

# Inpatient Mental Health

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BEACON HEALTH STRATEGIES, LLC	ORIGINAL EFFECTIVE DATE
HAWAII LEVEL OF CARE CRITERIA	2013
	CURRENT EFFECTIVE DATE
	2016

## I. Description

Acute Inpatient Psychiatric Services are the most intensive level of psychiatric treatment used to stabilize individuals with an acute, worsening, destabilizing, or sudden onset psychiatric condition with a short and severe duration. A structured treatment milieu and 24-hour medical and skilled nursing care, daily medical evaluation and management, (including a documented daily visit with an attending licensed prescribing provider), and structured milieu treatment are required for inpatient treatment. Treatment may include physical and mechanical restraints, isolation, and locked units.

## II. Criteria/Guidelines

### A. Admission Criteria

Must have all criteria #1-4; and either 5 or 6, criteria #7 and #8 as applicable; for Eating Disorders #9-12, 1 must also be met:

1. Symptoms consistent with a DSM or corresponding ICD diagnosis
2. Member's psychiatric condition requires 24-hour medical/psychiatric and nursing services and of such intensity that needed services can only be provided by an acute psychiatric hospital care.
3. Inpatient psychiatric services are expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute, short-term 24-hour inpatient medical/psychiatric and nursing services will no longer be needed.
4. Symptoms do not result from a medical condition that would be more appropriately treated on a medical/surgical unit.
5. One of the following must also be present:
  - a. Danger to self:
    - i) A serious suicide attempt by degree of lethality and intentionality, suicidal ideation with plan and means available and/or history of prior serious suicide attempt;
    - ii) Suicidal ideation accompanied by severely depressed mood, significant losses, and/or continued intent to harm self;
    - iii) Command hallucinations or persecutory delusions directing self-harm;
    - iv) Loss of impulse control resulting in life threatening behavior or danger to self;
    - v) Significant weight loss within the past three months;
    - vi) Self-mutilation that could lead to permanent disability;
  - b. Danger to others:
    - i) Homicidal ideation and/or indication of actual or potential danger to others;
    - ii) Command hallucinations or persecutory delusions directing harm or potential violence to others;
    - iii) Indication of danger to property evidenced by credible threats of destructive acts
    - iv) Documented or recent history of violent, dangerous, and destructive acts
6. Indication of impairment/disordered/bizarre behavior impacting basic activities of daily living, social or interpersonal, occupational and/or educational functioning;

7. Evidence of severe disorders of cognition, memory, or judgment are not associated with a primary diagnosis of dementia or other cognitive disorder
8. Severe comorbid substance use disorder is present and must be controlled (e.g. abstinence necessary) to achieve stabilization of primary psychiatric disorder

For Eating Disorders:

9. DSM or corresponding ICD diagnosis and symptoms consistent with a primary diagnosis of Eating Disorder
10. Member has at least one of the following:
  - a. Psychiatric, behavioral, and eating disorder symptoms that are expected to respond to treatment in an Acute Level of Care
  - b. Symptomatology that is not responsive to treatment in a less intensive Level of Care.
  - c. An adolescent with newly diagnosed anorexia;
11. Member requires 24 hour monitoring, which includes: before, after, and during meals; evening to monitor behaviors (i.e. Restricting, binging/purging, over-exercising, use of laxatives or diuretics);
12. Member exhibits physiological instability requiring 24 hour monitoring for at least one of the following:
  - a. Rapid, life-threatening and volitional weight loss not related to a medical illness: generally <85% of IBW (or BMI of 15 or less. Electrolyte imbalance (i.e. Potassium <3)
  - b. Physiological liability (i.e. Significant postural hypotension, bradycardia, CHF, cardiac arrhythmia);
  - c. Change in mental status;
  - d. Body temperature below 96.8 degrees;
  - e. Severe metabolic abnormality with anemia, hypokalemia, or other metabolic derangement;
  - f. Acute gastrointestinal dysfunction (i.e. Esophageal tear secondary to vomiting, mega colon or colonic damage, self-administered enemas)
  - g. Heart rate is less than 40 beats per minute or less than 50 beats per minute for child.

