
Medicare Hospital Manual

Transmittal 765

Department of Health and Human
Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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REFER TO CHANGE REQUEST 1346

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
452 – 452 (Cont.)	4-499 – 4-500 (2 pp.)	4-499 – 4-500 (2 pp.)

NEW/REVISED MATERIAL—EFFECTIVE DATE: *January 1, 2001*
IMPLEMENTATION DATE: *January 1, 2001*

Section 452, Billing for Hospital Outpatient Partial Hospitalization Services, is updated to reflect the new 2001 codes applicable for activity therapy, training, and educational services. This revision also reflects the deletion of codes G0172 and Q0082. Also, the definition of code G0129 has been changed to match the definition on the HCPCS tape.

NOTE: The HCPCS codes will be effective for dates of service on or after January 1, 2001. There is a 3 month grace period for discontinued HCPCS codes. This grace period applies to claims submitted prior to April 1, 2001, which include the year 2000 discontinued codes for dates of service January 1, 2001, or later. Your intermediary will be accepting both the discontinued codes and valid 2001 procedure codes from you during this grace period.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previous published in the manual and is only being reprinted.

452. BILLING FOR HOSPITAL OUTPATIENT PARTIAL HOSPITALIZATION SERVICES

Medicare Part B coverage is available for hospital outpatient partial hospitalization services. (See §230.5.D.1 for a description of services covered under this benefit.)

A. Special Billing Requirements.--Sections 1861 ff. of the Act defines the services covered under the partial hospitalization benefit in a hospital outpatient setting.

You 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. This assures that only those partial hospitalization services covered under §§1861 ff. of the Act are paid by the Medicare program.

Bill for partial hospitalization services on Form HCFA-1450 under bill type 13X. Follow billing procedures in §460 with the following exceptions:

Bills must contain an acceptable revenue code. They 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
942	Education Training

You are required to report condition code 41 in FLs 24-30 of Form HCFA-1450 to indicate the claim is for partial hospitalization services.

You are also required to report appropriate HCPCS codes as follows:

<u>Revenue Codes</u>	<u>Description</u>	<u>HCPCS Code</u>
43X	Occupational Therapy (Partial Hospitalization)	*G0129
904	Activity Therapy (Partial Hospitalization)	**G0176
910	Psychiatric General Services	90801, 90802, 90875, 90876, 90899
914	Individual Psychotherapy	90816, 90818, 90821, 90823, 90826, or 90828
915	Group Therapy	90849, 90853, or 90857
916	Family Psychotherapy	90846, 90847, or 90849

918

Psychiatric Testing

96100, 96115, or 96117

| 942

Education Training

***G0177

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Your intermediary will edit to assure that HCPCS are present when the above revenue codes are billed and that they are valid HCPCS codes. **Your intermediary will not edit for the matching of revenue code to HCPCS.**

*The definition of code G0129 is as follows:

“Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization program, per day.”

**The definition of code G0176 is as follows:

“Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient’s disabling mental health problems, per session (45 minutes or more).”

***The definition of code G0177 is as follows:

“Training and educational services related to the care and treatment of patient’s disabling mental health problems, per session (45 minutes or more).”

Codes G0129, G0176, and G0177 are only used for partial hospitalization programs.

Revenue code 250 does not require HCPCS coding. However, drugs that can be self-administered are not covered by Medicare.

The professional services listed below when provided in a hospital outpatient department are separately covered and paid as the professional services of physicians and other practitioners. These professional services are unbundled and these practitioners (other than physician assistants, (PAs)), bill the Medicare Part B carrier directly for the professional services furnished to your partial hospitalization patients. You can also serve as a billing agent for these professionals by billing the Part B carrier on their behalf for their professional services. The professional services of a PA can be billed to the carrier only by the PAs employer. The following direct professional services are unbundled and paid as partial hospitalization services.

- o Physician services that meet the criteria of 42 CFR 415.102, for payment on a fee schedule basis;
- o PA services, as defined in §1861(s)(2)(K)(i) of the Act;
- o Nurse practitioner and clinical nurse specialist services, as defined in §1861(s)(2)(K)(ii) of the Act; and
- o Clinical psychologist services, as defined in §1861(ii) of the Act.

The services of other practitioners (including clinical social workers and occupational therapists) are bundled when furnished to hospital patients, including partial hospitalization patients. You must bill your intermediary for such nonphysician practitioner services as partial hospitalization services. Payment is made to you for these services.

PA services can be billed only by the actual employer of the PA. The employer of a PA may be such entities or individuals such as a physician, medical group, professional corporation, hospital, SNF, or nursing facility. For example, if a physician is the employer of the PA and the PA renders services in your hospital, the physician and not you is responsible for billing the carrier on the HCFA-1500 for the services of the PA.

B. Outpatient Mental Health Treatment Limitation.--The outpatient mental health treatment limitation may apply to services to treat mental, psychoneurotic, and personality disorders when furnished by physicians, clinical psychologists, NPs, CNSs, and PAs to partial hospitalization patients. However, the outpatient mental health treatment limitation does not apply to such mental health treatment services billed to your intermediary as partial hospitalization services.