PerformCARE®	Policy and Procedure
Name of Policy:	Service Denial – Behavioral Health Inpatient Services
Policy Number:	CM-007
Contracts:	☒All counties ☐ Bedford / Somerset ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	10/01/01
Last Revision Date:	11/01/18
Last Review Date:	11/19/18
Next Review Date:	11/01/19

Policy: Requests for inpatient care and continued stay inpatient care will be approved when there is medical necessity as determined by application of the Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Medical Necessity Criteria.

Purpose: To ensure a uniform process for denial of inpatient behavioral healthcare authorization for Members based on medical necessity criteria.

Definitions: **Behavioral Healthcare Inpatient Services:** Mental Health Inpatient and Substance Use Disorder Inpatient and Residential Services.

Acronyms:
DHS: Department of Human Services
EMR: Electronic Medical Record
MNC: Medical Necessity Criteria
CCM: Clinical Care Manager
PA: Physician Advisor
MCO: Managed Care Organization
PIHP: Prepaid Inpatient Health Plan
PAHP: Prepaid Ambulatory Health Plan
PCCM: Primary Care Case Management

Procedure:

1. Requests for Behavioral Health Inpatient Services and continued stay requests for Members must meet medical necessity criteria. Inpatient services are only used when that level of care is necessary to meet the stated needs of the Member.

2. The CCM is responsible for reviewing/responding to the request and documenting all relevant clinical information in the PerformCare Member Electronic Medical Record.
3. The CCM will approve the initial or continued stay request if medical necessity is met and generate authorization.
4. CCMs are responsible for submitting all LOC requests that may not meet MNC to a PerformCare PA for review and final determination of approval or denial of services.
   - 4.1. Clinical Care Managers are not permitted to deny a request for services, only a PerformCare PA (in accordance with Appendix AA requirements) may issue a denial within the scope of their licensure and practice.
   - 4.2. The Clinical Department's Documentation Audit Tool monitors compliance of the determinations.
5. Standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification* and Appendix AA requirements when a PA determines that MNC is not met. The PA's will document MNC determination rationale in the EMR.
6. The PerformCare PA MNC determination will be communicated to the Member and provider by telephone on the same day of decision. The communication will include the recommended level of care, the criteria utilized to make the decision, and information regarding the grievance process.
7. If the decision to deny is made for a continued Behavioral Healthcare Inpatient Services, the facility is contacted by telephone and the notice is faxed and mailed to the Member and Provider, and the notice is to be hand delivered to the Member by that Provider. All PerformCare Behavioral Healthcare Inpatient Services are aware of this requirement and are responsible for Member receiving the faxed denial notice.
8. As outlined in *QI-044 Grievance Policy,* Members may have the right to an expedited review (within 24 hours) of the service denial for inpatient care. PerformCare utilizes the resources of Physician Advisors and sub-contracted Physician Advisor organizations, which are board certified and licensed physicians, to provide the expedited review. PerformCare will honor the decision by the reviewing PA. PerformCare will send written notice of the decision to the Member, the Member's representative, if designated by the Member, and the Member's Provider within 2 days of the decision.
9. Emergency services- PerformCare may not deny payment for treatment obtained when a PerformCare associate instructs the Member to seek emergency services.
10. The entities specified in 42 CFR 438.114(b) (The MCO, PIHP, PAHP, PCCM) may not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms (or voluntary or involuntary commitment for Mental Health Inpatient).

11. PerformCare may not deny payment for treatment obtained when a Member had an emergency medical condition, (including voluntary or involuntary commitment for Mental Health Inpatient) for cases in which the absence of immediate medical attention would not have had the outcomes specified in 42 CFR 438.114(a) of the definition of emergency medical condition. 438.114(a) states: "Post stabilization services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the enrollee's condition."
12. PerformCare may not refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the Member's BH-MCO of the Member's screening and treatment within 10 calendar days of presentation for emergency services.
13. The attending emergency physician, or the provider actually treating the Member, is responsible for determining when the Member is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in 42 CFR 438.114(b) as responsible for coverage and payment.
14. A Member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the Member.

Related Policies: *CM-004 Physician Advisor -Psychologist Advisor Consultation*
CM-011 Clinical Care Management Decision Making
CM-013 Approval/Denial Process and Notification
CM-015 Inter-Rater Reliability Monitoring of Medical Necessity
CM-060 Denial Letter Review and Auditing Procedures
CM-MS-026 Risk Assessment Process
QI-044 Grievance Policy

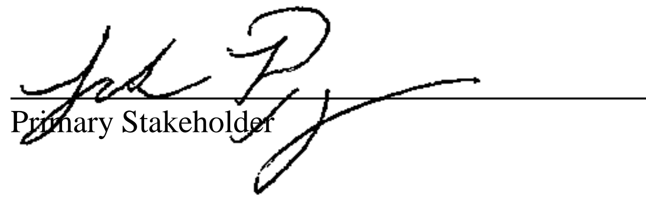
Related Reports: None

Source Documents and References: *Appendix AA*
Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T
HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria

Superseded Policies and/or Procedures: None

Attachments: None

Approved by



Primary Stakeholder