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## **20-80 Fee for Service Coverage of Inpatient Hospital Psychiatric Admissions for Medicaid Members Under Age 21 with Early Periodic Screening Diagnosis and Treatment (EPSDT) Benefits**

Utah Medicaid covers inpatient hospital psychiatric care in psychiatric units of general hospitals. For Medicaid members not enrolled in the Prepaid Mental Health Plan, Medicaid reimburses hospitals directly on a fee for service basis.

To ensure access to inpatient hospital psychiatric care for Medicaid members with EPSDT benefits, this service may be provided in psychiatric specialty hospitals.

For fee for service EPSDT-eligible Medicaid members, Medicaid may authorize admissions to psychiatric specialty hospitals if the following criteria are met and documented in the medical record:

- an emergency admission is required for active treatment; and
- the services required are of an intensity that can only be provided in an inpatient hospital setting.

Previously, Medicaid required the referring provider to document in the medical record that attempts were made to contact a general hospital with known pediatric psychiatric beds and no other placement was reasonably available. However, in light of the COVID-19 pandemic, this requirement is being temporarily removed.

Psychiatric hospitals must request authorization in accordance with the *Utah Medicaid Provider Manual, Section I: General Information*, Chapter 10, Prior Authorization. Refer to Chapter 10-1, Request Prior Authorization, and Chapter 10-3, Retroactive Authorization.

### **Additional Medicaid Information**

**Salt Lake City Area:** (801) 538-6155

**Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada:** 1-800-662-9651

**Other States:** (801) 538-6155

### **Request a Medicaid Publication**

Send a Publication Request form:

**By Fax:** (801) 536-0476

**By Mail:** Division of Medicaid and Health Financing  
PO Box 143106, Salt Lake City, UT 84114

Psychiatric hospitals must fax the following information for the authorization review to Medicaid's Bureau of Health Policy and Authorization, Prior Authorization unit at (801) 536-0490:

- Current prior authorization request form; and
- Documentation that supports the emergency admission (e.g., psychiatric admission evaluation, admission history and physical, and psychiatric discharge summary and lab work as applicable, etc.).

If authorization is granted, these admissions may be billed to Medicaid on a fee for service basis. For questions, please email [samiles@utah.gov](mailto:samiles@utah.gov), or call (801) 538-6012.