Medicare
Intermediary Manual
Part 3 - Claims Process

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

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HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
3651 – 3651 (Cont.)	6-303 – 6-303.1 (2 pp.)	6-303 – 6-303.1 (2 pp.)
3661 (Cont.) – 3661 (Cont.)	6-344.6O – 6-344.6P (2 pp.)	6-344.6O – 6-344.6P (2 pp.)

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

Section 3651, Bill Review 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.

Section 3661, 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, Q0082, and the clarification of edit requirements.

In both sections above, the definition for code G0129 has been changed to match 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 received prior to April 1, 2001, which include the year 2000 discontinued codes for dates of service January 1, 2001, or later. You must accept both discontinued codes and valid 2001 procedure codes from your providers.

These instructions should be implemented within your current operating budget.

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.

3651. BILL REVIEW 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. Applicable provider ranges are 1400-1499 and 4600-4799.

C. Billing Requirements.--CMHCs bill for partial hospitalization services on Form HCFA-1450 or electronic equivalent under bill type 76X. Follow bill review instructions in §3604 except for those listed below.

The acceptable revenue codes are as follows:

Code	Description
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

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

Revenue Codes	Description	HCPCS Code
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 Psychotherapy	90849, 90853, or 90857
916	Family Psychotherapy	90846, 90847, or 90849
918	Psychiatric Testing	96100, 96115, or 96117
942	Education Training	***G0177

Edit to assure that HCPCS are present when the above revenue codes are billed and that they are valid HCPCS codes. Do 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. CMHCs report HCPCS codes in FL44, "HCPCS/Rates." (See §3627 for an explanation of the HCPCS coding system and §§3627.1 and 3627.7 for instructions for informing/educating your CMHCs regarding HCPCS reporting. HCPCS code reporting is effective for claims with dates of service on or after April 1, 2000.

Advise your CMHCs of these requirements. CMHCs should complete the remaining items on Form HCFA-1450 in accordance with the bill completion instructions in §414 of the Outpatient Physical Therapy/Comprehensive Outpatient Rehabilitation Facility/Community Mental Health Center Manual. Furnish each CMHC with one copy of that manual.

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 CMHC partial hospitalization patients. The CMHC 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:

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

The services of other practitioners, (including clinical social workers and occupational therapist) are bundled when furnished to CMHC patients. The CMHC must bill you for such nonphysician practitioner services as partial hospitalization services. Make payment for the services to the CMHC.

904	Activity Therapy
910	Psychiatric/Psychological Services
914	Individual Therapy
915	Group Therapy
916	Family Therapy
918	Testing
942	Education Training

Hospitals are required to report condition code 41 in FLs 24-30 to indicate the claim is for partial hospitalization services.

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

Revenue Code	Description	HCPCS Code
43X	Occupational Therapy	*G0129
904	Activity Therapy (Partial Hospitalization)	**G0176
910	Psychiatric General Services	90801, 90802, 90875, 90876, 90899, or 97770
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	***G0177

Edit to assure that HCPCS are present when the above revenue codes are billed and that they are valid HCPCS codes. Do not edit for the matching of revenue code 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)."

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 (PA) bill the Medicare Part B carrier directly for the professional services furnished to hospital outpatient partial hospitalization patients. The hospital can also serve as a billing agent for these professionals by billing the Part B carrier on their behalf under their billing number 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 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 Physician assistant (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. The hospital must bill you for such nonphysician practitioner services as partial hospitalization services. Make payment for the services to the hospital.

PA services can only be billed 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 the hospital, the physician and not the hospital would be responsible for billing the carrier on Form HCFA-1500 for the services of the PA. (See Medicare Carriers Manual (MCM), §16001.)

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, CASs, and PAs to partial hospitalization patients. However, the outpatient mental health treatment limitation does not apply to such mental health treatment services billed to the intermediary by a CMHC or hospital outpatient department as partial hospitalization services.

C. Reporting of Service Units.--Visits should no longer be reported as units. Hospital outpatient departments are required to report in FL 46, "Service Units," the number of times the service or procedure, as defined by the HCPCS code, was performed when billing for partial hospitalization services identified by revenue codes in subsection C.

EXAMPLE: A beneficiary received psychological testing (HCPCS code 96100 which is defined in one hour intervals) for a total of three hours during one day. The hospital reports revenue code 918 in FL 42, HCPCS code 96100 in FL 44, and three units in FL 46.

When reporting service units for HCPCS codes where the definition of the procedure does not include any reference to time (either minutes, hours or days), hospital outpatient departments do not bill for sessions of less than 45 minutes.