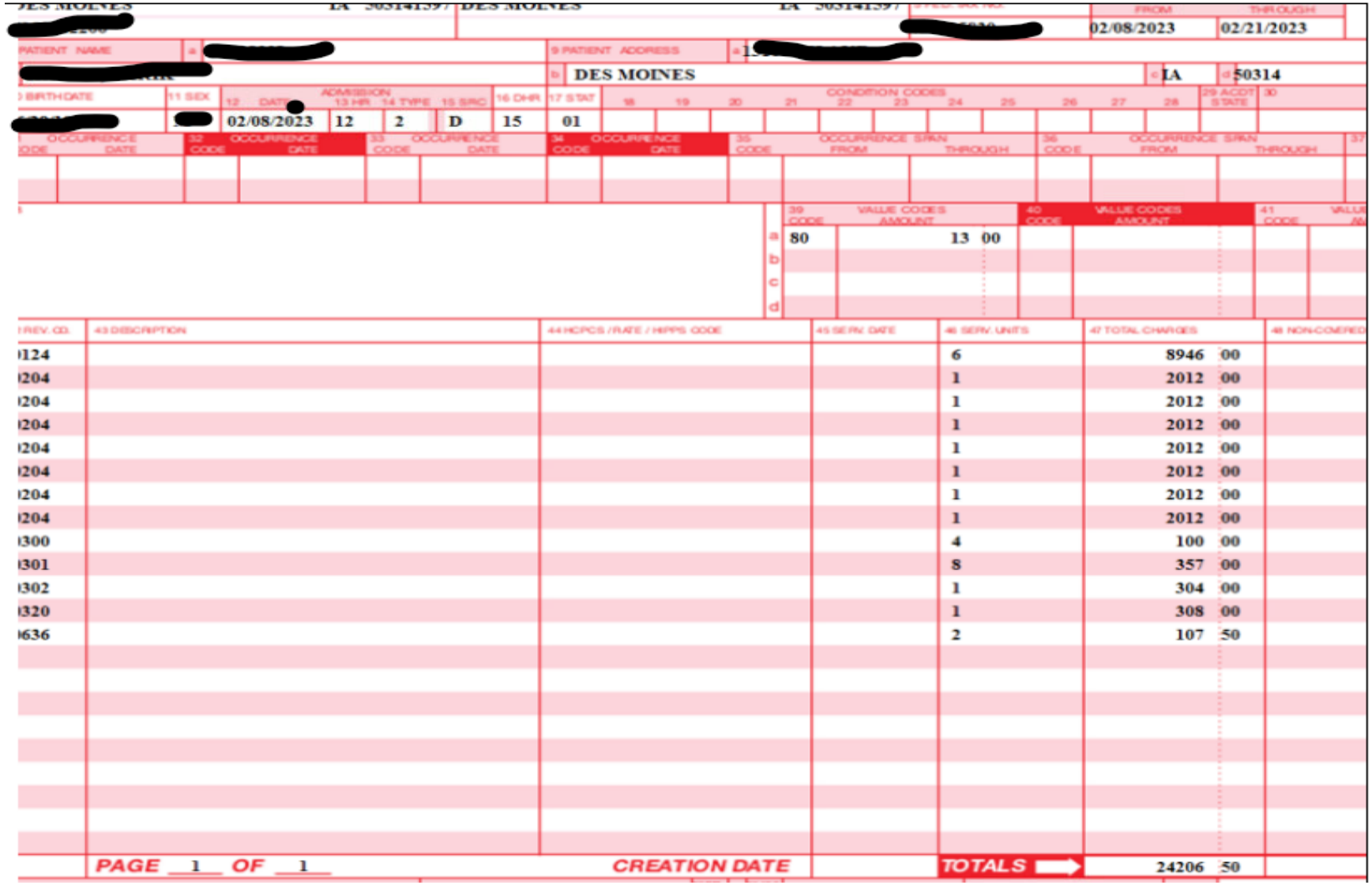
Claims and Billing

- ✓ The DRG payment plus long-stay day outlier is $33,420.19.
- ✓ Of the 56 covered inpatient days, the PIC days are 5 so the PIC per diem rate add-on would be $2,602.35 (5*$520.47).
- ✓ Total payment on the claim would be $36,022.54 ($33,420.19+$2,602.35).

