

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | RESIDENTIAL CARE |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Definition | <p>This policy addresses residential care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>RESIDENTIAL CARE ALL STATES:</p> |

Molina and Passport do cover Resident Care when the overnight stay is part of covered care in any of the following:

- A Hospital
- A skilled nursing facility
- Inpatient respite care covered in the “Hospice Services” Benefit Policy
- A licensed facility providing crisis residential services covered under Mental Health Services (inpatient and Outpatient) Benefit Policy, or
- A licensed facility providing transitional residential recovery services covered under the **Substance Abuse (Inpatient and Outpatient)** Benefit Interpretation Policy

MORE INFORMATION

Refer to Benefit Interpretation Policies titled **Hospice**, **Mental Health**, **Skilled Nursing** and **Substance Abuse**

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

RESIDENTIAL CARE

ALL STATES:

Residential Care: Care in a facility where a Member’s stay overnight is not covered; however, this exclusion does not apply when the overnight stay is part of covered care listed in the Section C.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------|--------------------|
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Procedure Codes
(Internal Use
Only)

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American

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| | <p>Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p> | | | |
| <p>Prior Authorization</p> | <p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p> | | | |
| <p>Approval</p> | <p>Departments</p> | <p>Product</p> | <p>CIM</p> | <p>Clinical Management</p> |
| | <p>Date</p> | <p>11/16/2021</p> | | <p>11/29/2021</p> |