

Acute Inpatient Psychiatric Intensive Care Services Clinical Guidelines

Descriptive Narrative

Acute psychiatric intensive care 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. While these services may be provided in any inpatient setting, the care provided exceeds what is available in a general inpatient psychiatric setting. 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 settings provide 24-hour skilled nursing care, daily medical care, structured treatment milieu, multidisciplinary assessments, and multimodal interventions, enhanced staffing, and increased capacity for observation and intervention by staff specifically trained to treat and contain atypical aggressive, assaultive, and dangerous behavior occurring in the context of an acute psychiatric presentation. The goal of these specialized services is acute stabilization and treatment of the member's presenting condition, including dangerous behavior, so that the member can transition to a general inpatient psychiatric unit or another less-intensive level of care.

Iowa Administrative Code Definition

IAC 441-subrule 77.47(1) "Serious mental illness" means, for an adult, a persistent or chronic mental health, behavioral, or emotional disorder that (1) is specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, and (2) causes serious functional impairment and substantially interferes with or limits one or more major life activities, including functioning in the family, school, employment or community. "Serious mental illness" may co-occur with substance use disorder, developmental disabilities, neurodevelopmental disabilities, or intellectual disabilities, but those diagnoses may not be the clinical focus for health home services.

Criteria

Prior authorization is required.

Acute inpatient psychiatric intensive care services are medically necessary when the following are met:

Part 1

1. Member must be between 18 and 64 years of age (78.3(8)); **AND**
2. Has a serious mental illness as defined in 441—subrule 77.47(1); **AND**
3. Has a current, severe, imminent risk of serious harm to self or others; **AND**

Part 2

4. Displays additional complexity of need related to **ONE** of the following:
 - a. Complex comorbidities, including intellectual or developmental disability, autism spectrum disorder, substance use disorders, or traumatic brain injuries; **OR**
 - b. History of violence or current aggression that is secondary to mental illness; **OR**
 - c. 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**
 - d. Lack of responsiveness to typical interventions or a condition that is treatment refractory; **OR**
 - e. Disorganized psychotic state or manic thought process that impairs the ability to function, or risks the safety of the patient or others; **OR**
 - f. Behavior that causes significant disruption to the general milieu of the unit (i.e., instigating other patients in negative ways); **OR**
 - g. High elopement risk; **OR**
 - h. 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**

Part 3


5. 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:
 - a. Fall precaution protocol in place; **OR**
 - b. Restraints or seclusion room requirements; **OR**
 - c. Requiring assistance with activities of daily living; **OR**
 - d. Requirements for complex nursing care; **OR**
 - e. Acutely impaired cognitive functioning from baseline* (member status); **OR**
 - f. Documentation of interventions to address acute complex mental illness and comorbidities; **OR**
 - g. Safety protocols in place to address the physical risk posed to staff, other patients, and infrastructure; **OR**
 - h. Elopement risk precaution protocol in place.

*See examples of cognitive assessment scales below.

Cognitive Assessment Scales (examples)

MINI MENTAL STATE EXAMINATION (MMSE)

Name:
DOB:
Hospital Number:

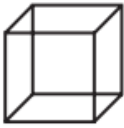
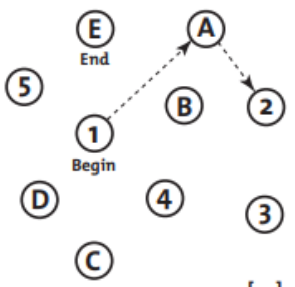

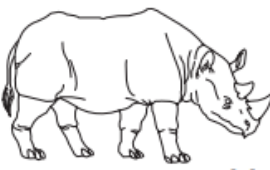
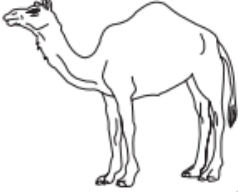
One point for each answer	DATE:			
ORIENTATION				
Year Season Month Date Time	...../5	...../5	...../5	...../5
Country Town District Hospital Ward/Floor	...../5	...../5	...../5	...../5
REGISTRATION				
Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).	...../3	...../3	...../3	...../3
ATTENTION AND CALCULATION				
Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).	...../5	...../5	...../5	...../5
RECALL				
Ask for the names of the three objects learned earlier.	...../3	...../3	...../3	...../3
LANGUAGE				
Name two objects (e.g. pen, watch).	...../2	...../2	...../2	...../2
Repeat "No ifs, ands, or buts".	...../1	...../1	...../1	...../1
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").	...../3	...../3	...../3	...../3
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".	...../1	...../1	...../1	...../1
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.	...../1	...../1	...../1	...../1
COPYING: Ask the patient to copy a pair of intersecting pentagons				
	...../1	...../1	...../1	...../1
TOTAL:	...../30	...../30	...../30	...../30

MMSE scoring
 24-30: no cognitive impairment
 18-23: mild cognitive impairment
 0-17: severe cognitive impairment



MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME : _____
 Education : _____ Date of birth : _____
 Sex : _____ DATE : _____

VISUOSPATIAL / EXECUTIVE		 Copy cube	Draw CLOCK (Ten past eleven) (3 points)	POINTS																	
	[]	[]	[] Contour [] Numbers [] Hands	___/5																	
NAMING																					
 []	 []	 []	___/3																		
MEMORY	Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">FACE</td> <td style="text-align: center;">VELVET</td> <td style="text-align: center;">CHURCH</td> <td style="text-align: center;">DAISY</td> <td style="text-align: center;">RED</td> </tr> <tr> <td style="font-size: x-small;">1st trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">2nd trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		FACE	VELVET	CHURCH	DAISY	RED	1st trial						2nd trial						No points
	FACE	VELVET	CHURCH	DAISY	RED																
1st trial																					
2nd trial																					
ATTENTION	Read list of digits (1 digit/ sec). Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2	___/2																			
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [] FBACMNAAJKLBAFAKDEAAAJAMOF AAB																					
Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt																					
___/3																					
LANGUAGE	Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. []																				
___/2																					
Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N ≥ 11 words)																					
___/1																					
ABSTRACTION	Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler																				
___/2																					
DELAYED RECALL	Has to recall words WITH NO CUE	FACE [] VELVET [] CHURCH [] DAISY [] RED []	Points for UNCUED recall only	___/5																	
Optional	Category cue Multiple choice cue																				
ORIENTATION	[] Date [] Month [] Year [] Day [] Place [] City																				
___/6																					
© Z.Nasreddine MD Version November 7, 2004 www.mocatest.org		Normal ≥ 26 / 30	TOTAL ___/30 Add 1 point if ≤ 12 yr edu																		

Exclusion Criteria

1. The member can be safely maintained and effectively treated at a less-intensive level of care; **OR**
2. The member exhibits serious and persistent mental illness but is not in an acute exacerbation of the illness; **OR**
3. 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**
4. 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 from Acute Psychiatric Intensive Care Services Level of Care

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

1. 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**
2. 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**
3. The member is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care; **OR**
4. 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.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/DSM code is inappropriate. The following codes will be used for claims processing.

HCPCS	Description
90899	Unlisted psychiatric service or procedure. (Revenue Code 0204)

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

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.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
Signature			
William (Bill) Jagiello, DO			