REIMBURSEMENT POLICY

Residential Care

Active

Policy Number: Behavioral Health– 019
Policy Title: Residential Care
Section: Behavioral Health
Effective Date: February 16, 2016

Description

Residential care means a 24-hour-a-day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital or regional treatment center inpatient unit, that must be licensed as a residential treatment program.

Coverage is a health plan responsibility for Blue Plus Minnesota Health Care Program (MHCP) groups.

Definitions

1002 Behavioral health accommodation – residential treatment – Chemical dependency

1003 Behavioral health accommodation – supervised living 1004 Behavioral health accommodation – halfway house 0944 Drug rehabilitation

0945 Alcohol rehabilitation

0953 Chemical Dependency (Drug and Alcohol)

Policy Statement

Blue Plus is responsible for reimbursing providers for Residential Care for MHCP enrollees. This applies only to the government programs listed in the policy below.

To ensure that Blue Plus can accurately distinguish, adjudicate the claim and report encounter data to the Minnesota Department of Human Services (DHS), the room and board (R&B) charges for Residential care must be submitted in the following manner:

Provider Type	Type of Bill	Revenue Code
Primary residential	086x	1002
Extended care	086x	1003
Halfway house	086x	1004

In accordance with DHS regulations, Managed Care Organizations (MCO's) are not contractually obligated to pay providers for R&B services for their enrolled clients receiving substance use services. Therefore, DHS will be responsible for these charges. Providers should submit the substance use R&B charge for MHCP enrollees to DHS via MN-ITS. Claims for MHCP subscribers submitted to Blue Cross and Blue Shield of Minnesota for substance use treatment should come in with the revenue code for R&B on the first line and treatment on the second line. The type of bill will reflect an inpatient stay; therefore, a R&B line

must be present on the claim. Whether or not there is a billed charge on the R&B line, the line will be priced at zero allowed.

Treatment
Treatment should also be reported in addition to the appropriate R&B codes noted above. substance use treatment is reported using either revenue code 0944, 0945 or 0953.

Blue Plus

Blue Advantage – PMAP	All group numbers beginning with PP0
Blue Advantage – MSC+	All group numbers beginning with PP0
MinnesotaCare	All group numbers beginning with PP1
SecureBlue SM	All group numbers beginning with PP2

Fax a copy of the completed **Rule 25 Assessment and Placement Summary**, available on line at dhs.state.mn.us admitting diagnosis code for enrollee, admitting physician/provider (if applicable) and provider's address.

Fax this information to:

- Integrated Health Management-Chemical Dependency Utilization Management (CD UM) **(651) 662-0718**.

Pre-Certification
For Blue Plus enrollees in the affected groups, please notify Blue Plus of the enrollees Residential services by faxing a copy of the following forms to **(651) 662-0718**.

- Substance Use Disorder Initial Review Prior Authorization Request Form.
- Rule 25 Assessment and Placement Summary.

The Substance Use Disorder Initial Review Prior Authorization Request Form is available at bluecrossmn.com. Blue Plus will notify you that the information has been received.

Discharge Notification
Please notify Blue Plus of a discharge from extended care or halfway house services by calling (651) 662-5270 or 1-800-528-0934; prompts will direct you to the correct option to leave the discharge date. You may also fax discharge information to (651) 662-0718. When reporting a discharge, please provide the following information:

- Enrollee name and ID #
- Blue Plus case number provided by Blue Plus
- Provider name, contact name and contact phone number
- Discharge date

Documentation Submission

Documentation must identify and describe the services performed including total time of the service. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.
All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: N/A

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: N/A

Revenue Codes: 1002, 1003, 1004, 0944, 0945, 0953

Deleted Codes: N/A

Policy History

Initial Committee Approval Date: February 16, 2016
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