

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 with an Intensity of Needs Level 6 (see Medicaid Services Manual (MSM), Section 403.8.2).

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 or substitute family (see also MSM, Section 403.8).

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, psycho-educational services and supervised work projects (MSM, Section 403.8A.2).

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). All of these services are benefits that must be billed separately by the particular service provider (MSM, Section 403.8A.2).

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

Prior authorization is required:

- For all RTC admissions
- For therapeutic home passes longer than 72 hours
- To exceed 3 passes within 1 calendar year

Magellan Medicaid Administration does not generate a separate authorization number for RTC days and therapeutic home pass days; therefore RTC days and therapeutic home pass days should be billed on the same claim form. See the "Billing" section below for details.

Form FA-15

All RTC admission requests must be received using form FA-15, the Residential Treatment Center Prior Authorization Request Form, no less than five days prior to the recipient's admission or transfer (MSM, Section 403.8C.1).

Form FA-13

To request continued services form FA-13, the Residential Treatment Center Concurrent Review, must be received by Magellan Medicaid Administration at least 15 days prior to the expiration of the recipient's current authorization period (MSM, Section 403.8C.9a).

Form FA-13A

Use form FA-13A to:

- Notify Magellan Medicaid Administration of a recipient’s 72-hour or less therapeutic home pass
- Request prior authorization for a therapeutic home pass longer than 72 hours
- Request prior authorization to exceed three therapeutic home passes within one calendar year

Therapeutic Home Pass 72 Hours or Less

A therapeutic home pass must be used:

- To facilitate a recipient’s discharge back to their home or less restrictive setting
- Within 90 days of the recipient’s planned discharge and
- In coordination with their discharge plan.

Before a therapeutic home pass is approved by the RTC, the recipient must:

- Have demonstrated a series of successful incremental day passes first and
- Be in the final phase of treatment in the RTC program

Critical Event or Interaction

RTCs are required to notify Magellan Medicaid Administration of any critical event or interaction involving any RTC recipient, within 48 hours of the occurrence. Information which must be reported includes, but is not limited to, deaths, injuries, assaults, suicide attempts, police or

sheriff’s investigations, and physical, sexual, or emotional abuse allegations (MSM 403.8B.2a).

Transfers

RTCs must notify Magellan Medicaid Administration of the transfer of a recipient to an acute psychiatric hospital or unit within 24 hours following an emergent transfer. If the transfer is not emergent, the hospital must prior authorize the transfer (MSM 403.8C.3).

Billing

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).

Submit claims that include a therapeutic home pass as shown in the example at the bottom of this page.

Rates

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).

Covered Codes

Use revenue code 0100 or 0124 to bill for RTC days.

Use revenue code 0183 to bill for therapeutic home pass days.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
1 0100	RTC Days (all-inclusive rate)			# of RTC days
2 0183	Therapeutic Home Pass Days			# of THP days
3				
4				