



March 10, 2020

Web Announcement 2127

## **Attention All Providers Whose Services Overlap with Provider Types 13 (Psychiatric Hospital, Inpatient) or 63 (Residential Treatment Center)**

Update to information in [Web Announcement 2099](#): Claims submitted by providers whose services are included or overlap with services rendered by a provider type (PT) 13 (Psychiatric Hospital, Inpatient) or PT 63 (Residential Treatment Center) will deny if considered to be part of the all-inclusive rate for the PT 13 or PT 63 facilities. Examples of provider types whose services may overlap with PT 13 or PT 63 services are PT 24 (Advanced Practice Registered Nurses) and PT 26 (Psychologist).

Please reference [Medicaid Services Manual \(MSM\) Chapter 400](#) for more information about the policy regarding these types of claims.

For PT 63 services, reference [Web Announcement 1852](#) and MSM Chapter 400, Section 403.8A:

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, quarterly RTC-sponsored family visits, psycho-educational services and supervised work projects.

The all-inclusive daily rate does not include general physician (non-psychiatrist) services, neuropsychological, dental, optometry, durable medical equipment, radiology, lab and therapies (physical, speech and occupational) or formal educational services. Services that are Medicaid benefits must be billed separately by the particular service provider and may require prior authorization.

For PT 13 services, reference Chapter 400, Sections 403.9(A), 403.9B(9) and 403.9C(6):

Inpatient mental health services are those services delivered in freestanding psychiatric hospitals or general hospitals with a specialized psychiatric unit which include a secure, structured environment, 24-hour observation and supervision by mental health professionals and provide a multidisciplinary clinical approach to treatment.

Any hospital receiving authorization from the Quality Improvement Organization (QIO)-like vendor to admit and provide services for a recipient is responsible for that recipient service and treatment needs. If a hospital does not have the proper or functional medical equipment or services, and must transfer a recipient temporarily to another hospital or other medical service provider (generally for only a portion of that day) for testing/evaluation/treatment, etc., it is the transferring hospital's responsibility, not Medicaid's, to fund the particular services and, if necessary, transportation.

Inpatient freestanding psychiatric and/or alcohol/substance abuse hospitals and general acute hospitals with a psychiatric and/or substance abuse unit are reimbursed a per diem, all-inclusive prospective daily rate determined and developed by the Nevada Division of Health Care Financing and Policy's (DHCFP's) Rate Development and Cost Containment Unit.

Providers have the right to appeal denied claims. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.