PerformCARE®	Policy and Procedure
Name of Policy:	Service Denial – Behavioral Health Inpatient Services
Policy Number:	CM-007
Contracts:	☒ All counties ☐ 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:	07/17/24
Last Review Date:	07/17/24
OMHSAS Approval Date:	N/A
Next Review Date:	07/01/25

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 Medical Necessity Guidelines and ASAM.

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:
ASAM: American Society of Addiction Medicine
DHS: Department of Human Services
EMR: Electronic Medical Record
MNG: Medical Necessity Guidelines
CCM: Clinical Care Manager
PA: Psychiatrist 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. Standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.
    2.1. All denial letters will be faxed to the Member at the BH IP Provider the same day or no later than within 24 hours of the denial.
3. PerformCare will follow the standard *Grievance process per QI-044 Grievance Policy*.
4. Emergency services -
    4.1. PerformCare may not deny payment for treatment obtained when a PerformCare associate instructs the Member to seek emergency services.
    4.2. The entities specified in 42 CFR 438.114(b) (The MCO, PIHP, PAHP, PCCM) may not limit what constitutes an emergency medical condition based on lists of diagnoses or symptoms (or voluntary or involuntary commitment for Mental Health Inpatient).
    4.3. 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."
    4.4. 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.
    4.5. 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.
5. PerformCare follows all requirements for Emergency Inpatient Admission: Prior Authorization, Admission and Documentation per Appendix AA.
    5.1. Prior authorization of psychiatric emergency inpatient admissions is not permitted. While prior authorization is not allowed for psychiatric emergency inpatient admissions, PerformCare may conduct a retrospective review, including review of the documentation by the physician at the emergency department verifying the medical necessity for emergency admission. Continued stay after stabilization of the emergency may be subject to concurrent review and prior authorization. The review procedures used by PerformCare shall not be inconsistent with the

involuntary commitment processes set forth in the Mental Health Procedures Act, 50 P.S. §§ 7101 et seq.

5.2. If a request for continued stay after stabilization cannot be reviewed because it is uncertain if the individual is eligible for Medical Assistance, PerformCare must review the request within seven (7) days of the eligibility issue being resolved and no later than 180 days of the date of service.

5.3. The Primary Contractor and PerformCare may not refuse to cover emergency services based on the emergency department provider, hospital or fiscal agent not notifying PerformCare of the Member's screening and treatment within 10 days of presentation for emergency services.

5.4. PerformCare must use the same time frame to review authorizations for continued stay for in-network Providers and Out-of-Network Providers.

5.5. The Primary Contractor and PerformCare shall ensure that after stabilization of the emergency, the Provider completes an assessment and continues to document the Member's need for inpatient services to facilitate authorization for continued stay of the Member.

Related Policies:

CM-004 Psychiatrist 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-028 Requests for Prior-Authorized Substance Use Disorder Services
CM-029 Authorization Requests for Substance Use Hospital and Non-Hospital Based Withdrawal Management
CM-034 Emergency Services-Coverage-Reimbursement
CM-043 Requests for Prior-Authorized Mental Health Inpatient and Partial Hospitalization Program
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:

Department of Human Services Prior Authorization Requirements for Participating Behavioral Health Managed Care Organizations in the Behavioral Health HealthChoices Program, Appendix AA.

Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix and T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria.

ASAM 3rd Ed MNG

Superseded Policies and/or Procedures: *None*

Attachments: *None*

Approved by

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Primary Stakeholder