



# REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE

Policy Name	Policy Number	Effective Date
Residential Treatment Services – Mental Health	PY-1243	01/01/2021-12/31/2021
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### Residential Treatment Services – Mental Health

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Treatment of mental health conditions is dependent on a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders.

## C. Definitions

- **Residential Treatment** – A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
- **Inpatient Services** – Health care services relating to a patient admitted to a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility. Reimbursement for the service is by a diagnosis-related group system.
- **Health Care Services** – Services, supplies, devices, or pharmaceutical products for the diagnosis, prevention, treatment, cure, or relief of health condition, sickness, injury, or disease.
- **Outpatient Services** – Health care services other than inpatient services. Reimbursement for the service is per diem.

## D. Policy

- I. Prior Authorization is required.
  - A. CareSource follows MCG Health for medical necessity.
- II. Billing
  - A. Reimbursement is considered a bundled all inclusive per diem service payment and concurrent billing of individual services is not reimbursable.
  - B. Residential treatment services are not reimbursable for non-participating facilities or providers without a mutually agreed upon need for and negotiated single case agreement.



- C. Residential treatment is not covered for situations in which home arrangements are not available or are unsuitable. The inclusion of therapy services as part of Residential Treatment does not warrant coverage in this situation.
- D. Payments are made at the group level; not at the individual rendering provider level.
  - 1. Rendering provider is not necessary on either a UB04 or CMS1500 forms.
- E. For UB04 billing, revenue code 0900 should be used with identified procedure code.
- F. CareSource only processes CMS 1500 claims when the place of service is 56 – Psychiatric Residential Treatment Center.

**E. Conditions of Coverage**

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

HCPCS Code	Description
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

**F. Related Policies/Rules**

Residential Treatment Center - Substance Use Disorder  
 Evidence of Coverage And Health Insurance Contract Ohio

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	09/30/2020	
<b>Date Revised</b>		
<b>Date Effective</b>	01/01/2021	
<b>Date Archived</b>	12/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

**H. References**

1. MCG Health. (2020). Care Guidelines. Retrieved September 8, 2020 from [www.mcg.com](http://www.mcg.com)
2. Centers for Medicare & Medicaid Services. (2019, October). Place of Service Codes

for Professional Claims. Retrieved September 8, 2020 from [www.cms.gov](http://www.cms.gov)

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

Archived