

Non-Participating Psychiatric Facility Reimbursements

Rates Effective July 1, 2011

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

Inpatient psych services at non-participating facilities = 100% of the **Standard Medicaid Per Diem** rate for psychiatric hospitals.

The rate will be established using the standard **Medicaid** per diem rate for psychiatric hospitals of \$593.56 multiplied by 100%.

Outpatient Psych services at participating facilities = State Managed Care Network Provider fee schedule (83% of RBRVS)

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

****These rates reflect the RBRVS fee scheduled that was in effect on January 2011.**

Non-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 as follows:

Non-Participating Psychiatric Facilities – 100% of **Medicaid DRG**

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