

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201837 JULY 31, 2018

IHCP revises the reimbursement policy for PRTF services provided to DCS-placed children

Effective September 1, 2018, in partnership with the Department of Child Services (DCS), the Indiana Health Coverage Programs (IHCP) will revise its reimbursement policy for psychiatric residential treatment facility (PRTF) providers serving Medicaid-eligible, DCS-placed children. The revised policy will allow providers to be reimbursed the provider-specific Medicaid base rate for the PRTF stay, as well as a provider-specific wraparound payment intended to reimburse providers for non-Medicaid covered services that are usually included within the DCS PRTF rate. The policy change will be implemented through newly established billing guidance using special procedure code and modifier combinations. The change applies to members served through the fee-for-service (FFS) delivery system for dates of service on or after September 1, 2018.

When providing services to DCS-placed children with Medicaid coverage, PRTF providers should use the following procedure code and modifier combinations to bill for services included in the per diem for PRTF stays. In each scenario, the U3 modifier triggers the payment of the additional DCS wraparound payment. Reimbursement for the following code/modifier combinations is equal to the full Medicaid rate plus the full DCS wraparound payment:



- T2048 U3 – Use for billing *per diem services* (behavioral health, long-term care residential, or nonacute care in a residential treatment facility where the stay is typically longer than 30 days).
- T2048 U1 U3 – Use for billing *medical leave days* (behavioral health, long-term care residential, nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Providers should follow DCS guidelines regarding leave-day restrictions.
- T2048 U2 U3 – Use for billing *therapeutic leave days* (behavioral health, long-term care residential, nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Providers should follow DCS guidelines regarding leave-day restrictions.

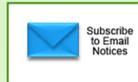
Please note that IHCP policy revisions relate only to the billing and reimbursement of PRTF services to DCS-placed members with Medicaid coverage. Policy guidance related to documentation and prior authorization (PA) requirements remain unchanged; all PRTF stays, including those initiated by DCS, continue to require PA. For information regarding other billing, documentation, and PA requirements for PRTF stays, see the [Mental Health and Addiction Services](#) provider reference module at indianamedicaid.com.

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