

## Psychiatric Residential Treatment Facility (PRTF)

Policy Number: SC20P0071A1

Effective Date: January 1, 2020

Last Update: February 9, 2024

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
February 9, 2024	Updated overview section to clarify: PRTFs are not considered foster care placements and children/youth are admitted to a PRTF only after medical necessity is determined.
March 2, 2023	Annual policy review is completed. Updates made to provider eligibility criteria (changes published by DHS November 2022). Policy definitions were also updated.
September 19, 2022	No changes other than cleaned up formatting on headers and table of contents.
January 6, 2022	The PRTF payment policy is posted externally.
January 4, 2022	Based on changes published on November 9, 2021, member eligibility requirements were updated to the most current standards. The updates do not impact any payment requirements.
July 9, 2021	Sent policy back to Amanda for re-review of configuration. After review will post externally.
September 9, 2020	The definitions of arranged and concurrent services and a list of eligible concurrent services were added to the policy. A list of eligible concurrent services was updated.
January 1, 2020	The PRTF policy is implemented by UCare.

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓

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**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

The purpose of treatment in a PRTF is to provide an inpatient level of care to improve an individual’s condition to the point where inpatient care is no longer necessary. Psychiatric residential treatment facilities (PRTF) provide an inpatient level of care to children and youth under age 21 with complex mental health conditions. Active care is provided in a residential facility rather than a hospital. Services are provided under the direction of a physician, seven days per week, to residents and their families, which may include individual, family and group therapy.

Note: PRTFs are not considered foster care placements. Children or youth are admitted to a PRTF only after medical necessity is determined.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Arranged Services	Means professional services outside the per diem arranged by and provided at the facility by licensed professional. This must be included in the plan of care.
Concurrent Services	For purposes of this policy concurrent services means limited services provided by another provider provided at the facility that supports continuity of care and successful discharge from a PRTF. Concurrent services may occur on, but are not limited to, therapeutic leave days.
Diagnostic Assessment	Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.

TERM	NARRATIVE DESCRIPTION
Hospital Leave Days	Means the patient is admitted to hospital for medical or acute psychiatric care and is temporarily absent from the PRTF
Mental Health Professional	For purposes of this policy a mental health professional means one of the following: <ul style="list-style-type: none"> <li>• Clinical Nurse Specialist</li> <li>• Licensed Independent Clinical Social Worker (LICSW)</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Licensed Professional Clinical Counselor (LPCC)</li> <li>• Licensed Psychologist (LP)</li> <li>• Mental Health Rehabilitative Professional</li> <li>• Psychiatric Nurse Practitioner (NP)</li> <li>• Psychiatry or an Osteopathic physician</li> <li>• Tribal-certified professional</li> </ul>
Therapeutic Leave Days	For purposes of this policy therapeutic leave days means the patient is not discharged from the facility but goes home to prepare for discharge and reintegration.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

An individual must be enrolled and eligible for coverage in an UCare MHCP product to be eligible for this service. In addition, to be eligible to receive PRTF services the criteria outlined below must be met:

- Be under the age of 21 at the time of admission. Services may continue until the individual meets criteria for discharge or reaches 22 years of age, whichever occurs first;
- Have a mental health diagnosis as defined in the most recent edition of the Diagnostic and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression, or a finding that the individual is a risk to self or others;
- Have a functional impairment and a history of difficulty functioning safely and successfully in the community, school, home, or job;
- Have an inability to adequately care for one's physical needs; or have caregivers, guardians or family members who are unable to safely fulfill the individual's needs;
- Require psychiatric residential treatment under the direction of a physician to improve the individual's condition or prevent further regression so that services will no longer be needed
- Have utilized and exhausted other community-based mental health services, or clinical evidence indicates that such services cannot provide the level of care needed;
- Have a referral for treatment in a PRTF facility by a qualified mental health professional; and
- Meet UCare authorization requirements for PRTF services.

**ELIGIBLE PROVIDERS OR FACILITIES****OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.**

All PRTF providers must be selected through the request for proposals (RFP) process and be enrolled with MHCP to be eligible for reimbursement.

Other requirements include:

- Certified by Minnesota Department of Health as a PRTF and meet requirements for Board and Lodging or supervised living facilities (SLF) licensure;
- Licensed by the Department of Human Services; and
- Accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation of Services for Families and Children

**EXCLUDED PROVIDER TYPES****OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not applicable

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES****General Information**

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

**Modifiers**

Residential psychiatric treatment facility services are billed using the 837-I format, modifiers are not used for inpatient claims

**PRTF Revenue Codes and Type of Bill**

REVENUE CODES	NARRATIVE DESCRIPTION	TYPE OF BILL	NARRATIVE DESCRIPTION
0101	All-inclusive room and board	086	Special facility or hospital, residential facility
0180	Hospital leave days		
0183	Therapeutic leave days		

**Referral or Condition Codes**

When billing for leave days (therapeutic and/or hospital) the claim must be submitted using occurrence span code 74 (non-level of care absence days), and Value Code 80 (Covered Days).

**PAYMENT INFORMATION**

**Provider Responsibilities**

PRTF providers are responsible for:

- Providing active treatment seven day per week and may include individual, family, or group therapy; and
- Development of an individual plan of care developed by the PRTF interdisciplinary treatment team following completion of a diagnostic evaluation. The individual plan of care must include an integrated program of therapies, activities and experiences that include all the following services:
  - Individual therapy provided a minimum of twice per week;
  - Family engagement activities provided at a minimum of one per week;
  - Consultation with other professionals, including:
    - Case managers
    - Primary care professionals
    - Community-based mental health providers
    - School staff
    - Other support planners
  - Coordination of educational services between local and resident school districts and the facility;

- Twenty-four (24) hour nursing services;
- Direct care and supervision, supportive services for daily living and safety, and positive behavior management; and
- Discharge planning.

