

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202293 NOVEMBER 1, 2022

PRTF leave days and billing clarified

The Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) would like to clarify leave days for psychiatric residential treatment facilities (PRTFs). The [Behavioral Health Services](#) provider reference module states that a member must be discharged if the medical leave is longer than four consecutive days and therapeutic leave days are not reimbursable after 14 calendar days per year.

Medical leave requirements are not the same for Department of Child Services (DCS)-placed children. The DCS allows for five consecutive medical leave days per the contract with the PRTF. Anything more than five days requires authorization from the DCS. Please follow the contract requirements for **all** DCS-placed children.

The OMPP reminds PRTFs how billing is completed for PRTF stays and DCS-placed children.



Providers should use the following codes and modifiers when billing for services included in the PRTF per diem:

- T2048 – Use for billing *per diem services* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days).
- T2048 U1 – Use for billing *medical leave days* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Medical leave days are limited to four.
- T2048 U2 – Use for billing *therapeutic leave days* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Therapeutic leave days are limited to 14.

When providing services to DCS-placed children with Medicaid coverage, PRTF providers should use the following procedure code and modifier combinations to bill for services included in the per diem for PRTF stays:

- T2048 U3 – Use for billing *per diem services* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days).
- T2048 U1 U3 – Use for billing *medical leave days* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Providers should follow DCS guidelines regarding leave-day restrictions.
- T2048 U2 U3 – Use for billing *therapeutic leave days* (behavioral health, long-term care residential or nonacute care in a residential treatment facility where the stay is typically longer than 30 days). Providers should follow DCS guidelines regarding leave-day restrictions.

Note: Use of the U3 modifier is reserved for billing for DCS-placed children with the T2048 procedure code. The U3 modifier triggers the payment of the additional DCS wraparound payment.

Please direct all questions or concerns to FSSA.IHCPReimbursement@fssa.IN.gov mailbox.

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