

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Inpatient Mental Health Services Program

This section explains how to bill for psychiatric inpatient hospital services, continued stay services and administrative days.

Chapter 633, Statutes of 1994, Assembly Bill 757 consolidated the authorization of Fee-for-Service/Medi-Cal and Short-Doyle/Medi-Cal psychiatric inpatient hospital services at the county level. Under this program, the State Department of Health Care Services (DHCS) transferred the responsibility for the authorization of *Treatment Authorization Requests* (TARs) for psychiatric inpatient hospital services to the county's Mental Health Plan (MHP). The MHP authorizes psychiatric inpatient hospital service admissions, continued stay services and administrative days for all Medi-Cal recipients based on county of residence. This consolidation affects psychiatric inpatient hospital services only. Non-psychiatric inpatient hospital services are billed according to existing Medi-Cal policies and procedures.

Out-of-State Providers: Psychiatric Inpatient Services Guidelines

Out-of-State providers are not affected by this consolidation program and are to send TARs to the San Francisco Medi-Cal Field Office and use the Inpatient Medi-Cal hospital provider number when billing.

Eligible Recipients

Psychiatric inpatient hospital services are available to Medi-Cal recipients only. Medi-Cal recipients enrolled in certain Medi-Cal managed care plans, such as Prepaid Health Plans (PHPs) and the Partnership Health Plan of California – Solano are not eligible for this program. These plans are to follow the psychiatric inpatient hospital service authorization and billing requirements established under their contract with DHCS. (See the *MCP: Prepaid Health Plans (PHPs)* and *MCP: County Organized Health Systems (COHS)* sections in the Part 1 manual.)

Prior Authorization

A *Treatment Authorization Request form, Request for Mental Health Stay in Hospital* (TAR Form 18-3), must be completed when requesting authorization for the following admissions:

- Planned admissions for medication treatment (for example, Clozaril) or specialized treatments (for example, electro-convulsive therapy)
- Continued stay services for recipients requiring additional services beyond the planned admission period
- Emergency admissions. Emergency admissions are exempt from prior authorization. However, the hospital must notify the MHP in the recipient's county of residence within 24 hours of admission. If notification is not received within 24 hours, the MHP may deny the hospital stay. (See *California Code of Regulations* [CCR], Title 9, Section 1778.)

If the MHP consultant has previously authorized days for the recipient's admission, but considers continuation of stay not to be medically necessary, the MHP consultant will deny an extension of hospital stay.

Ancillary and Physician Services

Denial of any day of hospitalization will also result in denial or recoupment of payment (if previously made) for all physician or ancillary services rendered that day, including any emergency room, diagnostic and therapeutic or surgical and recovery services.

TAR Submissions

Providers are to mail or fax TAR Form 18-3 to the MHP in the recipient's county of residence for approval. The *Inpatient Mental Health Services Program: Plan-Authorization Directory* section of this manual contains a list of MHP mailing addresses, telephone and fax numbers.

Note: Psychiatric inpatient hospital service TARs sent to the Medi-Cal field office will be returned to providers for transmittal to the appropriate MHP. No action is taken on these TARs, other than the placement of a date stamp on the TAR to indicate date of receipt by the field office.

Ordering TAR Form 18-3

TAR Form 18-3 is supplied by Medi-Cal. Use the DHCS Fiscal Intermediary (FI) *Provider Forms Reorder Request* card to order this form. To order, enter "18-3 TAR Forms" next to the quantity ordered on the "18-1" line. Complete the rest of the request as described in the *Forms Reorder Request* section of the appropriate Part 2 manual.

TAR Update Transmittal Form 18-3

Providers needing to update an 18-3 mental health TAR may do so using the *TAR Update Transmittal (TUT) Form 18-3*. Providers can access the latest version of the *TUT Form 18-3* on the Forms page of the Medi-Cal website.

Providers submitting a *TUT Form 18-3* need to reattach the original TAR they would like to update. Providers must send the *TUT Form 18-3* and the original TAR to the address listed on the *TUT Form 18-3*.

