

Subject: Psychiatric Day Programs

Programs Covered: OH Medicaid, KY Medicaid, OH Special Needs Program, OH MyCare, and OH Just4Me™

Policy

CareSource will reimburse participating providers for psychiatric day programs at negotiated per diem rate for the mental health and wellness services provided as part of the day program, as described herein.

Definitions

None required

Provider Reimbursement Guidelines

The purpose of this policy is to explain the reimbursement for providers of psychiatric day facility programs and their component treatments and services as offered to CareSource members. CareSource typically enters into specific negotiated contracts with its providers which establish a defined per diem rate for psychiatric day services.

Prior Authorization

Prior authorization is required for reimbursement of psychiatric day facility programs.

To request prior authorization for these services, please call 1-800-488-0134. During regular business hours, the call will be answered by the CareSource Medical Management Department. If calling after regular business hours, the call will be answered by the CareSource Nurse Triage Line.

Coverage

Psychiatric facility services offered as day (outpatient) programs vary from facility to facility in the scope and content of their services. CareSource considers that all such services are included in the established per diem rate negotiated with each participating facility.

However, CareSource will separately reimburse a facility for the following outpatient hospital and professional services:

- Speech therapy;
- Physical therapy;
- Laboratory;
- Radiology; and,
- Psychiatrist services.

These services are not considered to be included in the per diem rate and instead will be reimbursed to the facility in accordance with the fee schedule established at the time of the agreement negotiated and entered into by CareSource and that facility.

Related Policies & References

OAC Chapter 5160-8-05, "Psychology services provided by licensed psychologists."

OAC Chapter 5160-29, "Outpatient health facility services."

907 KAR 1:044, "Coverage provisions and requirements regarding community mental health center services."

State Exceptions

NONE

Document History
