



Residential Treatment Center

Residential Treatment Centers (RTCs) are self-contained facilities with 17 beds or more, providing 24-hour structured inpatient care, treatment and supervision for children and adolescents under age 21 with an Intensity of Needs Level 6 (see [Medicaid Services Manual \(MSM\) Chapter 400](#), Section 403.8).

RTCs are designed as a medical model of therapeutic care to assist recipients who have behavioral, emotional, psychiatric and/or psychological disorders who have not benefited from, or who are not appropriate for, a higher or lower level of care.

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 Chapter 400, Section 403.8A.2).

The RTC per diem rate is covered by Fee for Service (FFS) Medicaid.

If the recipient is enrolled in a Managed Care Organization (MCO), the MCO is responsible for reimbursement of the first month of admission. Recipients are then disenrolled into FFS Medicaid for the remainder of their stay.

If the recipient is enrolled in Nevada Check Up, it is the MCO's responsibility to reimburse for any ancillary services and the daily bed rate is covered by FFS Medicaid.

Note: It is the provider's responsibility to contract with the MCOs to become one of their participating providers. If a recipient has an MCO plan and you are not contracted with that MCO, refer the recipient to the MCO and instruct them to ask for assistance in finding an in-network provider who is currently accepting new patients.

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). All of these services are benefits that must be billed separately by the particular service provider (MSM Chapter 400, Section 403.8A).

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

HP Enterprise Services 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.

The QIO-like vendor may authorize all RTC stays for both FFS and MCO Medicaid.



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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 Chapter 400, Section 403.8C). The recipient's current psychiatric/psychological evaluation (within 6 months) must be submitted along with the initial request for review (MSM Chapter 400, Section 403.7A).

Form FA-13

To request continued services, form FA-13, the Residential Treatment Center Concurrent Review, must be received prior to the expiration of the current authorization period (MSM Chapter 400, Section 403.8C).

Form FA-13A

Use form FA-13A to:

- Notify HP Enterprise Services 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 HP Enterprise Services 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 Chapter 400, Section 403.8B.2a). Please fax the information to (866) 480-9903.

Transfers

RTCs must notify HP Enterprise Services 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 Chapter 400, Section 403.8C).

Prior authorization is required for transfer of the recipient back to the RTC after discharge from an acute psychiatric hospital.

Prior authorization is required prior to transferring a recipient from one RTC to another.

Billing

Submit a claim for each recipient once each month for dates of service the previous month.

Submit claims that include a therapeutic home pass as shown in the example under Covered codes below.



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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					