

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

ND Medicaid covers services provided by Psychiatric Residential Treatment Facilities (PRTFs) that are licensed and enrolled with ND Medicaid.

CERTIFICATE OF NEED

ND Medicaid will only cover PRTF services if the member meets certificate of need (CON) criteria. The admitting facility must complete an admission review with ND Medicaid's contractor to assure the child's cares and conditions meet North Dakota's CON criteria. Additional information and CON forms are available by clicking on *Under 21 Psychiatric Providers* on the Medicaid provider manuals webpage <https://www.hhs.nd.gov/healthcare/medicaid/provider/manuals-and-guidelines>.

RATES FOR IN-STATE PRTFs

The rate established for in-state PRTFs is all-inclusive for routine services. Routine services include supplies, therapies, personal supplies, equipment, transportation, and non-legend drugs. Separate billings for these items will not be paid. Enter only the room and board charges. Do not enter ancillary charges.

RATES FOR OUT-OF-STATE PRTFs

The rate for out-of-state PRTFs is based on the rate for comparable services established by the Medicaid agency in the state where the facility is located.

BILLING GUIDELINES

Claims must be submitted to ND Medicaid using the following *Revenue Codes* when billing for:

- Revenue Code **0110** In-House Medicaid Days
- Revenue Code **0183** Leave Days

Leave days are noncovered days. Payment is not available for any day that a member does not actually occupy a bed.

The number of units billed must include the date of discharge or death.

A facility must submit a claim for every month a member is in the facility, even if insurance has paid for the services. This allows the system to apply recipient liability towards other claims. The claim should be submitted

immediately after the month is over. Do not bill more than one calendar month per claim.