CHAPTER 5

SERVICE DESCRIPTIONS

Inpatient Hospital Psychiatric Services

Service Coverage

Inpatient psychiatric care involves skilled psychiatric services in a hospital setting. The care delivered includes medical and nursing care. The care is expected to be delivered on a 24-hour basis, including weekends. For individuals not certified for involuntary admission, and in areas where Residential Crisis Services (RCS), Hospital Diversion Programs or CSA crisis response system are available, ValueOptions® Maryland shall request these levels of care be explored before authorization for an inpatient stay is given.

Service Rules

ValueOptions® Maryland authorizes inpatient care for hospital level care. It is the responsibility of the provider to complete an authorization request for an admission and continued-stay reviews. It is also the provider's responsibility to complete a discharge when the consumer completes inpatient treatment.

Clinical information that supports Medical Necessity Criteria for inpatient level of care must be provided. Required clinical information includes the current need for treatment, precipitating event(s), treatment history, medications, substance abuse history, and risk assessment.

If medical necessity is demonstrated, ValueOptions® Maryland will authorize a specified number of days. If ValueOptions® Maryland has authorized a hospital stay for a Medical Assistance (MA) recipient, and

the discharge diagnosis is a PMHS-covered psychiatric diagnosis, the claims will be paid for the authorized days.

Aftercare planning is expected to begin at the time of admission (see Maryland State Law COMAR 10.21.05.).

Core Service Agencies (CSAs) and aftercare planning: Aftercare planning is of particular importance when a child or adolescent is in the care and custody of another agency.
Providers of inpatient services are expected to work collaboratively with the parents or the legal guardians of the consumer to develop a discharge plan that will provide stability and adequate mental health treatment services. As the types of services and treatment programs vary from jurisdiction to jurisdiction, the provider should seek assistance from the appropriate CSA. This is determined by the consumer's place of residence or jurisdiction that maintains legal custody, e.g., for a Baltimore County consumer hospitalized in Howard County, the provider should seek assistance from the Baltimore County CSA. A Baltimore County consumer living in a Prince George's County foster home and hospitalized in Howard County should notify the Baltimore County CSA.

The day of discharge is not a reimbursable day for the hospital. For example, if the consumer is admitted on March 1 at 11:45 p.m., March 1 is a covered day. If the consumer is discharged on March 12 at 4:00 p.m., March 12 is not a reimbursable day. The last date listed on the authorization is not considered an authorized day for reimbursement purposes. For example, for a three (3) days' authorization, from March 1 to March 4, March 4 is not considered an authorized, reimbursable day.

Only one psychiatric professional fee from a psychiatrist or nurse practitioner per psychiatric inpatient day is covered. An additional authorization is not needed.

In an emergency room and during an inpatient stay, the PMHS will cover and pay for diagnostic testing and consults that are related to the psychiatric treatment of the individual.

For consumers who are considered for hospitalization, ValueOptions® Maryland may request a crisis team evaluation, or diversion to a crisis facility, for a short-term admission, when available and appropriate.

When an uninsured adult consumer who requires inpatient care presents at an Emergency Department

(ED) of a hospital with a psychiatric unit, that hospital must admit the consumer to a bed on the hospital's psychiatric unit or arrange for disposition to another inpatient setting as required under Emergency Treatment and Active Labor Act (EMTALA). The expectation is that individuals will be admitted to these facilities without regard to ability to pay. If a person, in need of psychiatric inpatient care, is in an ED which has a psychiatric unit, the hospital is obligated to admit the person if the hospital has a bed. If a person, in need of psychiatric inpatient care, is in an ED without a psychiatric unit, the ED finds the bed and refers the person for admission. If that hospital has a bed, the hospital is to admit the person regardless of ability to pay.

A participating hospital that has specialized capabilities, or facilities such as psychiatric hospitals, **SHALL NOT** refuse to accept an appropriate transfer of an individual (from a hospital in the Unites States) who requires such specialized capabilities or facilities **IF** the hospital has the capacity to treat the individual, 42 CFR §489.24(f). This provision applies to any participating hospital (those that accept Medicare and thus Medicaid) regardless of whether the hospital has a dedicated ED, §489.24(f)(i).

