
Medicare Hospital Manual

Department of Health &
Human Services (DHHS)
Centers for Medicare &
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CHANGE REQUEST 2585

<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.)

MANUALIZATION--*EFFECTIVE DATE: Not Applicable*
IMPLEMENTATION DATE: Not Applicable

Section 452, Billing for Hospital Outpatient Partial Hospitalization Services, is being updated to reflect the removal of codes 90875, 90876, and 97770 and the addition of codes 90817, 90819, 90822, 90824, 90827, and 90829 when billing for partial hospitalization services.

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.

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. Billing Requirements.--Sections 1861ff. of the Act define the services covered under the partial hospitalization benefit in a hospital or critical access hospital (CAH) outpatient setting.

Hospitals and CAHs are required to report a revenue code and the charge for each individual covered service furnished under a partial hospitalization program. In addition, hospital outpatient departments are required to report HCPCS codes. CAHs are not required to HCPCS code for this benefit. This reporting assures that only those partial hospitalization services covered under §§1861ff. of the Act are paid by the Medicare program.

Hospital outpatient departments bill for partial hospitalization services on Form HCFA-1450 (or electronic equivalent) under bill type 13X and CAHs under bill type 85X. 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

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

Hospitals other than CAHs 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, 90899
914	Individual Psychotherapy	90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, or 90829
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

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).”

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

B. Professional Services.--The professional services listed below when provided in a hospital or CAH 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. Hospitals and CAHs can also serve as billing agents 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 or CAH 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