



**Connecticut Medical Assistance Program**  
Policy Transmittal 2012-08

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Roderick L. Bremby, Commissioner

Effective Date: January 1, 2012  
Contact: Paul Piccione @ 860-424-5160

TO: Acute Care Hospitals and Private Psychiatric Hospitals

RE: Hospital Inpatient Services

The purpose of this policy transmittal is to inform in-state hospital providers of the implementation of new rates for inpatient services and a change in how inpatient psychiatric services for individuals under the age of 19 will be authorized through the Department's behavioral health Administrative Services Organization (ASO). This policy transmittal also addresses how hospitals must submit claims for inpatient hospital psychiatric per diem days authorized as pediatric medically necessary discharge delay days.

**Provider Rates:** For dates of service on or after January 1, 2012, inpatient rates have been modified. Pediatric inpatient psychiatric services, defined as a client under the age of 19 with a primary diagnosis in the range of 291.00 through 316.00, will be reimbursed at a new per diem rate and medically necessary discharge delay days will be reimbursed at 85% of the new per diem rate. All other inpatient services will be reimbursed at a different per diem rate that will be subject to cost settlement at a new case rate. Hospitals will receive a rate letter from the Department with the new rates.

**Pediatric Discharge Delay**

Effective for dates of service on or after January 1, 2012, the behavioral health ASO will utilize a distinct service class and revenue center code when authorizing medically necessary discharge delay for HUSKY Health youth under the age of 19. For dates of service on or after January 1, 2012 that were identified as medically necessary discharge delay days, the behavioral health ASO will modify the existing authorizations to distinguish between the acute care days and the discharge delay days.

There will not be distinct authorizations for the acute care days and the discharge delay days. Effective immediately, all days of the stay will be included under a single authorization number, but distinguished by the dates covered as either acute care days or discharge delay days.

There will be no change in the service class and revenue center codes for medically necessary acute days. The service class and revenue center code for pediatric psychiatric medically necessary discharge delay will be as follows:

Service Class: DCD  
Revenue Center Code: 224

Providers who currently do not have RCC 224 available to them do not need to request that this code be added to their list of billable codes. The Department will automatically add this code to all providers who currently have RCC 124 as an active code. Updated rate letters will be sent to each hospital reflecting the addition of this code and the associated reimbursement.

**Definition of Medically Necessary Discharge Delay:**

Medically necessary discharge delay status begins on the day that the member is determined to be clinically capable of transitioning to the next appropriate level of care; however, that level of care is not available and the member cannot otherwise be discharged from an acute care inpatient setting.

**Claims:** ValueOptions has identified all claims associated with pediatric inpatient psychiatric authorizations that contain medically necessary discharge delay days for dates of service on or after January 1, 2012. This information will be sent to HP. HP will recoup those claims that contain discharge delay days including those that contain a combination of medically necessary acute days and medically necessary discharge delay days. ValueOptions will then adjust the authorizations to distinguish the acute care days from the discharge delay days. Once adjusted, providers will be required to resubmit claims using the appropriate RCC associated with the medically necessary acute days and the discharge delay days. HP will provide more detail of the recoupment process on the "Important Messages" section of the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and in provider Banner Page Messages as information becomes available.

All other claims for hospital inpatient will be mass adjusted to pay the new rate. HP will provide more detail on the mass adjustment of the hospital inpatient in the future.

**State Hospitals:** There is no change to the authorization or payment process for inpatient psychiatric services provided at state hospitals.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

**Responsible Unit:** DSS, Medical Care Administration, Paul Piccione, Behavioral Health Unit at (860) 424-5160.

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