

Bulletin No. 20

**CHAPTER 26-39 OF NORTH DAKOTA CENTURY CODE, ON
MENTAL ILLNESS, ETC.**

May 23, 1975

Effective July 1, 1975

The purpose of this Bulletin is to outline this Department's informal administrative interpretations of certain aspects pertaining to Chapter 26-39 of N.D.C.C. (House Bill 1596 which was passed by the 1975 legislature and signed by the governor). It will become law on July 1, 1975.

Such informal administrative interpretations are as follows:

1. The words "licensed hospital," on the last line of Section 26-39-03 (Section 3 of the Act) shall be taken to read "licensed treatment facility," to conform with the definition in Subsection 1 of Section 26-39-01 (Section 1 of the Act).

2. Partial hospitalization will be interpreted liberally, from the standpoint of the covered person, within the definition in Subsection 2 of Section 26-39-01 (Section 1 of the Act).

3. Persons covered or to be covered, referred to in Section 26-39-02 (Section 2 of the Act) shall be interpreted to include the spouses and children of eligible employees or members of an employer, association or other group.

4. The words "of the same type offered under such policy for other illnesses" in Section 26-39-03 (Section 3 of the Act) shall be pivotal in determining the benefits that must be provided under the policy for mental illness, etc. For example:

(a) If daily room-and-board hospital benefits are provided under the policy for "other illnesses," then equivalent room-and-board benefits (including equivalent general nursing services) must be provided for mental illness, etc. See item 5, below.

(b) If medical services of physicians are provided under the policy for "other illnesses," then equivalent services of physicians must be provided for mental illness, etc. Such equivalent services of physicians will include services performed by a professionally trained spe-

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cialist (other than a physician), provided such services are performed with the approval of and upon the direction of a physician.

(c) If diagnostic and/or evaluation services are provided under the policy for "other illnesses," then equivalent diagnostic and/or evaluation services must be provided for mental illness, etc. Such diagnostic and/or evaluation services will include such services performed by a professionally trained specialist (other than a physician), provided such services are performed with the approval of and upon the direction of a physician.

* 5. Informal administrative interpretations, with respect to inpatient treatment and treatment by partial hospitalization, are as follows:

(a) Where the policy provides for other illnesses the regular daily room and board hospital benefit (either of the reimbursement or of the indemnity type), either with or without the partial hospitalization benefit, said policy must provide *either* at least 70 days of inpatient treatment *or* at least 140 days of partial hospitalization for mental illness, etc., in any calendar year, subject to other equivalent combinations, as described in paragraph (b) below.

(b) With respect to each claim involving mental illness, etc., one day of inpatient treatment may be provided in lieu of two days of partial hospitalization, or two days of partial hospitalization may be provided in lieu of one day of inpatient treatment. Based upon these equivalents, the combination of inpatient treatment days and partial hospitalization days will be provided according to the needs of the covered person, upon the direction of a physician; and, subject to the foregoing, such combination will be that which is most advantageous to the covered person.

For example, a covered person may receive benefits for 40 days of inpatient care plus 60 days of partial hospitalization, in any calendar year.

(c) The maximum dollar amount of benefit provided for each day of partial hospitalization shall be equal to one half of the maximum dollar amount provided under the policy for each day of inpatient treatment. This would represent the partial hospitalization equivalent of the regular daily room-and-board benefit (including general nurs-

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ing services). In addition, medical services of physicians, if available (see 4(b) above), would be provided during a period of partial hospitalization.

The effective date of this Bulletin shall be July 1, 1975.

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