
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 use 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)
- Children with Special Health Care Needs (CSN) < 18 years of age
- Substitute Care (SUB) < 18 years of age

Commercial

Dual CONNECT (Coordination only D-SNP)

INTEGRITY for Duals (Fully Integrated D-SNP)

Prerequisites

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 [Levels of Care Clinical Medical Policy](#).

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

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.



Notification of Discharge

Neighborhood requires submission of a final claim with the appropriate patient discharge status code when a patient transitions out of the current level of care.

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.

Neighborhood processes Dual CONNECT and INTEGRITY for Duals in accordance with CMS Medicare guidelines. Refer to [CMS Medicare guidance](#) for complete rules and claims processing policies.

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.

Levels of Care (Note: This is not an all-inclusive list)

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.



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.

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.

As of 1/1/2026 the following codes must be billed using the 837 Professional file format (CMS-1500) with place of service 55:

ASAM Level	Code/Mod
3.1	H0018 UD
3.5	H0010 UD
3.7	H0011 UD

Mental Health Psychiatric Rehabilitative Residences (MHPRR)

MHPRR is a licensed residential program that provides 24-hour staffing (see Intermediate and Residential Services Clinical Medical Policy for more clinical detail).

HCPC	Description
H0019	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

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.

Document History

Date	Action
01/01/2026	Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language.
09/01/2025	Policy effective date