<p>COUNTY USE ONLY</p> <p>COUNTY DEPARTMENT OF MENTAL HEALTH SERVICES</p> <p>SERVICE CATEGORY</p>	<h3 style="margin: 0;">TREATMENT AUTHORIZATION REQUEST FOR MENTAL HEALTH STAY IN HOSPITAL</h3>	<p>F.I. USE ONLY</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2</td> <td>2</td> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> <td>5</td> <td>5</td> </tr> </table>	2	2	3	3	4	4	5	5
2	2	3	3							
4	4	5	5							
<p>1. CLAIMS CONTROL NUMBER F.I. USE ONLY</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">1</p>										
<p>CONFIDENTIAL PATIENT INFORMATION</p>										
<p>HOSPITAL USE</p>										
<p>ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER) 6</p> <p>PROVIDER NUMBER 10</p> <p>PROVIDER NAME 10C</p> <p>PROVIDER STREET/MAILING ADDRESS</p> <p>PROVIDER CITY, STATE AND ZIP CODE</p>	<p>ADMIT DATE 7</p> <p>PROVIDER PHONE NO. () 10A</p> <p>EMER ADMIT 9</p> <p>VERBAL CONTROL 10B</p>	<p>PATIENT MEDI-CAL ID NO. 11</p> <p>PATIENT NAME 14B</p> <p>NUMBER OF DAYS REQUESTED 17</p> <p>TYPE OF SERVICE 18</p> <p>HEURO-ADMITTING 19</p> <p>DISCHARGE DATE 20</p> <p>ADMITTING ICD9-CM 21</p> <p>ADMITTING DIAGNOSIS DESCRIPTION 21A</p>								
<p>FOR PHYSICIAN - PLEASE PROVIDE SUFFICIENT ESSENTIAL DETAIL TO PERMIT A REASONABLE EVALUATION OF THE LENGTH AND LEVEL OF CARE REQUESTED</p>										
<p>CURRENT DIAGNOSIS 22</p> <p>DESCRIBE CURRENT CONDITION REQUIRING HOSPITALIZATION. 22B</p>		<p>PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS 22A</p>								
<p>WHAT PLANNED PROCEDURES WILL REQUIRE THIS HOSPITALIZATION, INCLUDE DATES WHEN POSSIBLE. 22C</p>										
<p>HOSPITAL: TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.</p> <p>SIGNATURE OF PROVIDER 22D DATE</p>		<p>TYPE OR PRINT NAME OF RESPONSIBLE PHYSICIAN</p> <p>SIGNATURE OF RESPONSIBLE PHYSICIAN 22E DATE</p>								
<p>COUNTY MEDI-CAL CONSULTANT-VALIDATING INFORMATION AND EXPLANATION 22F</p>		<p>FOR COUNTY USE ONLY</p> <p>28 DENIED 28</p> <p>29 DEFERRED</p> <p>25 APPROVED AS REQUESTED</p> <p>25 APPROVED AS MODIFIED</p> <p>27 ACUTE ADMIT</p> <p>31 JACKSON VS RANK PARAGRAPH CODE</p> <p>32-35 DAYS OF THIS HOSPITALIZATION ARE DENIED (SEE COMMENTS)</p> <p>36-41 DATES OF DAYS DENIED</p> <p>42 RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51008 (B)</p>								
<p>CHART REVIEWS <input type="checkbox"/> <input type="checkbox"/></p> <p>REVIEW COMMENTS INDICATOR <input type="checkbox"/></p> <p>BY 42A COUNTY MEDI-CAL CONSULTANT 43 ID NO. 44 DATE</p>		<p>TAR CONTROL NUMBER 44A 8 9 030108 5</p>								
<p>NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.</p> <p style="text-align: center;">SEND TO COUNTY MENTAL HEALTH DEPT. - F.I. COPY</p> <p style="text-align: right;">19-3 (3/07)</p>										

Figure 1. Sample Request for Mental Health Stay in Hospital (Form 18-3).

**Explanation of Form Items:
Form 18-3**

The following item numbers correspond to a circled number on the *Request for Mental Health Stay in Hospital (18-3)* (Figure 1).

