



Monterey County Behavioral Health Policy and Procedure

Policy Number	113
Policy Title	Guidelines For Retrospective Claims Review For Inpatient Psychiatric Hospital Services
References	None
Form	Claims Review Form For Continued Stay Reimbursement For Psychiatric Inpatient Hospital Services (Attachment 1)
Effective	January 1, 1995 Revised: July 1, 2007

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2 **Policy**

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4 The Monterey County Behavioral Health Division (MCBHD) shall define reimbursable services for
5 retrospective claims review for inpatient psychiatric hospital services. Only authorized admissions,
6 documented medically and/or administratively necessary continued stay may be reimbursed for
7 payment. MCBHD shall utilize the Retrospective Claim Review Protocol for continued stay for
8 reimbursement. MCBHD utilizes a retrospective claims review, therefore, a Notice of Action is not
9 required.

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11 **Definition Of Terms**

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13 1. Retrospective Claim for Reimbursement: is a review of medical records
14 by MCBHD Medical Director or his/her physician designee after the client is discharged from
15 the inpatient psychiatric hospital to determine if payment for services claimed are medically
16 necessary and clinically appropriate.

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18 **Procedure**

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20 Retrospective Review

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22 1. Provider/facility provides the MCBHD Medical Director, or his/her
23 physician designee, with the client episode opening and closing information in writing within ten
24 working days after discharge. This information will indicate the admission and discharge date
25 the provider/facility will claim for payment.
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27 2. The MCBHD Medical Director, or his/her physician designee, will review
28 the medical records of the client within ten working days after receipt of the episode
29 information.
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- 31 3. The MCBHD Medical Director, or his/her physician designee, will use the
32 MCBHD's Retrospective Claim Review Protocol for approval/denial of the
33 payment for hospital services provided.
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- 35 4. The MCBHD Medical Director, or his/her physician designee, will advise
36 the provider/ facility of the outcome of the review in writing within five
37 working days after the retrospective claims review.
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- 39 5. The MCBHD Medical Director, or his/her physician designee, shall log the following information:
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- 41 A. Name of Client
- 42 B. Provider/Facility
- 43 C. Admission Date
- 44 D. Discharge Date
- 45 E. Days Approved for Payment
- 46 F. Days Denied for Payment
- 47 G. Reason for Denial or Reduction of Payment
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49 Guidelines for Retrospective Claims Review

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51 Continued stay indications must have one of the following:

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- 53 1. Continuation of indications for admission;
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- 55 2. Serious adverse reaction to medications, procedures or therapies requiring continued
56 hospitalization;
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- 58 3. The presence of new indications which meet admission criteria noted above;
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- 60 4. Requires continued medical evaluation/treatment that can only be
61 provided if the client remains in a 24-hour inpatient unit.
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63 Documentation in medical records must reflect medical necessity or administrative reasons to meet
64 criteria for reimbursement for continued stay.

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- 66 1. No suicidal preoccupation;
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- 68 2. Developed outpatient plan, in implementation stages;
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- 70 3. Medication adjusted and appropriate levels established;
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- 72 4. Potential for trial in a lower level of care;
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- 74 5. Agitation/anxiety is reduced such that the patient can function in daily
75 living skills without assistance or direction;
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- 77 6. Delusion/hallucinations have reduced or eased;

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7. Patient's psychotic thought process and/or mania symptoms are non-threatening in nature and not a danger to self or others;

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8. The patient's impairment due to inappropriate thoughts, affect, behavior, feelings, has ceased and is non-threatening;

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9. Alternative living arrangements are indicated.

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