

Section:	Procedure Name:	Procedure #:
Utilization Management	Processing IP Continued Stay Review Denials	P04.12.01
Overarching Policy:		
04.12 IP Continued Stay Review D	Denials	
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Utilization Management	Beth Guisinger, LPC, CAADC	4
	Leah Mitchell, LMSW, CAADC	
Required By:	Final Approval By:	Date
🗆 BBA 🛛 MDHHS 🗌 NCQA	Mahavan	Approved:
\Box Other (please specify):	Ben Glisinger Jul 13, 2022 13:56 EDT)	Jul 13, 2022
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Application:	Line of Business:	Effective Date:
SWMBH Staff/Ops	⊠ Medicaid □ Other (please specify):	7/5/2022
Participant CMHSPs	🛛 Healthy Michigan	
SUD Providers	SUD Block Grant	
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Policy: IP Continued Stay Review Denials

- **Purpose:** To describe a clear method for completing an inpatient psychiatric (IP) hospital continued stay review (CSR) denial. Inpatient psychiatric hospitalization CSRs will be completed by a licensed, appropriately credentialed clinician, and all denials decisions will be made by SWMBH's Medical Director, or another board-certified psychiatrist.
- **Scope:** This procedure will apply to SWMBH's Hospital Utilization Management (UM) reviewers who complete IP hospital CSRs. Reviewers will utilize MCG medical necessity criteria to make determinations for continued authorization of treatment services.
- **Responsibilities:** SWMBH will have appropriately licensed Masters' mental health clinicians implement, supervise, and provide oversight for IP hospital CSR denials.

Definitions: None

Procedure:

A. The PIHP is responsible for completing inpatient psychiatric hospital continued stay reviews to determine medical necessity for ongoing authorization. Continued stay reviews will be completed by a licensed, appropriately credentialed clinician, and all denials decisions will be made by SWMBH's Medical Director, or another board-certified psychiatrist. Providers must



submit clinical documentation for review by 5:00 p.m. on the first unauthorized hospital day. If the first uncovered day falls on a weekend or holiday, then the review must be received by 5:00 p.m. the following business day.

- B. Any reviews that are not received by 5:00 p.m. on the day that they are due may result in an Administrative Denial.
- C. To demonstrate that MCG Medical Necessity Criteria is, or is not met for continued authorization, the responsible hospital UM reviewer will consider all information, including documentation provided by the provider and consultation with the CMHSP as appropriate.
- D. In the event the customer is not determined to meet criteria for additional authorization of services, the provider will be notified that the SWMBH care manager assigned to the case is unable to authorize anything further, and the case will be presented to SWMBH's Medical Director or another psychiatrist for determination.
 - 1. At that time the provider will be given the opportunity to share any additional information that they would like included in the case presentation.
- E. The responsible hospital UM reviewer will contact SWMBH's Medical Director or psychiatrist for a case consultation by the end of the business day and will obtain a determination within 72 hours of the request.
 - 1. If additional Inpatient Psychiatric Hospital days are approved:
 - i. SWMBH's Medical Director or psychiatrist must provide specific MCG medical necessity criteria to support their approval decision and no denial is needed at this time.
 - ii. SWMBH's hospital UM reviewer will inform the provider of the outcome and document the number of approved days. Authorizations will be entered once discharge summary is received.
 - iii. If the provider sends another CSR after additional days are approved by SWMBH medical director:
 - 1. If clinical information supports additional days, UM hospital reviewer can authorize as appropriate.
 - 2. If clinical information does not appear to support additional days, case will be brought back to SWMBH's medical director for determination.
 - a. If denied, hospital UM reviewer will enter a medical necessity denial.
 - b. If approved, CSRs will continue until discharge or medical necessity denial is made.
 - 2. If additional Inpatient Psychiatric Hospital days are denied:
 - i. SWMBH's hospital UM reviewer will inform the provider of the outcome and enter a medical necessity denial including appropriate MCG medical necessity criteria.
- F. The provider may request a peer-to-peer following authorization determination. If this is requested, SWMBH's hospital UM reviewer will assist with a conference call between the three parties: SWMBH's hospital UM reviewer, SWMBH's Medical Director and the provider.



- 1. If addition Inpatient Psychiatric Hospital days are approved:
 - i. SWMBH's Medical Director must provide specific MCG medical necessity criteria to support their decision.
- 2. If additional Inpatient Psychiatric Hospital days are denied:
 - i. SWMBH's hospital UM reviewer will document that a peer to peer occurred and enter medical necessity denial, if not already completed.
- G. Whenever requested inpatient services are denied, the provider and the customer will be provided a written notice, including appeal rights. Outcomes of appeals will be tracked via PIHP/CMHSP procedure, depending on who is responsible for the CSR.

Effectiveness Criteria: Inpatient psychiatric hospital continued stay denials will be entered into SWMBH's EHR and providers will be notified of the determination both verbally and in writing. All clinical documentation associated with the determination made should be clearly documented into the EHR being utilized by the PIHP.

References: None

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	7/5/2022	N/A	New Policy	L. Mitchell

P04.12.01 Processing IP Continued Stay Review Denials

Final Audit Report

2022-07-13

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