**B. Continued Stay Criteria**

Criteria #1 - 9 must be met; For Eating Disorders, criterion #11 or 12 must be met:

1. Member continues to meet admission criteria;
2. Another less restrictive Level of Care would not be adequate to administer care.
3. Member is experiencing symptoms of such intensity that if discharged, s/he would likely require rapid re-hospitalization;
4. Treatment is still necessary to reduce symptoms and improve functioning so that the member may be treated in a less restrictive Level of Care.
5. There is evidence of progress towards resolution of the symptoms that are causing a barrier to treatment continuing in a less restrictive Level of Care;
6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out. Treatment plan has been updated to address non-adherence.
7. The member is actively participating in plan of care and treatment to the extent possible consistent with his/her condition
8. Family/guardian/caregiver is participating in treatment where appropriate.
9. There is documentation of coordination of treatment with state or other community agencies, if involved.
10. Coordination of care and active discharge planning are ongoing, beginning at admission, with goal of transitioning the member to a less intensive Level of Care.

For Eating Disorders:

11. Member has had no appreciable weight gain (<2lbs/wk.)
12. Ongoing medical or refeeding complications.

**III. Limitations/Exclusions****A. Discharge Criteria**

Any one of the following: Criteria #1, 2, 3, or 4; criteria #5 and 6 are recommended, but optional. For Eating Disorders, criteria #8 - 10 must be met:

1. Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
2. Member or parent/guardian withdraws consent for treatment *and* member does not meet criteria for involuntary or mandated treatment.
3. Member does not appear to be participating in the treatment plan.
4. Member is not making progress toward goals, nor is there expectation of any progress.
5. Member's individual treatment plan and goals have been met.
6. Member's support system is aware and in agreement with the aftercare treatment plan.
7. Member's physical condition necessitates transfer to a medical facility.

For Eating Disorders:

8. Member has reached at least 85% ideal body weight and has gained enough weight to achieve medical stability (e. g., vital signs, electrolytes, and electrocardiogram are stable).
9. No re-feeding is necessary
10. All other psychiatric disorders are stable.

**B. Exclusions**

*Any of the following criteria is sufficient for exclusion from this level of care*

1. The individual can be safely maintained and effectively treated at a less intensive level of care.
2. Symptoms result from a medical condition which warrants a medical/surgical setting for treatment.
3. The individual exhibits serious and persistent mental illness **and** is not in an acute exacerbation of the illness.
4. The primary problem is social, economic (e.g., housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

**IV. Administrative Guidelines****A. Precertification**

1. Precertification is required for initial admission and continued stay for out-of-state and non-participating providers. To precertify, please provide pertinent clinical information to Beacon Hawaii at fax (808) 695-7799 or call (855) 856-0578
2. For precertification for the initial 5 days of inpatient treatment is not required for in state, participation providers, however notification of admission is requested. Authorization is required for continued stay; please provide pertinent clinical information to Beacon Hawaii via fax (808) 695-7799 or call (855) 856-0578.

## B. Applicable Revenue codes:

114	Inpatient Psychiatric 1-Day
124	
134	

**V. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

Beacon uses its LOC criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's LOC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular LOC. However, the individual's needs and characteristics of the local service delivery system are taken into consideration.

In addition to meeting Level of Care Criteria; services must be included in the member's benefit to be considered for coverage.

**VI. References**

1. MCG Health, LLC 19<sup>th</sup> Edition Copyright © 2014
  - a. Lauer M, Brownstein R. Replacing revolving door: a collaborative approach to treating individuals in crisis. *Journal of Psychosocial Nursing and Mental Health Services* 2008;46(6):24-32.
  - b. Cotton MA, et al. An investigation of factors associated with psychiatric hospital admission despite the presence of crisis resolution teams. *BMC Psychiatry* 2007;7:52. DOI: 10.1186/1471-244X-7-52.

- c. Marshall M, Crowther R, Sledge WH, Rathbone J, Soares-Weiser K. Day hospital versus admission for acute psychiatric disorders. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD004026. DOI: 10.1002/14651858.CD004026.pub2.
  - d. Sowers, WE, Rohland B. American Association of Community Psychiatrists' principles for managing transitions in behavioral health services. *Psychiatric Services* 2004;55(11):1271-5.
  - e. Yager J, et al. Guidelines watch (August 2012): practice guideline for the treatment of patients with eating disorders, 3rd edition. [Internet] American Psychiatric Association
  - f. Eating disorders: core interventions in the management of anorexia nervosa, bulimia nervosa and related eating disorders. NICE clinical guidance CG9 [Internet] National Collaborating Centre for Mental Health. 2004 Jan (reviewed 2013 Dec) Accessed at: <http://guidance.nice.org.uk/>. [accessed 2014 Sep 3]
2. [http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_7.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx).

## VII. Related Policies

- A. CSNT 123.1 Minimum Program Standards by Level of Care
- B. UM 201.03 Application of Level of Care Criteria and Authorization Procedure for Commercial
- C. UM 202.06 Application of Level of Care Criteria and Authorization Procedure for Medicaid