Claims and Billing – Errors in billing

- Claims were incorrectly being billed with the Rev code 204 however were missing the 90899 and they were billed with the date span on each line of the claim.
- Result: This caused them to appear as duplicates.

Claims and Billing – Clean Claim Examples



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0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0204				1	2012 00	
0300				4	100 00	
0301				8	357 00	
0302				1	304 00	
0320				1	308 00	
0636				2	107 50	
	PAGE 1 OF 1	CREATION DATE		TOTALS	24206 50	

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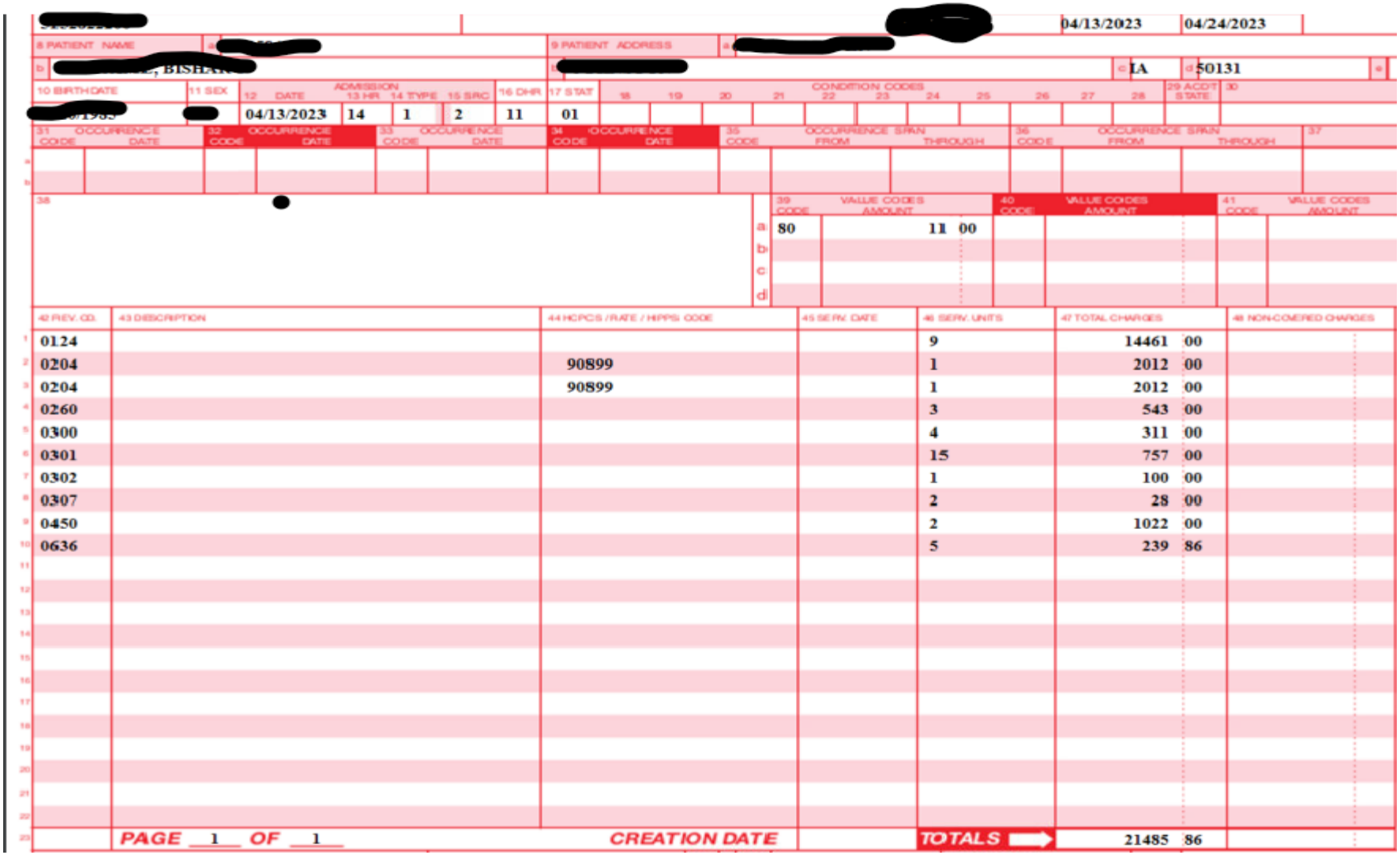
Claims and Billing – Clean Claim Examples



