

5.22 Nursing Home Psychiatric Consultation Services

Service Coverage

Nursing Home Psychiatric Consultations Services are provided on a short term basis to prevent psychiatric hospitalization. Maintenance mental health services for consumers in nursing homes are expected to be covered by the nursing homes under the day rate paid by Medicaid. These enhanced Nursing Home Psychiatric Consultation services are not covered by the MA day rate. These services will be paid for by the Public Mental Health System if preauthorized by ValueOptions[®] Maryland and if medical necessity criteria are met. These enhanced mental health services are defined as mental health services, or psychiatric consultation services, which are necessary to avoid psychiatric hospitalization.

Service Rules

Nursing Home Psychiatric Consultations are provided on a short-term basis to prevent a psychiatric admission. An initial consultation in the nursing home will be authorized by ValueOptions[®] Maryland to evaluate the severity of a consumer's psychiatric problem. Additional services (up to five visits per episode) by the psychiatrist will be approved only for consumers with a mental illness severity level which puts them at risk for hospitalization (i.e., the consumer is exhibiting behavior that is threatening to self or others, and becoming increasingly at risk for hospitalization). The consumer must have a PMHS covered diagnosis.

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment (i.e. substance abuse treatment and/or mental health) providers when clinically appropriate.

Service Eligibility

Only consumers with Medical Assistance are eligible for Nursing Home Psychiatric Consultation Services.

Service Providers

Psychiatrists with an active Maryland MA provider number may be providers of Nursing Home Psychiatric Consultation Services.

Authorization Process

The provider must submit a pre-authorization request through Provider Connect. The ValueOptions[®] Maryland Care Manager will review the clinical data to determine if medical necessity and severity of illness criteria are met in order to authorize continued Nursing Home Consultation Services.

Claims Process

Psychiatrists must obtain authorization for consultations and follow-up services for Medicaid consumers. Claims must be submitted on a CMS 1500 form.

Claims for unauthorized services will be denied.

Problems and Solutions

If the services requested by the provider do not meet medical necessity criteria and are non-authorized, please refer to Chapter 9, Grievance and Appeals.