

# Iowa Acute Psychiatric Intensive Care Utilization Management Guidelines

Iowa | Medicaid • Children’s Health Insurance Program

**Subject:** Acute psychiatric intensive care  
**Status:** Active

**Current effective date:** January 1, 2023  
**Last review date:** December 20, 2022

## Description

Acute psychiatric intensive care is defined as care provided for a condition with rapid onset that is accompanied by severe symptoms and is generally of brief duration, requiring emergency treatment and intensive psychiatric care. While these services may be provided in any inpatient setting, the care provided exceeds what is available in a general inpatient psychiatric setting. These services provide a level of care beyond the capacity of general psychiatric inpatient unit care to assure the safety of the member, other patients, and staff. Psychiatric intensive care settings provide 24-hour skilled nursing care, daily medical care, structured treatment milieu, multidisciplinary assessments, multimodal interventions, enhanced staffing, and increased capacity for observation and intervention by staff specifically trained to treat and contain atypical aggressive, assaultive, and dangerous behavior occurring in the context of an acute psychiatric presentation. The goal of these specialized services is acute stabilization and treatment of the member’s presenting condition, including dangerous behavior, so that the member can transition to a general inpatient psychiatric unit or another less-intensive level of care.

## Iowa Administrative Code (IAC) definition

*IAC 441—subrule 77.47(1)* “Serious mental illness” means, for an adult, a persistent or chronic mental health, behavioral, or emotional disorder that (1) is specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, and (2) causes serious functional impairment and substantially interferes with or limits one or more major life activities, including functioning in the family, school, employment, or community. “Serious mental illness” may co-occur with substance use disorder, developmental disabilities, neurodevelopmental disabilities, or intellectual disabilities, but those diagnoses may not be the clinical focus for health home services.

## Clinical indications

Prior authorization is required.

Acute inpatient psychiatric intensive care services are medically necessary if the following criteria are met.

**Part 1:**

1. Member must be between 18 and 64 years of age (78.38); **and**
2. Has a serious mental illness as defined in 441—subrule 77.47(1); **and**
3. Has a current, severe, imminent risk of serious harm to self or others; **and**

**Part 2:**

4. Displays additional complexity of need related to **one** of the following:
  - Complex comorbidities, including intellectual or developmental disability, autism spectrum disorder, substance use disorders, or traumatic brain injuries; **or**
  - History of violence (clinical risk) or current aggression that is secondary to mental illness; **or**
  - A request for member transfer that has been rejected by inpatient level of care by one or more hospitals due to severity of symptoms; **or**
  - Lack of responsiveness to typical interventions or a condition that is treatment refractory; **or**
  - Disorganized psychotic state or manic thought process that impairs the ability to function, or the safety of the patient or others; **or**
  - Behavior that causes significant disruption to the general milieu of the unit (for example, instigating other patients in negative ways); **or**
  - High elopement risk; **or**
  - Any other atypical reason that the treating mental health provider feels that additional resources are needed to keep the member and others around the patient safe; **and**

**Part 3:**

5. The member must have a documented need for acute intensive psychiatric care requiring increased or specialized staffing, equipment, or facilities, based on **two or more** of the following:
  - Fall precaution protocol in place; **or**
  - Restraints or seclusion room requirements; **or**
  - Requiring assistance with activities of daily living; **or**
  - Requirements for complex nursing care; **or**
  - Acutely impaired cognitive functioning from baseline; **or**
  - Documentation of interventions to address acute complex mental illness and comorbidities; **or**
  - Safety protocols in place to address the physical risk posed to staff, other patients, and infrastructure; **or**
  - Elopement risk precaution protocol in place.

### Exclusion criteria:

1. The member can be safely maintained and effectively treated at a less-intensive level of care; **or**
2. The member exhibits serious and persistent mental illness but is not in an acute exacerbation of the illness; **or**
3. The primary problem is not psychiatric — It is social, legal, or a medical problem without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration, the justice system, or for respite or housing; **or**
4. A medical condition that warrants a medical/surgical setting for treatment, regardless of the psychiatric presentation; **or**
5. Medical co-morbidities unable to be safely managed in this specialty setting; **or**
6. Exclusive behavioral dyscontrol in the context of traumatic brain injury, intellectual disability, pervasive developmental disorder, dementia, or other medical condition **without indication of acute crisis related to a diagnosis listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.**

### Discharge criteria

**Any** of the following criteria are sufficient for discharge from this level of care:

1. The member no longer meets continuing stay criteria for acute psychiatric intensive care services requiring specialized milieu and increased observation and staffing levels but does meet admission criteria for general inpatient mental health services or another level of care, either more- or less-intensive, where the member can be safely treated.
2. Treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at a less-intensive level of care.
3. The member is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care.
4. The member's acute psychosis phase has passed (member no longer meets inclusion criteria #3), and the need for high intensity of services is the result of a chronic condition requiring transfer of the member to a long-term care setting for ongoing treatment.

### Coding

The following codes are provided for billing purposes only. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/DSM code is inappropriate. The following codes will be used for claims processing.

HCPCS	Description
90899	Unlisted psychiatric service or procedure (Revenue Code 0204)

### Compliance:

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and state law, as well as contract language (including definitions and specific contract provisions or exclusions) take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

### References:

- Human Services Department (441) ARC 6619C. New subrule 78.3 (8).
- *Inpatient Mental Health Services Medical Necessity Criteria*. Massachusetts Behavioral Health Partnership — a Carelon Behavioral Health, Inc. company. August 23, 2021. [masspartnership.com](https://masspartnership.com)
- Optum EncoderPro.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts, and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

### History

Status	Date	Action
NEW	12/20/2022	Created