[redacted]

04/13/2023 04/24/2023

8 PATIENT NAME

[redacted], BISHAR

9 PATIENT ADDRESS

[redacted] IA 50131

10 BIRTHDATE [redacted] 11 SEX [redacted]

12 ADMISSION DATE 04/13/2023 13 HR 14 14 TYPE 1 15 SRC 2 16 DHR 11

17 STAT 01

18 CONDITION CODES

29 ACCT STATE

30

31 OCCURRENCE CODE DATE

32 OCCURRENCE CODE DATE

33 OCCURRENCE CODE DATE

34 OCCURRENCE CODE DATE

35 OCCURRENCE SPAN CODE FROM THROUGH

36 OCCURRENCE SPAN CODE FROM THROUGH

37

38 [redacted]

39 VALUE CODES CODE AMOUNT

a 80 11 00

40 VALUE CODES CODE AMOUNT

41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	0124				9	14461 00	
2	0204		90899		1	2012 00	
3	0204		90899		1	2012 00	
4	0260				3	543 00	
5	0300				4	311 00	
6	0301				15	757 00	
7	0302				1	100 00	
8	0307				2	28 00	
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Case Studies

Case Studies – PIC Critical Care Checklist Broken Down

Part 1

- Member must be between 18 and 64 years of age (78.3 (8); **AND**
- Has a serious mental illness as defined in 441-subrule 77.47 (l); **AND**
- Has a current, severe, imminent risk of serious harm to self or others; **AND**

Case Studies – PIC Critical Care Checklist Broken Down

Part 2

Displays additional complexity of need related to ONE of the following:

- Complex comorbidities, including intellectual or developmental disability, autism spectrum disorder, substance use disorders, or traumatic brain injuries; **OR**
- History of violence (clinical risk) or current aggression that is secondary to mental illness; **OR**
- A request for member transfer that has been rejected by inpatient level of care by one or more hospitals due to severity of symptoms; **OR**
- Lack of responsiveness to typical interventions or a condition that is treatment refractory; **OR**
  - Part 2, cont.

Case Studies – PIC Critical Care Checklist Broken Down

- Part 2, cont.

Displays additional complexity of need related to ONE of the following:

- Disorganized psychotic state or manic thought process that impairs the ability to function, or risks the safety of the patient or others; **OR**
- Behavior that causes significant disruption to the general milieu of the unit (ie, instigating other patients in negative ways); **OR**
- High elopement risk, **OR**
- Any other atypical reason that the treating mental health provider feels that additional resources are needed to keep the member and others around the patient safe; **AND**

Case Studies – PIC Critical Care Checklist Broken Down

Part 3

The member must have a documented need for acute intensive psychiatric care requiring increased or specialized staffing, equipment, or facilities, based on TWO OR MORE of the following:

- ❑ Fall precaution protocol in place; **OR**
- ❑ Restraints or seclusion room requirements; **OR**
- ❑ Requiring assistance with activities of daily living; **OR**
- ❑ Requirements for complex nursing care; **OR**

❖ Part 3, cont.

Case Studies – PIC Critical Care Checklist Broken Down

- Part 3, cont.

The member must have a documented need for acute intensive psychiatric care requiring increased or specialized staffing, equipment, or facilities, based on TWO OR MORE of the following:

- Acutely impaired cognitive functioning from baseline; OR
- Safety protocols in place to address the physical risk posed to staff, other patients, and infrastructure; OR
- Elopement risk precaution protocol in place.

Case Studies – Case 1

- **Requested Service:** Inpatient, Continued Stay request for PIC
- **Member Demographics:** An 18-year-old Caucasian Female
- **Diagnosis**: F33.1 Major Depression Recurrent Moderate
- **Presentation:** Member was admitted to Inpatient for treatment of depressive symptoms. Today is Episode Day 3.
- The patient reports if they leave the hospital they will injure themselves but does not report a plan.

❖ Case 1, cont.

Case Studies – Case 1, Cont.

