Vaya Health

Acute and Subacute Services Provided in an Institute for Mental Disease

RC0160

Service

This service provides 24-hour access to continuous intensive evaluation and treatment delivered in an Institute for Mental Disease (IMD) as defined in CFR 435.1010 for acute and subacute inpatient psychiatric or substance use disorders. Nursing and medical professionals deliver this service under the supervision of a psychiatrist. Members ages 21-64 who meet medical necessity criteria for the inpatient level of care may be treated in an IMD for up to 15 days per calendar month.

Providers must follow the requirements for inpatient level of care outlined in the NC Division of Health Benefits (DHB) Clinical Coverage Policy (CCP) 8-B, Inpatient Behavioral Health Services.

Treatment Program Philosophy, Goals, and Objectives

A determination of the appropriate services is made by the care provider under the direction of the attending physician. This service focuses on reducing acute psychiatric and substance use symptoms through face-to-face, structured group, and individual treatment. This service is designed to offer the following therapeutic interventions to address acute biomedical, emotional, behavioral, and cognitive problems:

- Psychiatric and medical care.
- Medication and withdrawal management.
- Individual and group psychoeducational and psychotherapy.
- Dual diagnosis treatment for comorbid psychiatric and substance use disorders.
- Milieu treatment.
- Supportive services.
- Room and board.

Anticipated Outcomes

The member will attain a level of functioning that includes stabilization of psychiatric symptoms and/or establishment of abstinence sufficient to allow for subsequent substance use disorder or mental health treatment in a less restrictive setting.

Service Exclusions

Tailored Care Management and the case management components of Intensive In-Home services, Multisystemic Therapy, Community Support Team, Assertive Community Treatment, Substance Abuse Intensive Outpatient Program, and Substance Abuse Comprehensive Outpatient Treatment may be delivered in coordination with the inpatient hospital provider and shall be documented in the member's care plan. Discharge planning shall begin upon admission to this service.

Service Frequency and Intensity

The service is provided in a licensed 24-hour inpatient setting. This service may be provided at a psychiatric hospital or on an inpatient psychiatric unit within a licensed hospital, licensed as inpatient psychiatric hospital beds, or in State-operated facilities. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2).

Provider Requirements

The provider delivering this service shall meet the following requirements:

- Provider must meet qualification for participation in NC Medicaid program and be enrolled in NCTracks.
- Provider must be credentialed and enrolled as a network provider in Vaya Health's (Vaya's) closed provider network, in good standing, and contracted to deliver the service.
- The provider shall be licensed by the NC Division of Health Service Regulation.
- The psychiatric hospital or the inpatient program within a general hospital must be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required

Refer to the following sections and attachments in DHB CCP 8-B Inpatient Behavioral Health Services:

- Section 6.0, Provider(s) Eligible to Bill for the Procedure, Product, or Service.
- Attachment B, Section C, Staffing Requirements.
- Attachment C, Section C, Staffing Requirements.

Service Orders

A service order must be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner per their scope of practice prior to or on the first day of service.

Member Eligibility

Members ages 21 to 64 with any DSM-5, or any subsequent editions of this reference material, diagnosis and one of the following:

- Impaired reality testing (e.g., delusions, hallucinations), disordered behavior, or other acute disabling symptoms not manageable by alternative treatment.
- Potential danger to self or others and not manageable by alternative treatment.
- Concomitant severe medical illness or substance use disorder necessitating inpatient treatment.
- Severely impaired social, familial, occupational, or developmental functioning that cannot be effectively evaluated or treated by alternative treatment.
- Failure of or inability to benefit from alternative treatment, in the presence of severe disabling psychiatric illness.
- Need for skilled observation, special diagnostic, or therapeutic procedures or therapeutic milieu necessitating inpatient treatment.

Utilization Management

Prior Authorization

Providers must contact Vaya for authorization of services within 48 hours of admission. Authorization and documentation of review is required by Vaya.

- For members with psychiatric disorders, initial authorization is limited to three days with continued stay review.
- For members with substance use disorders, initial authorization is limited to seven days.

Vaya must comply with the Centers for Medicare & Medicaid Services (CMS) requirements to ensure no more than 15 days are authorized in each calendar month. For admissions spanning two consecutive months, the total length of stay may exceed 15 days, but no more than 15 days may be authorized in each month.

Transition or Discharge Criteria

Providers of this service are required to use the admission, continued stay, and discharge criteria for mental health and substance use disorder for members ages 21 through 64 as outlined in the following sections and attachments of DHB CCP 8-B, Inpatient Behavioral Health Services:

- Section 3.2.5, Preadmission Review Criteria for Substance Use Disorders for Medicaid Beneficiaries Ages 21-64.
- Section 3.2.6, Preadmission Review Criteria for Non-Substance Use Disorders for Medicaid Beneficiaries Ages 21-64.
- Section 7.4, Preadmission Authorization and Continued Stay Review.
- Attachment B, Section F, Entrance Criteria.
- Attachment B, Section G, Continue Stay Criteria.
- Attachment B, Section H, Discharge Criteria.
- Attachment C, Section H, Entrance Criteria.
- Attachment C, Section I, Continue Stay Criteria.
- Attachment C, Section J, Discharge Criteria

Documentation Requirements

The provider must document a shift note for every eight hours of service provided. Refer to documentation requirements outlined in the following sections and attachments of DHB CCP 8-B Inpatient Behavioral Health Services:

- Section 7.5, Documentation Requirements.
- Attachment B, Section, J Documentation Requirements.
- Attachment C, Section L, Documentation Requirements.

Claims-Related Information

Providers shall comply with the NCTracks Provider Claims and Billing Assistance Guide, Medicaid bulletins issued by DHB, DHB clinical coverage policies, this service definition, Vaya's fee schedule, and other requirements and any other relevant documents for specific coverage and reimbursement for Medicaid.

1. **Claim Type:** Professional (CMS-1500/837P transaction) billed through Vaya.
2. **International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS):**
    a. The provider shall report the ICD-10-CM and procedural coding to the highest level of specificity that supports medical necessity. The provider shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. The provider shall refer to the applicable edition for code description.
    b. A diagnosis of a mental health or substance use disorder must be present to bill for this service (see 42 CFR § 435.110).
3. **Codes and Modifiers:** The provider shall report the most specific billing code that accurately and completely describes the procedure, product, or service provided. The provider shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. The provider shall refer to the applicable edition for the code description. If no such specific CPT or HCPCS code exists, then the provider shall report the procedure, product, or service using the appropriate unlisted procedure or service code.
4. **Billing Units:** This service is reimbursed at a per diem rate based on occupancy on the inpatient unit during the midnight bed count. Physician and other professional time not included in the daily rate is billed separately.
5. **Place of Service:** Inpatient.
6. **Prior Authorization:** The provider must have a prior authorization for the delivery of services to the member approved by Vaya prior to submission of claims for payment to Vaya.
7. **NC Tracks Enrollment:** Providers must be enrolled in NCTracks and ensure valid NPIs, taxonomies, sites, ZIP code (+4). and all other provider demographic information provided to Vaya matches the information in NCTracks to bill Vaya and be reimbursed for this service.
8. **Coordination of Benefits:** The provider must file with primary payor(s) prior to submission of claims for payment to Vaya, if applicable.
9. **Reimbursement:** Vaya reimburses the provider.