Item Description

- | | |
|---------|---|
| 1. | CLAIM CONTROL NUMBER. Leave blank. For FI use only. |
| 2. – 5. | F.I. USE ONLY. Leave blank. |
| 6. | ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER). Leave blank. |
| | For emergency admits, refer to Item 9. |
| 7. | ADMIT DATE. Enter the date of admission. |
| 8. | AUTHORIZATION EXPIRES. Enter the date the current TAR expires. |

Item Description

9. **EMER. ADMIT.** Enter an "X" if the patient was admitted to the hospital.

Providers requesting an approval of admission, transfer or extension of hospital stay on the 18-3 form must complete the following fields accurately:

- The *Patient Medi-Cal ID No.* (Box 11) should be copied from the recipient's Benefits Identification Card (BIC) or the paper Medi-Cal ID card. This is a 14-character number. Enter the county code and aid code above Box 11.
- The *Provider Number* (Box 10) should be the NPI.
- The *Number of Days Requested* (Box 17) is the total number of days requested on this extension.
- *Admitting ICD-9-CM* (Box 21) and *Current ICD-9-CM* (Box 22) should be completed using the *International Classification of Diseases, 9th Revision, Clinical Modification*.

-
- | <u>Item</u> | <u>Description</u> |
|-------------|--|
| 10. | PROVIDER NUMBER. Enter the NPI. |
| 10A. | PROVIDER PHONE NO. Enter the provider's telephone number; include area code. |
| 10B. | VERBAL CONTROL. If a verbal request for a TAR was made, enter the number provided by the MHP consultant.

Note: A written TAR indicating this number must be submitted to the MHP point of authorization. The Verbal Control Number is not the authorized TAR Control Number and cannot be used for billing. |
| 10C. | PROVIDER NAME AND ADDRESS. Enter the name of the hospital, street address, city, state and nine-digit ZIP code. |
| 11. | PATIENT MEDI-CAL ID NO. and CHECK DIGIT. When entering the recipient identification number from the Benefits Identification Card (BIC), begin in the farthest left position of the field. The county code and aid code <u>must</u> be entered just <u>above</u> the recipient <i>Medi-Cal ID No.</i> box. Please do not enter any characters (dashes, hyphens, special characters, etc.) in the remaining blank positions of the <i>Medi-Cal ID</i> field or in the <i>Check Digit</i> box. |
| 12. | PEND. Enter a "P" if the patient's Medi-Cal eligibility is not yet established and the Medi-Cal number is not known. Otherwise, leave blank. |

- | <u>Item</u> | <u>Description</u> |
|-------------|--|
| 13. | SEX. Enter the patient's sex: <ul style="list-style-type: none">• "F" for female• "M" for male |
| 14. | DATE OF BIRTH. Enter the patient's date of birth (month, day, year). |
| 14A. | AGE. Enter the age of the patient. |
| 14B. | PATIENT NAME. Enter the patient's last name, first name, and middle initial. |
| 15. | MEDICARE STATUS. If Medicare is not billed, enter the appropriate Medicare status code number. See the <i>UB-04 Completion: Inpatient Services</i> section in this manual for a listing of Medicare Status Codes. |

Note: If the Medi-Cal eligibility verification system indicates the recipient has Medicare coverage, and Medicare is not billed, the Medicare status code must be other than "under age 65, does not have Medicare coverage."

MHPs do not process TARs for recipients who have Medicare Part A coverage unless their benefits have been exhausted.

Item Description

16. **OTHER COVERAGE.** Enter an “X” if the recipient has other insurance or Other Health Coverage (OHC).

OHC includes insurance carriers as well as Prepaid Health Plans (PHPs) and Health Maintenance Organizations (HMOs) which provide all or most of the recipient’s health care needs.

Note, however, that providers should refer recipients with PHP/HMO coverage to their PHP/HMOs for treatment, except for emergencies. Refer to the *Other Health Coverage (OHC) Guidelines for Billing* section and the *MCP: Prepaid Health Plans* sections of the Part 1 manual.

In all cases, when recipients have OHC, providers must bill the insurance carrier or PHP/HMO prior to billing Medi-Cal. This also applies to recipients with Medicare coverage.

