



Mental Health Minute

Medicare Primary

Permedion has received many questions related to the inpatient psychiatric precertification requirements for Medicare recipients. In response to this, Ohio Medicaid has provided Permedion with the following directive to relay to hospitals:

If a recipient has Medicare primary at the time of admission, providers do not need to request precertification for inpatient psychiatric admissions.

- If Medicare benefits are exhausted and the provider wishes to bill Medicaid, the case must be entered into MITS for retrospective review. The MITS eligibility screenshot **must** be uploaded into the MITS case. In the event the MITS screenshot is not available, **date stamped** documentation from the medical record that Medicaid eligibility **and** Medicare benefits were checked within two business days of admission must be uploaded into MITS. In this instance, the Permedion precertification form is not required. This also applies to QMB/QMB Plus and My Care Ohio recipients.
- Recipients in Managed Care Plans (MCP) should seek authorization from the MCP. **Exception:** if the provider is a freestanding psychiatric facility, precertification requests must also be reviewed by Permedion via MITS.

For additional questions, please contact Permedion at 855.974.5393.

Helpful CPST Clinical Documentation Reminders

Permedion knows how important it is to providers that CPST prior authorization reviews be completed on a timely basis. The most frequent processing delays occur as a result of documentation concerns. The following reminders will be helpful as you complete future prior authorization requests for your agency:

- Provide only newly written information based upon current client assessment. **Cut and pasted information from a previously reviewed prior authorization request cannot be accepted for review.**
- Avoid generalizations. Give numerous individualized examples of client functioning, as well as the CPST interventions and functions provided by your agency.
- Thoroughly explain any changes in the amount of service provided.
- Fax to Permedion one year's worth of treatment plans along with the prior authorization request. Fax all cases separately.
- Answer all questions. Ensure that questions and answers are congruent.
- Only CPST functions can be prior authorized and billed for under CPST. Ensure that documentation indicates only those functions being provided by the CPST worker. (i.e. therapy, nursing, and transportation are not covered by CPST.)
- Provide a substantial amount of high-quality documentation that gives a well-rounded picture of your client's needs and why CPST is the best course of treatment.
- Provide the correct 10-digit NPI number and patient identifying information.
- Assign a clinical manager to be in charge of the CPST prior authorization requests for your agency. The manager can then review all clinical documentation prior to submission and serve as Permedion's primary contact for your agency.

Psychiatric Inpatient Delivery of Care

Admission to an inpatient psychiatric unit would seem to be a clear-cut concept, however, it is often misunderstood. Using the Ohio Administrative Code as reference we will condense and clarify exactly what qualifies as an inpatient psychiatric admission.

OAC definitions:

- A “psychiatric admission” is an admission of an individual to a hospital with a primary diagnosis of mental illness. It is necessary that the delivery of care be provided within a psychiatric milieu by a specially trained treatment team. This is a uniquely skilled environment that is not duplicated in another setting. A discharge from a medical/surgical unit and subsequent admission to a distinct psychiatric unit within the same facility is considered to be a psychiatric admission and subject to precertification [OAC 5160-2-40(D)(1)(a)]. A psychiatric admission is not the same as a medical or surgical admission. Further, an observation bed is not a psychiatric admission. An emergency room or medical unit with visits by a psychiatrist is also not considered the same as a psychiatric admission.
- An “emergency psychiatric admission” is an admission where the attending psychiatrist believes that there is likelihood of serious harm to the patient or others, and that the patient requires both intervention and a protective environment immediately [OAC 5160-2-40(D)(1)(b)].
- A “distinct psychiatric unit within the same facility” provides the patient with both a physically and psychologically safe environment, as well as a therapeutic milieu.
- “Direct care personnel” for psychiatric patients are personnel with specialized training, competency, and experience in assessing and treating persons with mental illness, and whose primary responsibility is for such functions.

