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*** PARTIAL HOSPITALIZATION PROVIDER SPECIFIC BILLING GUIDELINES ***

March 14, 2007

TO: (1) CHIEF FINANCIAL OFFICER
(2) DIRECTOR/MANAGER OF PATIENT ACCOUNTS
(3) BILLING OFFICE STAFF
(4) ADMISSIONS/REGISTRATION STAFF

FROM: MSBCBS OFFICE OF PROVIDER CONTRACTING AND REIMBURSEMENT

SUBJECT: BILLING INSTRUCTIONS FOR PARTIAL HOSPITALIZATION SERVICES.

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THIS BULLETIN APPLIES TO THE FOLLOWING PRODUCTS:

- Traditional/Indemnity PPO/POS FEP
 WVSBP HHIC Medicare Advantage

PURPOSE

This bulletin is intended to re-communicate the billing process for partial hospitalization which is intended to facilitate claims submission to Mountain State Blue Cross Blue Shield (MSBCBS) and claims processing. Proper coding should be observed when billing to reduce the amount of denials generated by omitted or incongruent information. Partial hospitalization services require preauthorization.

BACKGROUND/OVERVIEW

Partial Hospitalization – MSBCBS considers partial hospitalization to be an outpatient service for contracted and non-contracted facility providers (UB billers) and the professional providers (CMS 1500 billers). Valid places of service for partial hospitalization are 20 (hospital outpatient), 52 (psychiatric facility, outpatient), and 58 (psychiatric partial hospitalization) for UB billers and 20, 30 (provider office), and 52 for 1500 billers.

I. Providers licensed and contracted as Partial Hospitalization facilities (UB biller)

- A. Pricing is driven by revenue codes when billed with correct provider number
 - i. Partial Hospitalization Revenue Codes – 912-916
- B. S0201 (Partial hospitalization services, less than 24 hours, per diem) for Partial Hospitalization services represents proper coding.
- C. Facility employed or contracted physicians as contained in the provider agreement are included in the per diem rate and can be billed on the same claim, but will not be separately reimbursed.
- D. Professional Providers not employed or contracted by the facility, or not identified as included in a facility provider agreement, must submit professional claims on a CMS 1500 claim form using the appropriate professional provider number.
- E. Provider must bill each service date on a separate line with appropriate revenue code, procedure code, and units.

II. Professional Providers (physicians, therapists)

- A. Partial Hospitalization service providers use CPT codes for professional services which correspond to various types of service/visit.
- B. As a general rule S0201 and S9485 are not recognized as covered service benefits for professional services.
- C. Examples of Psych CPT codes:
 - i. 90801-90802, 90804-90819, 90821-90824, 90826-90829, 90846-90849, 90853, 90857, 90862, 90865, 90870, 90875-90876, 90880, 90882, 90885, 90887, 90889, 90899, 90901, 90911

III. "G" Codes for Partial Hospitalization

- A. CMS currently recognizes the following codes
 - i. G0129 Occupational Therapy
 - ii. G0176 Activity Therapy
 - iii. G0177 Education Training
- B. "G" Codes are not valid for reimbursement for MSBCBS commercial business for facility or professional providers.

Please note these special guidelines for the WV Small Business Plan (WVSBP)

WVSBP OPSS currently will not reimburse Partial Hospitalization services billed using the "G" codes listed above in section III.A., instead those WVSBP claims will need to be billed using the partial provider number and reimbursed via methods in sections I and II.

Note: All services are subject to member benefits. This general information is for contracted network providers. The provision of partial hospital services by non contracted providers should generally follow these same guidelines for facility and professional providers.

IMPACT/ACTION

Providers are encouraged to review the most current version of MSBCBS's *UB Manual* to verify that they are using the most up-to-date codes when billing. Providers should also review the billing modifications listed in this bulletin and utilize them in all applicable situations.

TIME FRAME

These processes have not been revised for MSBCBS commercial products. However, revisions have been made for the WV SBP product and OPSS processing for hospital outpatient services.

ASSISTANCE

This Bulletin

Questions regarding this bulletin may be directed to the Office of Provider Relations, at **1-800-798-7768** or contact your External Provider Relations Representative.

Inquiries About Eligibility, Benefits, Claim Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, MSBCBS encourages providers to use the electronic resources available to them – NaviNet and the applicable HIPAA transactions – prior to placing a telephone call to the appropriate Customer Service Department.

Bulletin Updates

Bulletin updates may be accessed via the News & Bulletins section of the Provider Drop down Box on the Mountain State Blue Cross Blue Shield website at www.msbcbs.com.