Claims for recipients with OHC will be denied unless proof of “Other Coverage denial” in the form of a denial letter from the carrier or PHP/HMO is submitted with the Medi-Cal claim. Denial letters must include:

PHP or HMO name and address, statement of denial because of non-covered service(s)

- Recipient’s name
- Code number for recipient’s health plan
- Date(s) the service is/was not covered
- Procedure (service rendered)
- Signature of authorized PHP/HMO representative

Refer to the *Eligibility: Recipient Identification* section in the Part 1 manual, for eligibility verification procedures. For OHC coding information, refer to the *Eligibility: Services Restrictions* section in the Part 1 manual.

- | <u>Item</u> | <u>Description</u> |
|-------------|---|
| 17. | NUMBER OF DAYS. Enter the number of days requested on this TAR, for example, 3. |
| 18. | TYPE OF DAYS. Enter the code indicating type of days requested:

0 Acute
2 Administrative |
| 19. | RETROACTIVE. Enter a capital “X” if this request is retroactive. |
| 20. | DISCHARGE DATE. Enter the date the patient was discharged from the facility. |
| 21. | ADMITTING ICD-9-CM. Enter the numeric code for the admitting diagnosis using the ICD-9-CM code book. |
| 21A. | ADMITTING DIAGNOSIS DESCRIPTION AND ICD-9-CM DIAGNOSIS CODE. Always enter the English description of the diagnosis from the ICD-9-CM code book. |
| 22. | CURRENT DIAGNOSIS. Current diagnosis and medical justification – provide sufficient medical justification for the MHP consultant to determine whether the service is medically justified. If necessary, attach additional information.

Enter the current ICD-9-CM code in Box 22. |
| 22A. | PATIENT’S AUTHORIZED REPRESENTATIVE. Enter the name and address (if known) of the patient’s authorized representative, representative payee, conservator over the person, legal representative, or other representative handling the recipient’s medical and personal affairs. |
| 22B. | DESCRIBE CURRENT CONDITION REQUIRING HOSPITALIZATION. Enter sufficient information for the MHP consultant to determine if the services are medically necessary. |

Item Description

- 22C. **WHAT PLANNED PROCEDURES WILL REQUIRE THIS HOSPITALIZATION, INCLUDE DATES WHEN POSSIBLE.** Enter the recipient's plan of care and dates when services will be performed.
- 22D. **HOSPITAL.** Must be signed and dated by a representative of the hospital.
- 22E. **SIGNATURE OF RESPONSIBLE PHYSICIAN.** Must be signed and dated by the admitting physician or other licensed personnel with admitting privileges. The provider assumes full legal responsibility to Department of Mental Health for the information provided by the representative. Original signatures are required.
- 22F. **COUNTY MEDI-CAL CONSULTANT – VALIDATING INFORMATION AND EXPLANATION.** Leave blank; for MHP use.
23. – 42. **FOR COUNTY USE ONLY.** Leave blank; for MHP use. (This section will contain the decision of the MHP consultant.)
- 42A. **COUNTY MEDI-CAL CONSULTANT.** Leave blank. Signature block for MHP use.
43. – 44. **ID. NO./DATE.** MHP consultant completes.
- 44A. **TAR CONTROL NUMBER.** This number is imprinted on the form and will have the prefix "89" or "92." The two-digit county code is added after the prefix "89" or "92" by the MHP consultant.

**Medical and
Psychiatric Services:
TAR Submission**

For recipients requiring both medical and psychiatric services, providers must determine which service is more urgent to prevent death, serious bodily impairment and/or relieve severe pain, and submit the TAR to either the Medi-Cal field office or the MHP.

- If the recipient needs medical or surgical intervention first, providers should submit a TAR Form 50-1 to the Medi-Cal field office.
- If the recipient needs acute psychiatric intervention for protection of life, the provider, if authorized to render psychiatric inpatient hospital services, should submit a TAR Form 18-3 to the MHP in the recipient's county of residence. Otherwise, if the provider is not authorized to render psychiatric inpatient hospital services, the recipient should be referred to the appropriate facility licensed to render such services.

Note: Non-psychiatric inpatient services are authorized by the Medi-Cal field office following current TAR form policies and procedures. Out-of-State providers are to use the TAR (50-1) and submit TARs to the San Francisco Medi-Cal Field Office.

