

**County of San Bernardino
Department of Behavioral Health**

MHP Point of Authorization Plan for Inpatient Psychiatric Hospitalization Protocol

Effective Date
Approval Date

08/12/2014
08/12/2014



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Policy

It is the policy of the Department of Behavioral Health (DBH) that as the Mental Health Plan (MHP) for San Bernardino County, inpatient psychiatric claims for County of San Bernardino Medi-Cal beneficiaries be submitted to a Point of Authorization for post-hospitalization payment authorization.

Purpose

To ensure that inpatient psychiatric claims submitted for Medi-Cal reimbursement meet payment and medical necessity criteria as detailed in California Code of Regulations (CCR), Title 9, Chapter 11, Section 1820.205 and 1820.225.

Excluded Services

Excluded services include:

- Any acute inpatient psychiatric hospital services provided by an out-of-state inpatient facility other than border communities.
- Services provided by a State hospital.
- Services provided to persons eligible for Medicare, prior to benefit exhaustion.
- Fee-For-Service/Medi-Cal psychiatric inpatient hospital services provided to persons enrolled in pre-paid health plans that are responsible for inpatient services prior to billing for those services and receipt of Explanation of Benefits.
- Inpatient hospital services received anywhere other than an inpatient psychiatric unit, example: on a medical or surgical floor.

Payment Authorization Procedures

The procedures below detail the steps for DBH payment authorization by a Point of Authorization:

- a) A hospital shall submit a separate written request for DBH payment authorization of psychiatric inpatient hospital services to the Point of Authorization for each of the following:
 - 1) Planned admission of a beneficiary.
 - 2) Ninety-nine (99) calendar days of continuous service to a beneficiary, if the hospital stay exceeds that period of time.
 - 3) Upon discharge.

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- 4) Services that qualify for Medi-Cal Assistance Pending Fair Hearing (Aid Paid Pending)
 - 5) Administrative day services that are requested for a Medi-Cal beneficiary.
- b) A hospital shall submit the request for payment authorization for psychiatric inpatient hospital services to DBH no later than:
- 1) Prior to a planned admission.
 - 2) Within 14 calendar days after:
 - A. Ninety-nine (99) calendar days of continuous service to a beneficiary if the hospital stay exceeds that period of time.
 - B. Discharge.
 - C. Date that a beneficiary qualifies for Medi-Cal Assistance Pending Fair Hearing (Aid Paid Pending).
- c) Except as approved by DBH pursuant to Title 9 CCR, Section 1810.438, a written request for DBH payment authorization to the Point of Authorization shall be in the form of:
- 1) Treatment Authorization Request (TAR) for Fee-for-Service/Medi-Cal hospitals (contract or non-contract); or
 - 2) As specified by DBH for Short-Doyle/Medi-Cal hospitals.
- d) Point of Authorization staff that approve or deny payment shall be licensed mental health or waived/registered professionals of DBH.
- e) Except as approved by the Department pursuant to Title 9 CCR, Section 1810.438, approval or disapproval for each payment authorization shall be documented by the Point of Authorization in writing:
- 1) On the same TAR on which the Fee-for-Service/Medi-Cal hospital requested DBH payment authorization or
 - 2) In an MHP payment authorization log maintained by DBH for Short-Doyle/Medi-Cal hospitals.
- f) In accordance with Title 42 of the Code of Federal Regulations (CFR), Section 438.210(b)(2)(ii), DBH shall consult with a hospital requesting authorization when appropriate.

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- g) DBH shall document that all adverse decisions regarding hospital requests for DBH payment authorization based on medical necessity criteria or the criteria for emergency admission were reviewed and approved:
- 1) Either by a physician, or
 - 2) At the discretion of DBH, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice.
- h) A request for payment authorization may be denied if the request is not submitted in accordance with timelines of this protocol or does not meet medical necessity reimbursement criteria in Title 9 CCR, Section 1820.205 or emergency psychiatric condition criteria in Title 9 CCR, Section 1820.225(b) on an emergency admission or if the hospital has failed to meet any other mandatory requirements of the contract negotiated between the hospital and DBH.
- i) DBH shall approve or deny the request for payment authorization within 14 calendar days of the receipt of the request and, for a request from a Fee-for-Service Medi-Cal hospital, shall submit the TAR to the fiscal intermediary within 14 calendar days of approval or denial. DBH shall consider a possible extension in accordance with timelines of Title 42 CFR, Section 438.210(d)(l). If DBH extends the timeframe, DBH shall provide the beneficiary with written notice of the decision on the date the decision to extend is made. The notice to the beneficiary shall advise the beneficiary of the reason for the decision and the beneficiary's right to file a grievance if the beneficiary disagrees with the decision.

DBH shall provide for an expedited review of payment authorization requests in accordance with Title 42 CFR, Section 438.210(d)(2), when DBH determines or the hospital certifies that following the 14 calendar day time frame would seriously jeopardize the beneficiary's life, health or ability to attain, maintain or regain maximum function.

- j) In accordance with Title 42 CFR, Section 438.210(c), DBH shall notify the requesting provider of any decision to deny DBH payment authorization request, or to authorize a service in an amount, duration or scope that is less than requested. The notice to the provider need not be in writing.

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- k) Approval of payment authorization requires that:
- 1) Planned admission requests for DBH payment authorization shall be approved when written documentation provided indicates that the beneficiary meets medical necessity criteria for reimbursement of psychiatric inpatient hospital services, as specified in Title 9 CCR, Sections 1820.205, 1820.225 and any other regulatory requirements that apply to the admission, and any mandatory requirements of the contract negotiated between the hospital and DBH.
 - 2) Emergency admissions shall not be subject to prior DBH payment authorization.
 - 3) Requests for DBH payment authorization for continued stay services shall be approved if written documentation has been provided to DBH indicating the beneficiary met the medical necessity reimbursement criteria for acute psychiatric inpatient hospital services for each day of service in addition to requirements for timeliness of notification and any mandatory requirements of the contract negotiated between the hospital and DBH.
 - 4) Requests for DBH payment authorization for administrative day services shall be approved by DBH when the following conditions are met in addition to requirements for timeliness of notification and any mandatory requirements of the contract negotiated between the hospital and DBH.
 - A. During the hospital stay, a beneficiary previously met medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services.
 - B. There is no appropriate, non-acute residential treatment facility in a reasonable geographic area and a hospital documents contacts with a minimum of five (5) appropriate, non-acute residential treatment facilities per week subject to the following requirements:
 1. Point of Authorization staff may waive the requirements of five (5) contacts per week if there are fewer than five (5) appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one (1) contact per week.

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2. The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:
 - a. Status of the placement option.
 - b. Date of the contact.
 - c. Signature of the person making the contact.
 - 5) DBH shall not require a hospital to obtain prior DBH payment authorization for an emergency admission, whether voluntary or involuntary.
 - 6) The hospital providing emergency psychiatric inpatient hospital services shall assure that the beneficiary meets the criteria for medical necessity in Title 9 CCR, Sections 1820.205 and 1820.225.
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References

California Code of Regulations (CCR), Title 9, Chapter 11, Sections 1810.438, 1820.205, and 1820.225
Title 42 of the Code of Federal Regulations, Section 438.210

**Related
Policies and/or
Procedures**

DBH Standard Practice Manual:

- [QM6038: Consistency in Inpatient and Outpatient Utilization Review & Authorization Practices Policy](#)
- [QM6038-1: Consistency in Inpatient Utilization Review & Authorization Practices Procedure](#)
