STATE STATUTE REQUIRES INSURERS TO COVER RESIDENTIAL TREATMENT SERVICES

Minnesota Statutes Section 62A.151 reads:

62A.151 **Health insurance benefits for emotionally handicapped children.**

No policy or plan of health, medical, hospitalization, or accident and sickness insurance regulated under this chapter, or nonprofit health service plan corporation regulated under chapter 62C, or health maintenance organization regulated under chapter 62D which provides coverage of or reimbursement for inpatient hospital and medical expenses shall be delivered, issued, executed or renewed in this state, or approved for issuance or renewal in this state by the commissioner of commerce, after July 1, 1975 unless the policy or plan includes and provides health service benefits to any subscriber or other person covered thereunder, on the same basis as other benefits, for the treatment of emotionally handicapped children in a residential treatment facility licensed by the commissioner of human services. For purposes of this section "emotionally handicapped child" shall have the meaning set forth by the commissioner of human services in the rules relating to residential treatment facilities. The restrictions and requirements of this section shall not apply to any plan or policy which is individually underwritten or provided for a specific individual and family members as a nongroup policy. The mandatory coverage under this section shall be on the same basis as inpatient hospital medical coverage provided under the policy or plan.

THIRD PARTY LIABILITY RECOVERY DENIAL REASON CODES

VALUE	DESCRIPTION
D51	COVERAGE TERMINATED
D52	PATIENT NOT COVERED BY POLICY
D53	SERVICE NOT COVERED BY POLICY
D54	DEDUCTIBLE NOT MET
D55	PRE-EXISTING CONDITION
D56	LIFETIME MAXIMUM MET
D57	BENEFIT PERIOD MAXIMUM BENEFITS EXHAUSTED
D58*	PAST FILING TIME LIMIT
D59	OTC DRUGS NOT COVERED
D60	MEDICARE SUPPLEMENT POLICY ONLY
D61	INDEMNITY TYPE OF COVERAGE
D62*	HMO/PPO—NO REFERRAL
D63	CHARGE LESS THAN CO-PAY AMOUNT
D64*	PROVIDER SPECIALTY NOT ELIGIBLE
D65*	SERVICE NOT PRE-CERTIFIED
D66*	NO RESPONSE TO REQUEST FOR ADDITIONAL INFORMATION
D67*	NO RESPONSE TO REQUEST FROM RECIPIENT
D80*	PREVIOUSLY PAID TO INSURED

* These codes MMIS will deny due to provider TPL requirements.

NOTE: If insurer denies prior authorization based on lack of medical necessity AND the MH professional reviewing case as part of county placement screening process determines that medical necessity does exist, then code the insurer's denial under "D53 – Service not covered by policy." DHS is considering development of a new code to allow tracking of this particular circumstance.

Send paper claims to: Dept of Human Services
Claims Processing 6N
444 Lafayette Rd
St Paul, MN 55155-3849