

A Residential Treatment Center (RTC) is a mental health facility having 17 beds or greater, and designed as a medical model of therapeutic care. RTCs are self-contained and provide 24-hour secured (locked) inpatient care, treatment and supervision for children and adolescents 20 years of age and younger.

RTCs provide an integrated and comprehensive array of services to meet the child's or adolescent's needs who cannot effectively be helped within his/her home, substitute family, or in a less restrictive environment. See [Nevada Medicaid Services Manual, Chapter 400, Section 403.8](#) for additional information.

### **Covered Services**

Nevada Medicaid's all-inclusive RTC daily rate includes room and board, active treatment, psychiatric services, psychological services, therapeutic and behavioral modification services, individual, group, family, recreation and milieu therapies, nursing services, all medications (for Axis I, II and III diagnoses), quarterly RTC-sponsored family visits, educational/academic services, and supervised work projects. The RTC bed day rate is covered by Fee For Service (FFS) after the first month of admission.

The all-inclusive daily rate does not include general physician (non-psychiatrist) services, neuropsychological, some dental, optometry, durable medical equipment, radiology, lab, and therapies (physical, speech and occupational).

A Managed Care Organization (MCO) provides all medical care (e.g., physician, optometry, laboratory, dental and x-ray services) for RTC residents enrolled in the Nevada Check Up program.

In the Medicaid benefit program, RTC residents receive all Medicaid-covered services as FFS recipients.

### **Prior Authorization**

Magellan Medicaid Administration issues prior authorization approvals in increments of three months or less for all RTC stays, MCO care and services through the FFS program.

For a recipient to remain in an RTC longer than three months, the RTC must request prior authorization from Magellan Medicaid Administration prior to the expiration of the recipient's current authorization period.

Use the [Residential Treatment Center Prior Authorization Form \(FA-15\)](#) available on the Magellan Medicaid Administration website. (Select "Forms" from the "Providers" menu.)

### **Special Billing Instructions**

Submit a claim for each recipient on a monthly calendar basis, one month behind, (e.g., bill February 1, 2010 and thereafter for January 2010).

List the daily rate established by Nevada Medicaid, multiplied by the number of days in the month for which services are being billed (usually 30 or 31 days, unless the child was admitted/discharged at the beginning, middle, or end of the month).

Use Revenue code 0100 to bill for Residential Treatment Center services.