



## Behavioral Health Inpatient/24 Hour Stays Payment Policy

### Policy Statement

Some members need 24-hour care for a short time to stay safe and stabilize mental health or substance abuse condition before they can transition to a lower level of care. This 24 hour care takes place in a hospital or other specialized treatment center. The policy below outlines Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and guidelines around these services.

### Scope

This policy applies to:

- ☒ **Medicaid** *excluding Extended Family Planning (EFP)*
- ☒ **INTEGRITY**
- ☒ **Commercial**

### Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)
- American Society of Addiction Medicine (ASAM) criteria

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

### Reimbursement Requirements

#### Acute Residential Treatment

A community based short-term service or hospital step- down that provides comprehensive multidisciplinary behavioral health evaluation and treatment in a staff setting offering high levels of



supervision, structure, restrictiveness and intense treatment on a 24-hour basis. The treatment should include individual, family, and group clinical therapy, crisis management, & medication evaluation and management

#### **Crisis Stabilization Unit /Acute Stabilization Unit**

Crisis stabilization offers short-term care for individuals experiencing a behavioral health crisis, but who do not require the intensity of care of an inpatient hospitalization. CSU/ASU offers assessment, de-escalation, and service connection and is often used as either an alternative to inpatient care or as a step-down level of care from an inpatient treatment setting.

**Inpatient Acute Hospitalization:** Services provided in a hospital- or freestanding detoxification facility staffed by licensed physicians (including psychiatrists) with 24-hour skilled nursing in a structured treatment milieu for the treatment of individuals with a mental health or substance use disorder of sudden onset and short, severe course who cannot be safely or effectively treated in a less intensive level of care.

**Observation Bed:** A secure and protected, medically staffed, psychiatrically supervised program designed for those individuals who, as a result of a behavioral health disorder, pose an acute and significant danger to themselves or others, or who are acutely and significantly disabled and cannot meet their basic needs and functions, and who require extended observation in order to determine the most appropriate level of care or to avoid acute inpatient hospitalization.

Commented [TV1]: Separate CSU from Obs.

#### **Claim Submission**

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

#### **Documentation Requirements**

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

#### **Member Responsibility**

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.



#### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

#### Coding (Note: This is not an all inclusive list)

The ASAM (American Society of Addiction Medicine) levels of care are a continuum of services used to determine the appropriate level of care for individuals with substance use disorders and co-occurring mental health conditions.

Commented [BG2]: Need to confirm coding for all lines of business. This was taken from benefit structure document.

Description	ASAM Level	Revenue/HCP Codes
Residential	3.1	1003/H0018
Residential	3.3, 3.5	1002/H0010
Residential	3.7	1002/H0011, H0018
Inpatient	3.7WM (withdrawal management) - detox	116/H0011, 126/H0011, 136/H0011, 146/H0011, 156/H0011
Inpatient (Hospital based detox)	4.0	118, 128, 138, 148, 158

#### Acute Residential Treatment (Medicaid)

HCP	Description
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)



HCPC	Description
<b>H0018</b>	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
<b>H0019</b>	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

Revenue Code	Description
<b>0148</b>	Room and Board Deluxe Private - Rehabilitation
<b>1001</b>	Behavioral Health Accommodations - Residential treatment - psychiatric
<b>1002</b>	Behavioral Health Accommodations - Residential treatment - chemical dependency
<b>1003</b>	Behavioral Health Accommodations - Supervised living

#### Acute Residential Treatment (INTEGRITY)

HCPC	Description
<b>H0010</b>	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
<b>H0018</b>	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
<b>H0019</b>	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

Revenue Code	Description
<b>1001</b>	Behavioral Health Accommodations - Residential treatment - psychiatric
<b>1002</b>	Behavioral Health Accommodations - Residential treatment - chemical dependency
<b>1003</b>	Behavioral Health Accommodations - Supervised living

#### Acute Residential Treatment (Commercial)

Revenue Code	Description
<b>0148</b>	Room and Board Deluxe Private - Rehabilitation
<b>1001</b>	Behavioral Health Accommodations - Residential treatment - psychiatric
<b>1002</b>	Behavioral Health Accommodations - Residential treatment - chemical dependency



#### Crisis Stabilization (Medicaid)

HCPC/Rev Code	Description
H2011	Crisis intervention service, per 15 minutes
0761	Treatment room
0762	Observation hours

#### Crisis Stabilization (INTEGRITY)

HCPC/Rev Code	Description
H2011	Crisis intervention service, per 15 minutes
S9485	Crisis intervention mental health services, per diem
0761	Treatment room
0762	Observation hours

#### Crisis Stabilization (INTEGRITY)

Revenue Code	Description
0761	Treatment room
0762	Observation hours

#### Document History

Date	Action
09/01/2025	Policy effective date