PRTF Reserve Days

There is not a limit on the number of reserve days an individual can have during a calendar year. Reserve days must be billed with code T2048 and modifier UC. Reserve days may be reimbursed even if the member does not return to the facility after their covered absence.

There are certain limitations for each episode for visitation days and other covered absences.

Visitation days
When indicated in the child’s treatment plan (within the total number of days approved for the child's stay), a maximum of seven days per visit for each episode is paid at the contracted per diem rate. The frequency, duration, and location of the visits must be a part of the child's individual case plan developed for each episode by the facility before the visitation. An approved visitation plan must be documented in the child's official record at the facility.

Other covered absences
If an individual is absent from the facility for a short time due to circumstances needing the individual’s immediate attention (death, wedding, personal business) or the individual leaves the facility without permission, the facility can be reimbursed for up to five days per episode at the contracted per diem rate unless the individual’s placement is terminated sooner by the individual’s guardian in conjunction with the Psychiatric Residential Treatment Facility (PRTF).

An individual is considered present at the facility for an entire day if the individual is at the facility at 11:59 p.m. The facility should take an individual specific census at this time and ensure the facility’s business manager has a record of which individuals are present in the facility on any given day and can accurately track reserve days for each individual.
PRTF Reserve Days

Discharge planning for the resident shall begin as soon as possible upon admission to the PRTF. This process should include the Community Mental Health Center (CMHC) staff where the individual will be discharging to (if determined), the treatment team and other facility staff, the resident, and their legal guardian (when possible). The CMHC and the legal guardian should remain in contact with the facility treatment team to assist in any transition discharge planning. Discharge criteria will be established when writing the plan of care.

Prior to discharge, the PRTF shall submit documents related to the resident’s care in their facility to any mental health provider who will be providing aftercare. The key components on these documents shall include:

- Medical needs including allergies
- Medication: dosage, clinical rationale, prescriber
- Discharge diagnosis
- Prevention plan to address symptoms of harm to self or others
- Any other essential recommendations
- Appointments with after-discharge service providers including the date, time, and place
- Contact information for internal providers
- Contact information for CMHC/PRTF liaisons
- CMHC Crisis Line number
- PRTF education provider’s contact number

In keeping with current policy and procedures, additional updates have been made in the provider manual.

For the changes resulting from this provider bulletin, view the updated Psychiatric Residential Treatment Facility Fee-for-Service Provider Manual.