

North Carolina
State Health Plan

for Teachers and State Employees and
NC Health Choice for Children

www.shpnc.org

**INPATIENT PSYCHIATRIC CARE OR INPATIENT CHEMICAL DEPENDENCY CARE
POLICY NUMBER: IN0450**

Definition:

Acute inpatient treatment represents the most intensive level of care. An inpatient admission requires the 24-hour support of an acute care, secure and protected hospital setting. Twenty-four hour skilled nursing care, daily medical care, and a structured treatment milieu are required. The intensity of service must necessitate close medical supervision by an eligible attending physician: psychiatrist for psychiatric or chemical dependency or an addictionologist for chemical dependency only. Intensity of service must also include a multi-modal, inter-disciplinary treatment program. The goal of acute inpatient care is to stabilize individuals who display acute conditions or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. Active family/significant other involvement in therapy is expected unless contraindicated. Psychiatric or chemical dependency admissions may be emergencies or non-emergencies.

Emergency is defined as “the sudden and unexpected onset of a condition manifesting itself by acute symptoms of sufficient severity that, in the absence of an immediate psychiatric or chemical dependency inpatient admission, could imminently result in injury or danger to self or others.”

In order for a psychiatric or chemical dependency admission to be considered emergent, one or more of the following criteria must be met:

1. Violent, combative behavior at admission or risk of same (verbal threats, threatening nonverbal behavior, etc.).
2. Psychotic thought processes with inability to participate in the admissions process and with threat of elopement.
3. Serious suicide attempt or acutely suicidal with plan/means/access.
4. Acutely homicidal with plan/means/access.
5. Imminent physical danger with need for immediate detoxification (for chemical dependency ONLY) See Medical Policy AD0420, Medical Detoxification for Chemical Dependency.
6. Involuntary commitment status.

Discharge planning should begin upon admission. Specific interventions to foster reintegration into home and community, or to identify and arrange for other placement and/or follow-up treatment may be included – e.g., partial hospitalization, intensive outpatient programming, further outpatient treatment, etc.

Coverage:

1. For services received in a non contracting hospital refer to Medical Policy AD0335 Hospital Inpatient Services.
2. All benefits for inpatient psychiatric or inpatient chemical dependency hospitalization are subject to the case management requirements as outlined in Medical Policy AD0430 Mental Health and Chemical Dependency Case Management.
3. Psychiatric inpatient hospital services are covered when
 - a. Provided in a licensed psychiatric bed, and
 - b. Authorized by the Mental Health Case Manager.
4. Chemical dependency inpatient hospital services are covered when
 - a. Provided in a licensed substance abuse bed,
 - b. Authorized by the Mental Health Case Manager; and
 - c. Consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.

Approval:

1. For emergency inpatient admissions, requests for certification by the Mental Health Case Manager must be made within two business days. See above definition of an emergency admission. The Mental Health Case Manager is accessible 24-hours a day 7 days a week, 365 days per year, to accommodate requests for certification of emergency admissions.
2. Pre-certification by the Mental Health Case Manager is required prior to initiating non-emergency treatment, for continued treatment stays, and for the following services if utilized during the inpatient stay:
 - a. Electroconvulsive therapy (see Medical Policy IN0300, Electroconvulsive Therapy, for additional information on ECT approval)
 - b. Psychological testing
3. The Mental Health Case Manager will conduct a clinical review with the treating provider(s) to determine the medical necessity in response to the treating provider's request for the inpatient admission. Subsequent requests for authorization must be received prior to the expiration of any certified period, to determine the medical necessity for continued stay.
4. The rationale for any admission must support medical necessity criteria for inpatient level of care and must be reflected in the data which documents the attending physician's rationale for admission. See the Approval section of Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.

Limitations and Exclusions:

1. Inpatient care for conditions not classified as psychiatric, emotional, or substance abuse illnesses is not covered.
 - a. Inpatient psychiatric care rendered in a hospital not accredited by JCAHO is not covered, as outlined in N.C.G.S. 135-45. (12)d.
 - b. Inpatient chemical dependency care rendered in a facility which is not accredited by a nationally recognized accreditation organization approved by the mental health case manager is not covered.
3. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
4. See <http://www.shpnc.org> for complete medical policies.

Authority:

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

Revised:

September 2008

November 2008

May 2009

Effective:

November 18, 2008