Billing Procedures

Psychiatric inpatient hospital services are billed on the *UB-04* claim. When completing the claim, providers must enter the NPI in the *NPI* field (Box 56) and the MHP TAR number in the *Treatment Authorization Codes* field (Box 63).

Submitting Claims

All claims are submitted to the FI for processing.

Revenue Codes

The following revenue codes are used to bill for psychiatric inpatient hospital services:

<u>Code</u>	<u>Description</u>
114	Room and board, private, psychiatric
124	Room and board, semi-private, 2-bed, psychiatric
134	Room and board, semi-private 3- or 4-bed, psychiatric
154	Room and board, ward (medical or general), psychiatric
169	Room and board, other (use to bill administrative day[s])
204	Intensive care, psychiatric

Hospitals with a separately negotiated rate for services to children and adolescents will receive that rate when revenue codes 114, 124, 134 or 154 are billed for a recipient who is 18 years of age or younger or who is under the specific age negotiated between the mental health plan and the hospital.

Ancillary Charges

Claims must also show the ancillary charges as part of the total charges billed, even though the reimbursement is an all-inclusive rate for bed and ancillary charges.

Institutions for Mental Disease (IMD)

Medi-Cal should not be billed for medical ancillary services (such as laboratory, X-ray or other medical services) performed off-site for persons residing in IMDs as inpatients when they receive services in an acute care hospital for a medical condition. Health care providers who perform medical ancillary services must directly bill the county of responsibility as identified on the Medi-Cal Eligibility Data System (MEDS).

Reimbursement Rates

Medi-Cal reimbursement is based on per diem rates and is not subject to retrospective cost settlement. The per diem rate for those hospitals that render a high volume of Medi-Cal services is negotiated by the county where the hospital is located. The per diem rate for hospitals that do not have a contract with a county is established by the Department of Mental Health using a weighted average of negotiated rates within a geographic region.

Professional Services Billed Separately

All rates for the preceding revenue codes include bed and ancillary charges only. Professional services, such as psychiatry and psychology, must be separately billed.

Disproportionate Share Hospitals

Disproportionate share hospitals are automatically paid at their regular payment rates for all disproportionate share-eligible days.

Reimbursement Restrictions

Reimbursement will be denied for inpatient hospital services rendered to the following recipients:

- Patients 22 – 64 years of age who reside in private psychiatric hospitals that are Institutions for Mental Diseases (IMDs)
- Patients 22 – 64 years of age who reside in state mental health hospitals when they are temporarily released to an acute care hospital

Administrative Days	<p>Revenue code 169, currently used to bill for acute administrative days, is also used to bill for psychiatric acute administrative days. Except for reimbursement rate and authorization, all Medi-Cal policies and procedures for billing acute administrative days apply to psychiatric acute administrative days.</p> <p>Psychiatric acute administrative days billed with the mental health provider number "HSM" prefix are reimbursed at an all-inclusive rate not to exceed 125 percent of the current administrative day rate. This rate includes bed and ancillary charges.</p>
Completing the Claim	<p>Psychiatric acute administrative days are subject to authorization by the appropriate MHP field office. Allowable ancillary charges must be shown as part of the total charges billed although not paid separately. Claims submitted with both psychiatric administrative days and any other revenue codes will be denied.</p>
Non-Psychiatric Administrative Days	<p>Non-psychiatric administrative day claims are reimbursed based on the rates currently on file.</p>
Crossover Inpatient Services: Deductibles and Coinsurance	<p>There is no change in billing psychiatric inpatient crossover claims for coinsurance and deductibles. Providers should continue to use their non-HSM inpatient provider number for these claims. These claims will be cut back to zero with RAD code 469 (payment was reduced to zero because Medi-Cal's maximum reimbursement equals Medicare's payment on this claim).</p>
TAR Appeals and Fair Hearing Requests	<p>The MHP is responsible for first level TAR appeals. The Department of Mental Health processes second level TAR appeals. There is no change for fair hearings.</p>
Claim Inquiries and Appeals	<p>All psychiatric inpatient hospital service claim inquiries and appeals are processed through the FI regardless of date of service.</p>