**Payment Information**

Outlined below is payment information for Residential Psychiatric Treatment Services:

**Facility Services**

REVENUE CODE(S)	NARRATIVE DESCRIPTION	TYPE OF BILL	NARRATIVE DESCRIPTION	PAYMENT INFORMATION	ADDITIONAL INFORMATION
0101	All-inclusive room and board	086x	Special facility or hospital, residential facility	Per Diem (one unit of service per day)	
0180	Hospital leave days			Per Diem (one unit of service per day) – eligible services are paid at 50% of the PRTF per diem	Hospital leave days may not exceed 7 consecutive days without a prior authorization.
0183	Therapeutic leave days			Per Diem (one unit of service per day) – eligible services are paid at 75% of the PRTF per diem	Therapeutic leave visits may not exceed 3 days per visit without a prior authorization.

**Services Included in the Per Diem**

When services are provided by another department within the same facility/organization they are not separately billable. When it is necessary for the PRTF facility to purchase services, it is the responsibility of the PRTF to pay the provider who furnished the services. The rendering provider should be instructed not to bill Ucare directly for these services.

**Services outside the Per Diem (Arranged and Concurrent Services)**



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***Arranged Services***

Professional services outside the per diem arranged by and provided at the facility by licensed professional must be included in the patient's treatment plan. Follow UCare's prior authorization requirements.

***Concurrent Services***

Payment for services outside the per diem may be limited, and these services may be subject to prior authorization. Concurrent services may occur on but are not limited to therapeutic leave days.

Outlined below are the services that can be furnished concurrently with PRTF services:

- Access Services
  - Access services include:
    - Transportation and ancillary services (when included in the treatment plan)
    - Language interpreter services
    - Sign language
    - Spoken language
- Alcohol and Drug Abuse Services
- Assertive Community Treatment (ACT) (Concurrent Only)
  - One ACT encounter billable per 30-day period
- Adult Mental Health Targeted Case Management (AMH-TCM)
  - One targeted case management encounter billable per 30-day period
- Adult Rehabilitative Mental Health Services (ARMHS)
  - Billable for ages 18 and older. Authorization would need to be obtained for Transition to Community Living, a service within ARMHS, a service that has its own billing code(s).
- Certified Community Behavioral Health Clinic (CCBHC)
- Children's Mental Health Clinical Care Consultation
- Children's Mental Health Targeted Case Management
- Children's Welfare Targeted Case Management
- Certified Peer Services
- Adult Crisis Response Services
- Certified Peer Services
- Adult Crisis Response Services
- Children's Mental Health Crisis Response Services
- Children's Therapeutic Services and Supports (CTSS)
- Children's Mental Health Crisis Response Services
- Diagnostic Assessment
- Early Intensive Development and Behavioral Intervention (EIDBI)

- Explanation of Findings
- Health & Behavioral Assessment / Intervention
- Inpatient Visits
- Neuropsychological Services
- Physician Consultation, Evaluation and Management Services
- Family Psychoeducation
- Psychotherapy
- Psychiatric Consultations to Primary Care Providers
- Transportation Services
  - Transportation Services (Billable when provided for services indicated on the treatment Plan)

UCare payment policies for most of the services listed above can be found [here](#).

## BILLING REQUIREMENTS AND DIRECTIONS

### Facility Services

All PRTF services must be submitted using the 837-I format or the electronic equivalent.

When billing for leave days (therapeutic or hospital) use the occurrence span code 74 (non-level of care)

### Arranged and Concurrent Services

#### ***Arranged Services Furnished at the PRTF***

- Services must be submitted using the 837-P format or the electronic equivalent.
- Submit services using place of service 56 (Psychiatric Residential Treatment Center)

#### ***Services furnished in the Community and/or When on Therapeutic Leave***

- Services must be submitted using the 837-P format or the electronic equivalent.
- Submit services using the place of service code that best represents the location that where services were furnished.

## PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

### Prior Authorization and Notification Requirements

Psychiatric Residential Treatment Facility and concurrent services require a prior authorization and ongoing review for approval of additional days. Notification is required within one business day when an emergency admission takes place.

Services submitted without an authorization will be denied.

UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

**RELATED PAYMENT POLICY INFORMATION**  
**OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR**  
**MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE
SC14P0044A2	Adult and Children's Mental Health Targeted Case Management (MH-TCM)
SC15P0049A3	Adult Rehabilitative Mental Health Services (ARMHS)
SC14P0026A3	Certified Peer Services
SC14P0027A5	Adult Crisis Response Services
SC14P0033A5	Children's Mental Health Crisis Response Services
SC17P0058A1	Children's Therapeutic Services and Supports (CTSS)
SC15P0053A3	Explanation of Findings
SC17P0061A2	Health and Behavior Assessment / Intervention
SC14P0011A2	Neuropsychological Services
SC17P0055A3	Family Psychoeducation
SC14P0043A2	Psychotherapy
SC17P0064A3	Psychiatric Consultations to Primary Care Providers
SC15P0050A3	Provider Travel Time Mental Health

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFENCES**  
**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY**  
**REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, PRTF](#)

[Minnesota Statutes 256B.0941](#), Psychiatric Residential Treatment Facility for Persons Younger Than 21 Years of Age

[Minnesota Statutes 256B.0625](#), Subdivision 45a, Psychiatric Residential Treatment Facility Services for Persons Younger than 21 Years of Age

[Code of Federal Regulations title 42](#), sections 441.151 through 441.182, Inpatient Psychiatric Services for Individuals Under Age 21

[Code of Federal Regulations title 42](#), sections 483.350 through 483.376, Conditions of Participation for use of Seclusion and Restraint

## DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”