

Qualified Residential Treatment Programs (QRTPs)

PURPOSE

This policy explains services for ND Medicaid members in a Qualified Residential Treatment Program.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Licensed Qualified Residential Treatment Programs (QRTPs) must enroll with ND Medicaid to bill for covered services. QRTPs have the option of additionally enrolling with ND Medicaid as a clinic to affiliate with other licensed practitioners (OLPs) by ND Medicaid. OLPs may bill for any service covered by ND Medicaid that is within their scope of practice.

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098.

The admitting facility must complete a level of care review with ND Medicaid's contractor to assure the child's cares and conditions meet North Dakota's QRTP level of care criteria. Additional information is available in the [Under 21 Psychiatric Providers ND Children's Treatment Services \(CTS\) Manual](#).

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The General Provider Policies details basic coverage requirements for all services.

Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The Procedure Code Look-up Tool can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as ORP requirements, Service Authorization requirements, and current rates.

ND Medicaid covers individual, group, and family counseling, targeted case management, and other behavioral health services provided by licensed QRTPs to children enrolled in ND Medicaid while the child resides at the facility.

Refer to the Behavioral Health Rehabilitative Services chapter of this manual for information on counseling and the Targeted Case Management for Child Welfare policy.

SERVICE AUTHORIZATION REQUIREMENTS

No service authorization required.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

Room and Board is not covered by ND Medicaid.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for

at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

QRTP services are reimbursed according to the ND [Medicaid fee schedule](#). Fees are calculated based on the relative value unit (RVU) and the ND Medicaid conversion factor.

CLAIM FORM

QRTP services must be billed using the CMS 1500 claim form or 837p HIPAA compliant X-12 format. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

REFERENCES

- [Licensing of Qualified Residential Treatment Providers](#)
- [Rate setting for Providers of Services to Foster Children-Qualified Residential Treatment Programs](#)
- [North Dakota Administrative Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

[Under 21 Psychiatric Providers ND Children’s Treatment Services \(CTS\) Manual.](#)

FREQUENTLY ASKED QUESTIONS

Q: Is room and board covered by ND Medicaid?

A: QRTP room and board is not covered by ND Medicaid. Only clinical services provided during admission to QRTP are covered by ND Medicaid.

CONTACT

Medical Services
 600 East Boulevard Ave
 Bismarck, ND 58505-0250
 Phone: [\(701\) 328-2310](tel:(701)328-2310)
 Email: dhsmedicalservices@nd.gov

POLICY UPDATES

January 2026

| Section | Update |
|---------|---|
| | Format changes and clarifications added throughout. |