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment providers (e.g. substance abuse treatment) when clinically appropriate.

Alternatives to inpatient care

When appropriate, the ValueOptions® Maryland Care Manager shall recommend Residential Crisis Services (RCS) as an alternative to inpatient treatment.

Transfer of patients from inpatient unit

Individuals with MA are expected to receive their medically necessary inpatient psychiatric care in non-state hospital beds. If the individual is not stabilized within the non-state hospital, and inpatient medical necessity criteria continue to be met, consideration of a transfer to a state psychiatric facility may be given, only after a 30-day stay in a non-state facility, and if a state hospital bed is available.

Individuals who have private insurance are not eligible for transfer to state hospitals if they have been denied treatment according to their insurance company's medical necessity criteria. These individuals should go through their insurance company's grievance and appeals process in order to receive medically

necessary services. However, if the consumer's private carrier inpatient benefit has been exhausted, the consumer may be considered for inpatient treatment at a state facility

Administrative Days

Administrative days for consumers in inpatient settings awaiting Residential Treatment Center (RTC) or Nursing Home placement can be approved by ValueOptions® Maryland.

Consultations / Inpatient Therapy

Psychiatrist fees must be billed separately from the hospital charges.

- A non-attending psychiatrist or nurse practitioner must bill the initial inpatient consultation visit using CPT Codes 99251, 99252, 99253, 99254, or 99255 and subsequent consultations, using CPT Codes 99232, 99233, 99231, 99238, 99239.

- Individual therapy by a psychiatrist or nurse practitioner in an inpatient setting must use CPT Codes 90816 or 90817, for 20-30 minute sessions and CPT Codes 90818 - 90819, for 45-50 minute sessions.

- A psychiatrist performing a psychiatric consultation on a non-psychiatric unit for a consumer who was admitted for a somatic (medical) diagnosis should use inpatient consultant CPT Codes 99251, 99252, 99253, 99254 or 99255. The initial consultation does not require preauthorization. Subsequent consultation must be billed using CPT Codes 99232, 99233, 99231, 99238, 99239. These services must be preauthorized.

Service Eligibility

Consumers with Medicaid, with the exception of PAC recipients, are eligible for this benefit. This is not a covered service for Uninsured Eligible consumers.

When an Uninsured Eligible consumer presents with a major illness that requires hospital level care, the institution providing that care is expected to assist the family with an application for Medicaid.

If an uninsured consumer is reasonably expected to become eligible for Medical Assistance, the provider should request a "Courtesy Review" from ValueOptions® Maryland Reminder: If the consumer remains in the hospital beyond the number of days initially authorized, the provider should request a courtesy review for the additional days.

Service Providers

Hospitals licensed and regulated by the state of Maryland that are approved Medicaid providers are eligible for reimbursement for services.

Hospitals located outside the state of Maryland, who possess an active Maryland Medicaid provider number and who are treating psychiatric emergencies, are also eligible for reimbursement.

Authorization Process

Providers obtain additional authorizations through the electronic submission of a Continuing Review Authorization Request. The provider must submit a Continuing Review Authorization Request prior to the expiration of the previous authorization time span.

If a ValueOptions® Maryland Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to ValueOptions® Maryland Physician Advisor for review. (See Chapter 9, Grievance and appeals.)

Non-psychiatrists physicians or nurse practitioners will be reimbursed by the PMHS for one History and Physical per admission. Authorization is not required. Claims should be submitted to ValueOptions® Maryland, using CPT codes 99251-99255. The

MCO is responsible for all other non-psychiatrists physicians or nurse practitioners consultations which are not related to the psychiatric diagnosis. Authorization by the MCO may be required. The consumer's PCP or the MCO Special Needs Coordinator should be contacted.

Discharge planning is expected to begin on admission. Discharge information must be entered in ProviderConnect.

Claims Process

Claims for unauthorized days will be denied.

Purchase of Care reimbursement denials are not eligible for the retrospective review process.