

## REIMBURSEMENT POLICY

### Partial Hospitalization

Active

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**Policy Number:** Behavioral Health – 017  
**Policy Title:** Partial Hospitalization  
**Section:** Behavioral Health  
**Effective Date:** 02/16/2016

#### Description

Partial hospitalization refers to a comprehensive, short-term, intensive, clinical treatment program. Partial hospitalization is a step below residential care but is more concentrated than traditional outpatient care. Clients are generally referred to partial hospitalization programs when they are experiencing acute psychiatric symptoms that are difficult to manage but that do not require 24-hour care.

#### Definitions

- H0035 – Mental health partial hospitalization, treatment, less than 24 hours.
- HA – Child/adolescent program.
- 0912 – Behavioral health treatments/services – partial hospitalization – less intensive.
- 0913 – Behavioral health treatments/services – partial hospitalization – intensive.
- 0250 – Pharmacy (drugs and biologicals).
- 043X – Occupational therapy, partial hospitalization 0900 – Behavioral health treatments/services general 0904 – Activity therapy, partial hospitalization.
- 0914 – Individual psychotherapy 0915 – Group therapy.
- 0916 – Family psychotherapy 0918 – psychiatric testing 0942 – Education training.
- 41 – Partial hospitalization.

#### Policy Statement

Partial hospitalization services must be billed with an outpatient place of service. The psychiatric unit must be Medicare-certified and must be billed using your National Provider Identifier (NPI) with the appropriate taxonomy code (partial psych).

- If the patient is **not** a Medicare member, submit claims using TOB 013X (Hospital Outpatient) with revenue codes 0912-0913 and HCPCS code H0035. For a child/adolescent program, use H0035 with the HA modifier.

- If the patient is a Medicare member, submit claims using TOB 013X (Hospital Outpatient), condition code 41 and the Medicare-allowed revenue codes and HCPCS code:
  - 0250 –no HCPCS required 043X – report with G0129
  - 0900 – report with 90791, 90792 or 90899 0904 – report with G0176
  - 0914 – report with 90832, 90833, 90834, 90836, 90837, or 90838
  - 0915 – report with 90849, or 90853
  - 0916 – report with 90846, 90847 or 90849
  - 0918 – report with 96101-96103, 96116, 96118-96120
  - 0942 – report with G0177

#### **Partial Program Not Hospital-Based**

If the partial program is not hospital-based but is part of a community mental health center in accordance with MS256B.0625, subd 5 and is certified by Medicare to provide partial hospitalization, bill using your NPI with your partial psych taxonomy code, using TOB 013X and revenue codes 0912-0913.

Hospital outpatient claims generally require submission of the appropriate HCPCS code along with the revenue code. The behavioral health (0900-0919) and the education training (0942) revenue codes require submission of a HCPCS code.

#### **Documentation Submission**

Documentation must identify and describe the services performed including total time of the service. If a denial is appealed, this documentation must be submitted with the appeal.

#### **Coverage**

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

#### **The following applies to all claim submissions.**

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

## Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

**CPT/HCPCS Modifier:** HA

**ICD Diagnosis:** N/A

**ICD Procedure:** N/A

**HCPCS:** G0129, G0176, G0177, H0035, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899, 96101-96103, 96116, 96118-96120

**Revenue Codes:** 0250, 043x, 0900, 0904, 0912, 0913, 0914, 0915, 0916, 0918, 0942

**Deleted Codes:** N/A

## Policy History

**Initial Committee Approval Date:** February 16, 2016

**Code Update:** N/A or (previous date)  
(new date, enter date here)

**Policy Review Date:** February 16, 2016  
April 3, 2018

**Cross Reference:** N/A

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