

Participating Psychiatric Facility Reimbursements

Rates Effective July 1, 2011

Provider reimbursement rates for Participating State and Free Standing Psychiatric hospitals:

Inpatient psych services at participating facilities = 135% of the **Standard Medicaid** Per Diem rate for psychiatric hospitals.

The rate will be established using the standard **One-Step Medicaid** per diem rate for psychiatric hospitals of \$593.56 multiplied by 135%.

Outpatient Psych services at participating facilities = State Managed Care Network Provider fee schedule (90% of RBRVS)

The rate will be based in the CPT/HCPCS code billed on either a professional or facility claim form

****These rates are based on the RBRVS fee scheduled in effect in January 2011.**

Participating Psychiatric Inpatient Facilities Associated with a Medical Hospital

All inpatient psychiatric facilities who share the same Tax ID number as the medical hospital facility will be reimbursed will be reimbursed as follows:

Participating Psychiatric Facilities – 135% of Medicaid DRG

Note: Maximum Service Reimbursement shall always be the lesser of the billed charges.