



## ADMINISTRATIVE POLICY STATEMENT GEORGIA MEDICAID

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
5/3/2018	08/15/2019	08/15/2018
<b>Policy Name</b>		<b>Policy Number</b>
Involuntary Hospitalization/ Form1013		AD-0090
<b>Policy Type</b>		
Medical	<b>ADMINISTRATIVE</b>	Pharmacy
		Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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## A. SUBJECT

### Involuntary Hospitalization/ Form 1013

## B. BACKGROUND

Any physician within the state of Georgia may execute a certificate stating that he or she has personally examined a person within the preceding 48 hours and found that, based upon observations set forth in the certificate, such person appears to be a mentally ill person requiring involuntary treatment. A physician's certificate shall expire seven days after it is executed. Any peace officer, within 72 hours after receiving such certificate, shall make diligent efforts to take into custody the person named in the certificate and to deliver him or her forthwith to the nearest available emergency receiving facility serving the county in which the patient is found, where he or she shall be received for examination.

## C. DEFINITIONS

- Involuntary Hospitalization/ Form 1013: This certificate is used to legally transport and hospitalize an individual with severe mental health illness who is unwilling or unable to get treatment. A 72 hour psychiatric hospitalization can be initiated by a professional with statutory authority, such as: an Psychiatrist, Psychologist, LCSW, LPC, Medical Doctor or via 911 or law enforcement
- Involuntary Hospitalization/ Form 2013: This certificate is used to legally transport and hospitalize an individual with severe substance abuse or addiction disorders who is unwilling or unable to get treatment. A 72 hour psychiatric hospitalization can be initiated by a professional with statutory authority, such as: an Psychiatrist, Psychologist, LCSW, LPC, Medical Doctor or via 911 or law enforcement

## D. POLICY

- I. CareSource does **NOT** require Prior Authorization and/or pre-certification for Emergency Services, including crisis stabilization services, post-stabilization services, or urgent care services; including, involuntary hospitalization due to severe mental illness or substance abuse disorders.
  - A. CareSource considers involuntary inpatient treatment necessary when the following criteria are met:
    1. Must be an imminent danger to themselves or others, evidenced by recent overt acts or expressed in threats of violence OR
    2. Must be unable to care for their own physical health and safety, which creates an imminent life endangering crisis.

**Note:** Although involuntary hospitalization does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

## E. CONDITIONS OF COVERAGE

HCPCS

CPT

AUTHORIZATION PERIOD

## F. RELATED POLICIES/RULES

N/A



**G. REVIEW/REVISION HISTORY**

DATES		ACTION
<b>Date Issued</b>	05/03/2018	New Policy.
<b>Date Revised</b>		
<b>Date Effective</b>	08/15/2018	

**H. REFERENCES**

1. O.C.G.A. 37-3-41 Examination, Treatment, ETC., For Mental Illness. Article 3 Examination, Hospitalization and Treatment of Involuntary Patients.
2. O.C.G.A. 37-3-1 Examination, Treatment, ETC., For Mental Illness. Article 1-General Provisions.

**The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.**