

## ***Inpatient Acute Care Psychiatric Admissions - Certification Review***

### ***Objective:***

Determine the medical necessity and quality of services to be provided in an acute inpatient hospital setting to adult and adolescent/child beneficiaries with psychiatric diagnosis(es), the appropriateness of the setting, as well as the number of days reasonably required to treat the beneficiary's condition.

### ***Performed By:***

Inpatient Review Supervisor, Utilization Review Coordinators (URC), Physician Advisor  
Psychiatrists (PA)

### ***Policy:***

All adult [twenty-one (21) years of age and over] and adolescent/child psychiatric admissions to acute care general hospitals must be precertified by HSM. Adolescent/child psychiatric admissions to free-standing psychiatric hospitals must also be precertified. Concurrent and retrospective review also applies. Requests for review and relevant information must be submitted to HSM, via telephone, FAX, mail, or web, by the facility or attending physician prior to admission.

HSM must notify the facility, if requested, or the physician of approval and denial determinations, via telephone, within twenty-four (24) hours [one (1) business day if the request is received on a Friday or the day before a holiday] of receipt of the request and all necessary information. HSM must send a written notice of approval determination to the facility and physician within this timeframe. HSM must send a written notice of denial determination to the beneficiary/representative, facility, and attending physician.

The beneficiary/representative, the facility and physician have a right to a reconsideration of any denial decision. The request for reconsideration may be submitted by telephone, FAX, or mail to HSM within thirty (30) calendar days of the date on the denial notice for non-expedited reconsiderations. Expedited reconsiderations must be submitted within three (3) business days of the denial notice. Refer to the *Reconsideration Process Policy and Procedure* section of this manual for additional information.

### ***Procedure: Precertification Review of Non-emergency Admissions***

Hospitals and physicians should follow HSM's *Inpatient Acute Care Admission - Precertification Review Policy and Procedure* for requesting certification of adult and adolescent/child Medicaid beneficiaries who are admitted to acute care general hospitals with psychiatric diagnosis(es). This policy and procedure also applies to adolescent/child beneficiaries admitted to free-standing psychiatric hospitals.

### ***Procedure: Emergency Admission (Post Admission) Review***

Hospitals and physicians should follow *HSM's Inpatient Acute Care Admissions - Emergency Admission (Post Admission) Policy and Procedure* for requesting certification of adult and adolescent/child Medicaid beneficiaries who are admitted to acute care general hospitals with psychiatric diagnosis(es). This policy and procedure also applies to adolescent/child beneficiaries admitted to free-standing psychiatric hospitals.

“Emergency psychiatric admission” is defined below:

Emergency Psychiatric Admission: The admission to an inpatient hospital setting resulting from mental illness or substance abuse when the beneficiary’s condition is such that he/she requires twenty-four (24) hour per day supervision in a secure setting and with presenting symptoms of such severity that the absence of immediate intervention could reasonably result in:

- Permanently placing the beneficiary’s mental health in jeopardy;
- A serious threat to the physical welfare of the beneficiary and/or others; or
- Serious and permanent mental dysfunction or other medical or psychiatric consequences.

The acute symptoms must be of such severity as to cause a person to seek medical or psychiatric assistance regardless of the hour of the day or night.

***Procedure: Concurrent Certification Review***

Hospitals and physicians should follow HSM’s *Inpatient Acute Care Admission - Concurrent Review* Policy and Procedure for requesting certification of adult and adolescent/child Medicaid beneficiaries who are admitted to acute care general hospitals with psychiatric diagnosis(es). This policy and procedure also applies to adolescent/child beneficiaries admitted to free-standing psychiatric hospitals.

***Procedure: Retrospective Review - Beneficiary Has Been Discharged***

Hospitals and physicians should follow HSM’s *Inpatient Acute Care Admission - Retrospective Review* Policy and Procedure for requesting certification of adult and adolescent/child Medicaid beneficiaries who are admitted to acute care general hospitals with psychiatric diagnosis(es). This policy and procedure also applies to adolescent/child beneficiaries admitted to free-standing psychiatric hospitals.