

Name of Policy:	Requests for Prior-authorized Mental Health Inpatient and Partial Hospitalization Program Services
Policy Number:	CM-043
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton
Primary Stakeholder:	Clinical Department
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	08/01/10
Last Revision Date:	02/13/26
Last Review Date:	02/13/26
OMHSAS Approval Date:	N/A
Next Review Date:	02/01/27

Policy: Mental Health Inpatient and Partial Hospitalization Program treatment require prior authorization.

Purpose: To outline the procedure for seeking and obtaining authorization for Mental Health Inpatient and Mental Health Partial Hospitalization Programs.

Definitions: **Prior authorized Mental Health Services:** Services, including Mental Health Inpatient and Partial Hospitalization, which require an authorization prior to the delivery of services.

Acronyms: **CCM:** Clinical Care Manager
MH IP: Mental Health Inpatient
MH PHP: Mental Health Partial Hospitalization Program
LOC: Level of Care
MNG: Medical Necessity Guidelines

Procedure:

1. PerformCare has identified CCMs who are responsible for MH IP/PHP prior authorization requests during regular business hours and after hours.
2. When a Member or Provider requests prior authorization for MH IP/PHP services, Member Services Staff completes verification of PerformCare coverage and collects relevant demographic information, and documents in the Member Electronic Medical Record and notifies CCM of the request.
3. The assigned CCM is responsible for responding to the request and collecting all relevant clinical information, which is documented in the

Member Electronic Medical Record during regular and non-business hours.

4. If medical necessity for admission is met, the CCM determines the number of days that will be authorized. Mental Health Inpatient is approved up to five (5) to ten (10) days, Extended Acute Care Units up to thirty (30) days, and Short-Term Partial Hospitalization up to twenty-one (21) days; School Based/Long Term Child/Adolescent Partial Hospitalization up to thirty (30) days and Long-Term Adult Partial Hospitalization up to ninety (90) days. The CCM will generate an authorization using calendar days upon confirmation of admission to the inpatient or partial hospitalization program.
5. CCMs are responsible for submitting all LOC requests that may not meet MNG to a PerformCare Psychiatrist Advisor for review and final determination of approval or denial of care. CCMs are not permitted to deny a request for services, only a PerformCare Psychiatrist Advisor may issue a denial of care. During regular and non-business hours, the standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.

Related Policies: *CM-004 Psychiatrist Advisor/Psychologist Advisor Consultation*
CM-007 Service Denial –Behavioral Health Inpatient Services
CM-011 Clinical Care Management Decision Making
CM-013 Approval/Denial Process and Notification
CM-015 Inter-Rater Reliability Monitoring of Medical Necessity
CM-034 Emergency Services-Coverage/Reimbursement
CM-MS-026 Risk Assessment Process

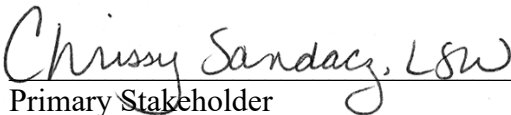
Related Reports: None

Source Documents and References: *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