



*State of New Jersey*  
*Department of Human Services*  
*Children's System of Care Initiative*

**Volume 02 No. 04**

**May 2002**

**TO:** JCAHO-Accredited Residential Treatment Centers - **For Action**  
Care Management Organizations – **For Information**  
Health Maintenance Organizations – **For Information**

**SUBJECT:** Hospital and Therapeutic Leave for JCAHO Accredited Residential Treatment Centers

**EFFECTIVE:** Immediately

**PURPOSE:** To remind providers about the reimbursement policy associated with approved hospital leave and therapeutic leave days for JCAHO-accredited residential treatment centers

**ACTION:** Providers can request reimbursement for up to 14 continuous days per episode for reserving beds when a resident is temporarily absent from the facility for hospital leave or therapeutic leave.

**Hospital leave** is defined as temporary absence (more than 24 hours) from the facility due to inpatient treatment in a hospital. Whenever anticipated, hospital leave must be approved by the beneficiary's treatment team and included in the plan of care (for example: a scheduled tonsillectomy). In the case of an emergency admission to a hospital, the admission date and cause must be documented in the beneficiary's chart within 24 hours of the admission to the hospital (for example: an appendicitis attack requiring emergency surgery). Temporary admission to a hospital for psychiatric treatment is also considered hospital leave.

**Therapeutic leave** is defined as those instances where the resident is absent from the facility for a limited time (more than 24 hours) for reasons determined to be therapeutic by the facility staff. Reasons for such absences from the facility include, but are not limited to, visits with parents, foster parents, or other caregivers; attendance at a residential camp, or residence in a temporary shelter. Therapeutic leave must be approved by the beneficiary's treatment team and included in the plan of care.

A full day of hospital or therapeutic leave is defined as a day that the beneficiary is absent from the facility from midnight to midnight. For days when the beneficiary

spends any part of the day between midnight to midnight in the facility, the procedure codes for a full day of mental health rehabilitation services shall be used. (See CSOCI Newsletter Vol. 1, No. 2, dated April 2001)

Providers are reminded that they must use the HCFA 1500 claim form and the appropriate Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) procedure code(s) when seeking reimbursement for therapeutic or hospital leave.

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
Y9949	Therapeutic Leave – JCAHO accredited RTCs <i>not</i> under contract with the Division of Youth and Family Services	Contract Pricing
Y9950	Hospital Leave – JCAHO accredited RTCs <i>not</i> under contract with the Division of Youth and Family Services	Contract Pricing
Y9951	Therapeutic Leave – JCAHO accredited RTCs under contract with the Division of Youth and Family Services	Contract Pricing
Y9952	Hospital Leave – JCAHO accredited RTCs under contract with the Division of Youth and Family Services	Contract Pricing

Providers can bill for consecutive dates of service on the same line, but shall not include dates from more than one month. Dates of services shall not span dates that are being billed as therapeutic leave or hospital leave days; these must be indicated on separate lines.

For example:

- 01/01/01 – 01/15/01 15 days of service (child on therapeutic leave after midnight on 1/15/01)
- 01/16/01 – 01/18/01 3 days of therapeutic leave (child was absent from midnight of 1/16/01 through midnight of 1/18/01)
- 01/19/01 – 01/31/01 12 days of service (child returned to the facility sometime after midnight on 1/19/01)
- 02/01/01 – 02/05/01 5 days of service in the following month

If you have any questions regarding billing procedures, please contact Unisys Provider Services at 1-800-776-6334.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED “5”)**