

MEDICARE PART A BULLETIN

April 22, 1997

Hospital Medicare Bulletin H-77

TO: All Medicare Hospital Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **HCPCS/CPT REPORTING REQUIREMENTS FOR HOSPITAL
OUTPATIENT PARTIAL HOSPITALIZATION PROGRAM SERVICES:
REVISED EFFECTIVE DATE OF JULY 1, 1997**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to the appropriate health care facility personnel.

Subsequent to publication of Hospital Medicare Bulletin H-74, dated February 28, 1997, the Health Care Financing Administration (HCFA) changed the effective date for these revised billing instructions. The purpose of this bulletin is to ensure that all Medicare hospital providers reporting outpatient partial hospitalization program (PHP) services are aware of revised HCPCS/CPT reporting requirements, and of HCFA's revised effective date, which is applicable for services rendered on and after July 1, 1997.

Section 1861(ff) of the Act defines the services covered under the partial hospitalization benefit in a hospital outpatient setting. However, no separate payment methodology for these services is mandated. Therefore, in order to make proper payment, hospitals are required to component bill for any service provided under this benefit.

Under component billing, hospitals are required to include a HCPCS/CPT code (if appropriate), a revenue code, and the charge for each individual covered service furnished under a partial hospitalization program (PHP). Billing as individual services assures that only those covered components of PHP services are paid by the Medicare program.

HOSPITAL BILLING FOR OUTPATIENT PHP SERVICES

In accordance with Health Care Financing Administration (HCFA) guidelines, only Community Mental Health Centers (CMHCs) and hospital providers may bill Medicare Part A for outpatient partial hospitalization program (PHP) services. Providers must adhere to all established billing requirements when billing for outpatient PHP services via the HCFA-1450 (UB-92) billing format.

The following reiterates important billing elements for hospital providers billing for PHP services, and includes revised HCPCS/CPT billing requirements, effective for services rendered on and after July 1, 1997:

- Type of Bill Code (form locator 4):
- Hospital providers bill the Medicare intermediary for outpatient partial hospitalization services on the HCFA-1450 (UB-92) billing format under type of bill code 13X.

Condition Codes (form locators 24-30):

Condition code 41 (Partial Hospitalization) must be reported on each hospital outpatient claim billed for partial hospitalization services. Use of this code distinguishes PHP services from routine outpatient psychiatric services, when reported on an outpatient hospital bill.

The definition for this Condition Code follows:

<u>Code</u>	<u>Title</u>	<u>Narrative</u>
41	Partial Hospitalization (Hospitals Only)	Enter this code when claim is for outpatient partial hospitalization services.

Revenue Code (form locator 42):

Bills must contain acceptable revenue code(s). The allowable revenue codes for outpatient partial hospitalization program (PHP) services are as follows:

<u>Revenue Code</u>	<u>Description</u>
250	Drugs and Biologicals
43X	Occupational Therapy
904	Activity Therapy
910	Psychiatric/Psychological Services
914	Individual Therapy
915	Group Therapy
916	Family Therapy
918	Testing (Psychiatric/Psychological)
942	Education/Training

Note: Revenue Code 560, "Medical Social Services," is not an acceptable revenue code for billing PHP services. Report charges for medical social services under one of the remaining revenue codes above, based on the nature of the services provided.

HCPCS/CPT Coding (form locator 44):

Hospital providers are required to utilize the HCPCS/CPT coding structure when billing for outpatient partial hospitalization services. Effective for services rendered on and after July 1, 1997, the revised HCPCS/CPT coding structure must be reported, as appropriate:

<u>Revenue Code</u>	<u>HCPCS/CPT Code</u>
43X	Q0109, Q0110, 97530, 97535, 97537, or 97770
904	Q0082
910	90801, 90820, 90875, 90876, 90899, or 97770
914	G0083, G0085, G0087, G0089, G0091, or G0093
915	90849, 90853, or 90857
916	90846, 90847, or 90849
918	96100, 96110, 96111, 96115, or 96117

Revenue codes 250 (Pharmacy) and 942 (Education/Training) do not currently require HCPCS/CPT coding.

Units of Service (form locator 46):

Hospital outpatient departments must track the total number of visits/sessions provided during a billing period, under the partial hospitalization program, and report these as service units on the claim.

When reporting units of service, one session equals one visit, regardless of the length of the session. For each session billed, documentation should be contained in the medical record to validate a treatment session occurred.

Providers are required to report the number of units (i.e., visits or sessions) the patient completed during the billing period for the following partial hospitalization services:

<u>Revenue Code</u>	<u>Description</u>
43X	Occupational Therapy
904	Activity Therapy
910	Psychiatric/Psychological Services
914	Individual Therapy
915	Group Therapy
916	Family Therapy
918	Testing (Psychiatric/Psychological)

Note: In addition, intermediary edits are performed to ensure that the PHP revenue codes are billed with the appropriate revenue code/HCPCS/CPT code combinations and that required units are reported on partial hospitalization claims, as appropriate.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.