



Title:	Acute and Subacute Services Provided in an Institute for Mental Disease (IMD)	Code	0160
Type:	In Lieu of Service (ILOS)	Group Code	
Effective Date:	7/1/2024	Units	1 Unit = 1 Day

Service Description
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. Delivery of service is provided by nursing and medical professionals under the supervision of a psychiatrist. Members ages 21-64 who meet medical necessity criteria for inpatient level of care may be treated for up to 15 days per calendar month in an IMD. Inpatient Hospital Psychiatric Services are staffed by physicians and psychiatrists, who are available 24 hours a day by telephone, and who conduct assessments within 24 hours of admission. A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a patient's progress and medication administration on an ongoing basis. Appropriately licensed and credentialed staff are available to administer medications in accordance with physician orders. The planned regimen of 24-hour evaluation, care and treatment services must be under the clinical supervision of a psychiatrist who is available by phone 24 hours a day. This service focuses on reducing acute psychiatric symptoms through face-to-face, structured group and individual treatment. This service is designed to offer medical, psychiatric, and therapeutic interventions including such treatment modalities as medication management, psychotherapy, group therapy, dual diagnosis treatment for comorbid psychiatric and substance use disorders and milieu treatment; medical care and treatment as needed; and supportive services including room and board. A determination of the appropriate services is made by the care provider under the direction of the attending physician. These services are 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.

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

Entrance Process
Substance Use: Pass thru: 72 hours Initial: On average initial requests are for approximately 7 days Concurrent: Based on medical necessity Mental Health Pass through: 72 hours Initial: On average initial requests are for approximately 7 days Concurrent: Based on medical necessity Service Authorization Request must be submitted on the last day of the current authorized timeframe or on the 1st day of the concurrent request. Providers must contact the Tailored Plan/Prepaid Inpatient Health Plan (TP/PIHP) for authorization of services within 72 working hours of admission. Authorization and documentation of review is required by the TP/PIHP. Initial authorization is to on average approximately seven days. The TP/PHIP must comply with the Center for Medicaid and Medicare (CMS) requirements ensuring that no more than fifteen days are authorized in one calendar month. If the member's length of stay is greater than 15 days in one month for psychiatric treatment, the provider will be notified of the benefit limits and adjustments will be made according to the authorization request. For psychiatric admissions spanning two consecutive months, the total length of stay may exceed 15 days (but no more than 15 days can be authorized in each month. Therefore, if the member is admitted in the latter 15 days of any month, they can receive authorization up to 30 calendar days. Any claims billed after the 15/30 days will be reverted and authorization will be voided. The 15-day limit may be exceeded for members being treated for substance use disorders

Eligibility Criteria
This service is available to members, ages 21-64 years old, enrolled in Medicaid with Mental Health (MH) and Substance Use Disorders (SUD) who require inpatient treatment. Preadmission Review Criteria for Substance Use Disorders for Medicaid Members Ages 21–64. The following are criteria for preadmission review for psychiatric treatment of adult alcohol or other substance use disorder: Any DSM-5, or any subsequent editions of this reference material, diagnosis of a substance use disorder and one of the following: 1. Need for skilled observation (including instance of coma or stupor) or therapeutic milieu necessitating inpatient treatment 2. Need for medical detoxification and not manageable by alternative treatment 3. Potential danger to self or others and not manageable by alternative treatment 4. Onset of, or impending, convulsions or delirium tremens or toxic psychosis

5. Presence of significant medical disorder or other disabling psychiatric disorder necessitating inpatient treatment. This is used in combination with American Society of Addiction Medicine (ASAM) criteria when appropriate.

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Preadmission Review Criteria for Non-Substance Use Disorders for Medicaid Members Ages 21–64

The following are criteria for preadmission review for psychiatric treatment of non-substance use disorders and all other conditions:

Any DSM-5, or any subsequent editions of this reference material, diagnosis of a substance use disorder and one of the following:

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

Service Exclusion

Tailored Care Management (TCM) and the case management components of Community Support Team, Assertive Community Treatment Team, Substance Abuse Intensive Outpatient, and Substance Abuse Comprehensive Outpatient may be delivered in coordination with the Inpatient provider and be documented in the Person-Centered Plan. Discharge planning shall begin upon admission to this service.

Services are not covered when the medical necessity criteria for admission or continued stay or the policies listed below are not followed:

1. For Medicaid, prior authorization is required for beneficiaries/members aged 21 through 64 when receiving behavioral health services. Hospitals must contact the Tailored Plan/Prepaid Inpatient Health Plan (TP/PIHP) utilization review contractor for authorization within 72 working hours of an emergency admission.
2. Medicaid, prior authorization is not required for Medicare behavioral health services rendered to Medicare and Medicaid dually eligible beneficiaries/members
3. For Medicaid, a hospital that admits a patient who is not Medicaid eligible on or before admission or is pending eligibility, but who applies for Medicaid during a psychiatric hospitalization, must send the patient's entire medical record to the Tailored Plan/Prepaid Inpatient Health Plan (TP/PIHP) utilization review contractor for psychiatric review within 30 days of discharge.

4. For Medicaid, if a patient applies for Medicaid after hospital discharge, the patient's complete medical record shall be sent to the NC Medicaid utilization review contractor within four (4) months of the patient's Medicaid application date.
5. For Medicaid, Hospitals must obtain a MID number for the beneficiary/member and send the MID number, along with the medical record, to the Tailored Plan/Prepaid Inpatient Health Plan (TP/PIHP) review contractor. If eligibility reflects that the Medicaid application occurred on or before admission rather than during the stay as reported, the hospital stay is not reimbursed.

Treatment Program Philosophy, Goals & 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
- 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

Expected Outcomes

The establishment of stability to enable treatment in a less restrictive level of care.

Staffing Requirements

Inpatient Hospital Psychiatric Services are staffed by physicians and psychiatrists, who are available 24 hours a day by telephone and who conduct assessments within 24 hours of admission. A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a patient's progress and medication administration on an ongoing basis. Appropriately licensed and credentialed staff are available to administer medications in accordance with physician orders. The planned regimen of 24-hour evaluation, care and treatment services must be under the clinical supervision of a psychiatrist who is available by phone 24 hours a day.

Medically Managed Intensive Inpatient Services are staffed by physicians and psychiatrists who are available 24 hours a day by telephone and who conduct assessments within 24 hours of admission. A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a patient's progress and medication administration on an ongoing basis. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

Persons who meet the requirements specified for Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialty (LCAS), and Certified Substance Abuse Counselor (CSAC) or Certified Alcohol and

Drug Counselor (CADC) under Article 5C may deliver a planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services. The planned regimen of 24-hour evaluation, care and treatment services must be under the clinical supervision of a CCS or LCAS who is available by phone 24 hours a day. The planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services may also be provided by staff who meet the requirements specified for Qualified Professional (QP) or Associate Professional (AP) status in Substance Abuse according to 10A NCAC 27G.0104, under the supervision of a LCAS or CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver the planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services, under the supervision of a LCAS or CCS.

Targeted Length of Stay
Fifteen days or less per calendar month

