

Billing Change to Residential Treatment Facility Reserve Bed

Effective July 1, 2024, Community Behavioral Health (CBH) will implement a new billing procedure for reserving a child's place in a residential treatment facility (RTF) when the child temporarily leaves for either a general inpatient hospital or a psychiatric facility admission.

To reserve a child's place in a residential treatment program when the child leaves for either a general inpatient hospital or a psychiatric facility admission, CBH reimburses at one-third of the facility's negotiated per diem rate for up to 15 days per calendar year per member. For this period, the residential treatment program may not accept reimbursement from any other source on behalf of the child. ([Medical Assistance Bulletin - Mental Health Services Provided in a Non-JCAHO Accredited Residential Facility for Children Under 21 years of Age](#) and [Medical Assistance Bulletin - JCAHO-Accredited Services](#))

The days during hospital leave can be billed electronically or manually. The residential treatment programs currently calculate the units to be one-third of the unit for each day in the hospital when billing. For Service dates beginning September 1, 2024, CBH will require providers to bill reserve beds with specific billing codes for the Levels of Care (LOC) identified below, which will be added to Schedule A.

When billing Reserve beds:

- ➔ Revenue code 0185 should be used for 500 LOC services
- ➔ Billing combination with U5 modifier should be used when billing 550 LOC
- ➔ Services should be billed as 1 unit and will pay at one-third of the contracted rate.
- ➔ Claims should be billed with the member's existing RTF authorization number.

LOC included in this update:

- ➔ 500-2
- ➔ 500-7
- ➔ 550-1
- ➔ 550-2
- ➔ 550-7

For any questions or clarification regarding billing please contact your assigned Claims Analyst.