Post-Payment Review with On-site Visits

It is that time of the year when Permedion resumes conducting post-payment reviews with on-site visits to Medicaid fee-for-service inpatient psychiatric hospitals. These reviews are conducted at least once every three years for every hospital. The purpose of the on-site visit is to:

- Review the findings in the report sent to the hospital following the post-payment reviews;
- Discuss chart documentation as related to Ohio Administrative Code and a best practices standard of care; and
- Provide education and make recommendations.

The process related to post-payment reviews with on-site visit is as follows:

1. Permedion mails a medical records request letter to the provider.
2. The provider sends the medical records to Permedion within 30 days of the date printed on the request letter.
3. The medical records are reviewed by a team consisting of a physician, nurse, and social worker. Determinations are made within 30 days of the original medical record submission due date.
4. A findings report is sent to the provider.
5. When a post-payment medical record review results in a denial, a letter indicating such is mailed to both the provider and patient. The provider denial letter includes appeal instructions.
6. The Permedion clinical lead contacts the hospital in order to establish the on-site visit date and time.
7. The clinical lead and social worker visit the hospital as scheduled.

Chemical Dependency Admissions

Permedion only reviews precertification requests for hospital admissions where the patient’s course of treatment is primarily a psychiatric diagnosis. Admissions where the course of treatment is for detoxification or in which the primary diagnosis is chemical dependency should not be submitted to our office.

CPST Prior Authorization Questions

Effective immediately, providers with questions related to CPST prior authorization requests should call 855.974.5393. A nurse reviewer will provide assistance.

Hospital Observation Beds

Ohio Administrative Code (OAC) states that providers are required to develop policies and procedures for what would constitute an acceptable condition to assign a patient to an observation bed, if they provide observation beds. These beds can be located anywhere in the hospital. OAC 5122-14-12(P)

In the case where a patient's condition can be reasonably expected to resolve in under 24 hours, utilization of an observation bed is a good option. An example of this would be a patient who is under the influence of drugs or alcohol. Under these circumstances, it is within reason to place this patient in an observation bed and reassess after being given sufficient time to achieve sobriety. If after a period of observation the patient is admitted, the date of admission should be that of the admission to the inpatient psychiatric unit, never backdated to the initiation of the observation period. Upon admission to the psychiatric unit, an Inpatient Psychiatric Precertification form must be completed and submitted to Permedion within two business days from the date of admission. OAC 5160-2-40(D)

Form Updates

Permedion's **CPST Prior Authorization** and **Inpatient Psychiatric Precertification forms** have recently been updated and placed on hmspermedion.com.

Providers must always submit the most current form when making Utilization Review requests. It is recommended that a new form always be downloaded when preparing a submission. Additionally, when getting onto the website, press F5 on the computer keyboard in order to clear cookies.

Provider Relations Corner



I just submitted a CPST prior authorization request using the old form. Do I need to resubmit using the newly revised form?

No. It is unnecessary to resubmit using the new form. Likewise, if your agency is currently already working on a few requests using the old form, there is no need to start over. Simply use the revised form from this point forward.

A CPST client with our agency has died. Can we still make a retroactive request for additional CPST hours?

Yes. As usual, submit the CPST Prior Authorization Request form along with treatment plans. In the "Medical Necessity" section of the form provide a brief explanation of the circumstances, and in the "Units Requested" section indicate all requested hours as being retroactive.

Our hospital has a new patient admission, however, I keep getting an error message when creating a case in MITS. Can I just fax my precertification request to Permedion for review?

Permedion cannot review inpatient psychiatric precertification requests that are faxed into our office without the case being entered into MITS. However, if creating a case in MITS is problematic, inform our office by calling 855.974.5393, at which time a fax number will be provided. Within the standard Medicaid submission timeline, fax the precertification request to our office, along with a brief explanation of the MITS issue. Once the MITS problem is resolved, proceed with creating the case in MITS and uploading the Inpatient Precertification Request form as normal. Permedion will then be able to complete the review. Providers experiencing problems with MITS should contact the MITS Helpline for assistance at 614.466.6734.