- The patient has not been actively seeking to harm self while inpatient but does report suicidal ideation without a plan.
- Member does not interact well with peers on the unit and often threatens them with aggression and has been verbally threatening.
- Member is currently on close supervision out of concern for escalating episodes with unit peers.
- Member is on a behavior plan to address poor peer interactions. Member resides with parents. Member has history prior hospitalizations and a PMIC stay.

Question: Does this member meet medical necessity criteria for the requested service?

Case Studies – Case 2

- **Requested Service:** Inpatient, Continued Stay Request for PIC
- **Member Demographics:** 42-year-old African-American male
- **Diagnosis**: F20.9 Schizophrenia, unspecified
- **Presentation:**
- Member is inpatient at the PIC level of care for the past 7 days.
- He is actively psychotic but otherwise not a risk to self.
- He reports desire to harm others but has not acted out and does not report a plan.

❖ Case 2, cont.

Case Studies – Case 2, cont.

- He was admitted for aggression against a police officer.
- Member is not stable on his feet and requires assistance when walking more than 10 feet.
- He struggles with toileting independently.
- The hospital reports a need for continued intensive care due to these concerns.
- Member resides in an RCF and has long history of psychosis.

Question: Does this member meet medical necessity criteria for the requested service?

Question and Answers

Questions and Answers

Question:

- One hospital reports they are experiencing patients accepted into PIC-level of care and once there, stabilized fairly quickly.
- After only a few hours of being stabilized, they are no longer eligible for PIC care and they regress.
- This leads to the providers needing to submit a second order for PIC care.
- Providers on the medical side are reporting that once a patient has stabilized in a regular medical ICU, they are given 24 hours to make sure their needs are sufficiently handled before being transferred to a general medical floor.
- This hospital would like to see the same type of policy in place for PIC.

Answer: *We are approving PIC for per diem (midnights) and our approvals are typically for more than one day.'*

Question and Answers

Question: Prior Authorization

Another hospital reports that patients that need to be in a PIC-level of care are often initially denied because they may not be physically aggressive despite meeting several other pieces of criteria.

Their concern is that the entirety of the situation is not being considered.

This is resulting in the providers having to spend more time doing peer to peer to advocate for why their patient needs to be in PIC rather than providing care.

Answer: ???

Question and Answers

Question: The larger hospitals that are using the PIC reimbursement rate may have more long-term patient stays and it is causing the smaller hospitals that don't have inpatient units a longer list in their ED.

It also could be mid-sized hospitals that do have inpatient units but don't have the high acuity beds that need to transfer.

If we give them more options to reach out to something else, it will help make them feel better.

Answer: "We understand and agree – the larger systems were better prepared and as such have already begun utilizing the rate.

The legislature has been very clear that the intent is for all hospitals to be able to access this service – even if they do not have a dedicated psychiatric inpatient unit."

Question and Answers

Question: We were given link to the current version of the Prior Authorization form but told this form does not include PIC information yet. As of today, we have never been given a form that includes PIC information.

Answer:

- Answer continued on the next slide

Question and Answers

- **Answer Cont..**

Answer:

Additionally, for the FFS population, we request that Form 470-5473 be submitted, https://hhs.iowa.gov/sites/default/files/470-5473.doc with any PIC LOC request.

This form has been updated to include all the PIC information and helps walk through the documentation needed.

Question and Answers

Question: What kind of documentation you want in their daily notes. I see the clinical Criteria checklist but this is the initial criteria to meet PIC. What you do want in daily notes?

Answer: The provider will want to follow standard procedures that your agency uses for documentation and include the criteria that the Member meets to qualify for PIC.

Resources

- For previous training videos and additional information, please visit the HHS claims and billing page.

- https://hhs.iowa.gov/sites/default/files/470-5594.pdf?121420221614

- https://hhs.iowa.gov/sites/default/files/470-5473.pdf
https://hhs.iowa.gov/ime/providers/claims-and-billing

- Informational Letter 2456

References

- Human Services Department (441) ARC 6619C. New subrule 78.3 (8).
- Inpatient Mental Health Services Medical Necessity Criteria. Massachusetts.
- Behavioral Health Partnership. A Beacon Health Options Company. August 23, 2021: https://www.masspartnership.com/index.aspx.
- Optum EncoderPro

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Questions