7.2. Inpatient Services – Adult

ACUTE INPATIENT MENTAL HEALTH (ADULT)

Principles for Medical Necessity Criteria

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Acute inpatient psychiatric treatment is defined as a 24-hour inpatient level of care that provides highly skilled psychiatric services to adults with severe mental disorders.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

CRITERIA

Admission Criteria	The following criterion is necessary for admission. A-C below must be met: A. The participant must have a diagnosed or suspected mental disorder that can be expected to improve significantly through medically necessary treatment. B. The evaluation and assignment of the mental disorder diagnosis must take place in a face-to-face evaluation of the participant performed by an attending physician prior to, or within 24 hours following, the admission. C. Presence of the disorder(s) must be documented through the assignment of a DSM 5 code for the primary diagnosis, except for the diagnoses included in Appendix A (appended).
Severity of Need and Intensity of Service at the Acute Level of Care	Criterion A must be met. In addition, B, C, D, or E must be met: A. PBHS specialty mental health DSM 5 diagnosis. B. The participant makes dire threats or there is a clear and reasonable inference of serious harm to him or herself, where suicidal precautions or observations on a 24-hour basis are required. C. The participant demonstrates violent, unpredictable, or uncontrolled behavior which represents potential serious harm to him or herself or others or there is reasonable inference of harm to self or others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis. D. The participant demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require an individual plan of active psychiatric

	treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services. E. Where diagnostic assessment or treatment are not available or are unsafe on an outpatient basis (e.g., participant needs a somatic treatment, such as electroconvulsive therapy or medication management that can only be safely accomplished in a hospital setting with 24-hour psychiatric and nursing care).
Criteria for Continued Stay	The individual treatment plan should include documentation of diagnosis (DSM 5), discharge planning, individualized goals of treatment, and treatment modalities needed and provided on a two-hour basis. There should be daily progress notes documenting the provider's treatment and the participant's response to treatment. In addition to continuing to meet the criteria given above for admission, and continued evidence of active treatment, one of the criteria A-C, and D must be met for continued stay: A. Clinical evidence indicates that the persistence of the problems that caused the admission to the degree which would necessitate continued hospitalization, despite therapeutic efforts, or the emergence of additional problems consistent with the admission criteria and to the degree which would necessitate continued hospitalization. B. There is clinical evidence that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. C. There is clinical evidence that disposition planning, progressive increases in hospital privileges, and/or attempts at therapeutic re-entry into the community have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization. D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.