

LCD Psychiatric Inpatient Hospitalization PSYCH-020

Comment

Page 2 under Section 1812(b)(3) How often do patients reach their lifetime limit of 190 days for inpatient psychiatric benefit days. What is the patient options if at that point the hospitalization remains medically necessary?

Response:

Section 1812(b)(3) may be found at http://www.ssa.gov/OP_Home/ssact/title18/1812.htm
This is part of the Social Security Act that contractors have no control over. The beneficiary would have to seek payment from some other source.

(b) Payment under this part for services furnished an individual during a spell of illness may not (subject to subsection (c)) be made for—

(1) inpatient hospital services furnished to him during such spell after such services have been furnished to him for 150 days during such spell minus 1 day for each day of inpatient hospital services in excess of 90 received during any preceding spell of illness (if such individual was entitled to have payment for such services made under this part unless he specifies in accordance with regulations of the Secretary that he does not desire to have such payment made);

(2) post-hospital extended care services furnished to him during such spell after such services have been furnished to him for 100 days during such spell; or

(3) inpatient psychiatric hospital services furnished to him after such services have been furnished to him for a total of 190 days during his lifetime.

Payment under this part for post–institutional home health services furnished an individual during a home health spell of illness may not be made for such services beginning after such services have been furnished for a total of 100 visits during such spell

Comment

Page 9-under "For services in a hospital to be designated as "active treatment" they must be: third bullet-"Supervised and evaluated by a physician". Does this mean that a physician must directly evaluate every inpatient seen by an advanced practice nurse?

Response:

Yes. This is in the Medicare Benefit Manual
<http://www.cms.hhs.gov/manuals/Downloads/bp102c02.pdf>

Inpatient Psychiatric Facility Services

IPFs are certified under Medicare as inpatient psychiatric hospitals, which means, an institution that is primarily engaged in providing, **by or under the supervision of a physician**, psychiatric services for the diagnosis and treatment of mentally ill patients, maintains clinical records necessary to determine the degree and intensity of the treatment provided to the mentally ill patient, and meets staffing requirements sufficient to carry out active programs of treatment for individuals who are furnished care in the institution. A distinct part psychiatric unit may also be certified if it meets the clinical record and staffing requirements in 42 CFR 412.27 for a “psychiatric hospital.”

Comment:

Also on page 9 in the third full paragraph that starts "The services must reasonably be expected to improve the patient's condition....." At the end of the third line from the end of the paragraph the term "neurotic" is outdated. We would suggest that the the following phrase be used ".....be designed both to reduce or control the patients psychiatric symptoms that necessitated....."

Response:

As stated in the LCD, "(CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 2, Section 30.3.2)", this is a direct quote from the Medicare Benefit Policy Manual Chapter 2 - Inpatient Psychiatric Hospital Services

<http://www.cms.hhs.gov/manuals/Downloads/bp102c02.pdf>

30.3.2 - Services Expected to Improve the Condition or for Purpose of Diagnosis

The services provided must reasonably be expected to improve the patient's condition or must be for the purpose of diagnostic study. It is not necessary that a course of therapy have as its goal the restoration of the patient to a level which would permit discharge from the institution although the treatment must, at a minimum, be designed both to reduce or control the patient's psychotic or neurotic symptoms that necessitated hospitalization and improve the patient's level of functioning.

Comment:

On page 22, item (7)-Can the inventory of assets be inherent in the HPI and social history or do they need to be explicitly repeated in a separate section. If the latter is true we would ask that the former approach be adopted due to time constraints and to avoid unnecessary replication of data.

Response:

Where the information is located is not the issue, this information must be clearly located in the medical record

Each patient must receive a psychiatric evaluation that must—

- (1) Be completed within 60 hours of admission;
- (2) Include a medical history;
- (3) Contain a record of mental status;
- (4) Note the onset of illness and the circumstances leading to admission;
- (5) Describe attitudes and behavior;
- (6) Estimate intellectual functioning, memory functioning, and orientation; and
- (7) Include an inventory of the patient's assets in descriptive, not interpretative fashion.