
Medicare

Outpatient Physical Therapy Comprehensive Outpatient Rehabilitation Facility and Community Mental Health Center

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

Transmittal 15

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REFER TO CHANGE REQUEST 1346

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
414 - 414 (Cont.)	4-31 - 4-32 (2 pp.)	4-31 - 4-32 (2 pp.)

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

Section 414, Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers (CMHCs), 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, Q0082, and to clarify edit requirements.

In this section, the definition for code G0129 has been changed to match the HCPCS tape.

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

Partial Hospitalization Services

414. **BILLING INSTRUCTIONS FOR PARTIAL HOSPITALIZATION SERVICES PROVIDED IN COMMUNITY MENTAL HEALTH CENTERS (CMHCs)**

A. General.--Medicare Part B coverage for partial hospitalization services provided by CMHCs is available effective for services provided on or after October 1, 1991.

B. Special Requirements.--Section 1866(e)(2) of the Act recognizes CMHCs as "providers of services" but only for furnishing partial hospitalization services.

C. Billing Requirements.--Bill for partial hospitalization services on Form HCFA-1450 under bill type 76X. Follow bill completion instructions in '416 except for those listed below:

The acceptable revenue codes are as follows:

<u>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 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	**G0176
910	Psychiatric General Services	90801, 90802, 90875, 90876, 90899
914	Individual Psychotherapy	90816, 90818, 90821, 90823, 90826, or 90828
915	Group Psychotherapy	90849, 90853, or 90857
916	Family Psychotherapy	90846, 90847, or 90849
918	Psychiatric Testing	96100, 96115, or 96117
942	Education Training (Partial Hospitalization)	***G0177

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 codes to HCPCS.**

*The definition of code G0129 is as follows:

“Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment 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.

HCPCS includes CPT-4 codes. Report HCPCS codes in FL44, “HCPCS/Rates.” HCPCS code reporting is effective for claims with dates of service on or after April 1, 2000.

The professional services listed below are separately covered and are 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 professional services are unbundled and not 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 your 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 only be billed by the actual employer of the PA. The employer of a PA may be such entities or individuals 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 facility, the physician and not you is responsible for billing the carrier on Form HCFA-1500 for the services of the PA.

D. 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.