

Rule No. 560-X-41-.03 Inpatient Psychiatric Benefits

(1) For purposes of this chapter, an inpatient is a person who has been admitted to a psychiatric facility for bed occupancy for purposes of receiving inpatient psychiatric services.

(2) The number of days of care charged to a recipient for inpatient psychiatric services is always units of full days. A day begins at midnight and ends 24 hours later. The midnight to midnight method is to be used in reporting days of care for the recipients, even if the facility uses a different definition of day for statistical or other purposes.

(3) Medicaid covers the day of admission, but not the day of discharge.

(4) Therapeutic visits away from the psychiatric hospital to home, relatives, or friends are authorized if certified by the attending physician as medically necessary in the treatment of the recipient.

(a) Payments for therapeutic visits away from the hospital are limited to no more than two visits with each visit not exceeding three days in duration per 60 calendar days per admission per recipient. The first calendar day begins with the day of admission.

(b) Therapeutic visits away from the hospital exceeding three days in duration are not covered and no part of these visits may be billed to Medicaid.

(c) Therapeutic visit records will be reviewed retrospectively by the PA Unit. Payments for therapeutic visits in excess of the amount as described in (4)(a) above will be recouped.

(d) This policy applies only to visits away from the psychiatric hospital. Therapeutic visits away from the PRTF are not limited by this policy.

Author: Solomon Williams, Associate Director, Institutional Services

Statutory Authority: State Plan, Attachment 3.1-A, 4.19-A. 42 C.F.R. Section 436.1004.

History: Rule effective October 1, 1988. Amended September 13, 1989; and January 14, 1992.

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