



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1598

DATE: December 31, 2015

TO: Iowa Medicaid Hospitals

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Inpatient Psychiatric Hospital Services

EFFECTIVE: January 1, 2016

The Iowa Plan will end on December 31, 2015. Magellan will continue to administer the Iowa Plan for services provided through that date. Effective for dates of service on or after January 1, 2016, the IME will be responsible for coverage of Medicaid funded mental health and substance abuse services previously paid through Magellan until the launch of the IA Health Link on March 1, 2016. Informational Letter [1597](#)¹, released on December 30, 2015, provided direction on several key questions resulting from this transition, this letter further clarifies the IME policies and procedures for inpatient psychiatric services.

Admission Criteria Adults, Children and Geriatric

The IME will continue to implement the Inpatient Psychiatric Hospitalization Admission Criteria as established by Magellan.

The member must have a valid principal DSM-IV TR Axis I or II diagnosis and must meet at least one of the following criteria:

1. Presents a danger to self, as a product of the principal DSM-IV TR diagnosis, as evidenced by any of the following—
 - a) attempts to harm self that are life-threatening or could cause disabling permanent damage with continued imminent risk
 - b) current, specific plan to harm self with clear intention, high lethality, and availability of means
 - c) a level of suicidality that cannot be managed safely at a less restrictive level of care.
 - d) suicidality accompanied by rejection or lack of available social/therapeutic support.
2. Presents a danger to others, as a product of the principal DSM-IV TR diagnosis, as evidenced by any of the following—
 - a) life-threatening action with continued imminent risk
 - b) current, specific plan with clear intention, high lethality, and availability of means
 - c) dangerousness accompanied by a rejection or lack of available social/therapeutic support.
3. Exhibits behaviors/symptoms that historically have been prodromes of harm to self/others; services/supports to avert the need for acute hospitalization are not available via coordination efforts.
4. Exhibits an acute inability to care for self, secondary to a mental health disorder that is accompanied by gaps in psychosocial resources that would restore and/or maintain self-care.
5. Requires inpatient medical supervision for the treatment of a mental health disorder because of life-threatening, complicating medical factors.

¹ https://dhs.iowa.gov/sites/default/files/1597_BehavioralHealth_and_SubstanceAbuseServices.pdf

6. Meets one of the following admission factors for a primary diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder Not Otherwise Specified:

- a) body weight that is less than 75 percent of the ideal body weight or a body mass index that is 16 or below
- b) weight loss of more than 15 percent in one month
- c) weight loss associated with physiologic instability unexplained by any other medical condition
- d) rapid approach of a weight at which physiologic instability occurred in the past.

Continued Treatment Criteria

The consumer must have a valid DSM-IV TR Axis I or II diagnosis that remains the principal diagnosis and must meet 1, 2, and either 3 or 4 of the following criteria:

1. There is a reasonable likelihood of a substantial benefit as a result of medical intervention that necessitates the 24-hour inpatient care setting.
2. The consumer and family, if appropriate, are making progress toward the goals and actively are participating in the intervention.
3. Symptoms or behaviors and a lack of psychosocial resources that required admission continue, and the judgment is that a less intensive level of care would be insufficient to stabilize the consumer's condition.
4. New impairments meeting admission guidelines appear.

Obtaining Prior Authorization for Inpatient Psychiatric Hospitalization Services

- Facilities must request authorization for an Inpatient Psychiatric Hospitalization admission by contacting the IME Medical Services Unit at 1-877-563-6972, emailing DHSCoreStandardizedAssessments@dhs.state.ia.us.
- For admissions occurring January 1, 2016 through January 3, 2016, the request for authorization providers should contact the IME on January 4, 2016 using the phone number or email address listed above.
- If not otherwise specified, authorization for admission must be obtained within 48 hours of the admission.

Existing Prior Authorizations

All existing prior authorizations approved by Magellan will remain in effect through their authorized end date. No further action will be required of providers.

Billing for Services Provided in December 2015 and January through February 29, 2016

- Providers should bill Magellan for service dates on or before December 31, 2015 and IME for service dates on or after January 1, 2016, for services paid by a discrete time unit or by the day.
- Providers should bill Magellan for episodes for admission dates on or before December 31, 2015 and IME for admission dates on or after January 1, 2016, for services that are paid by episode.
- All providers should bill their usual and customary fee. The IME has established rates for each service available at the fee schedule listed above. Providers will submit claims using the UB-04.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609, or by email at IMEproviderservices@dhs.state.ia.us.