

# Partial Hospitalization Program Basics 2023 for Hospitals, CAHs and CMHCs

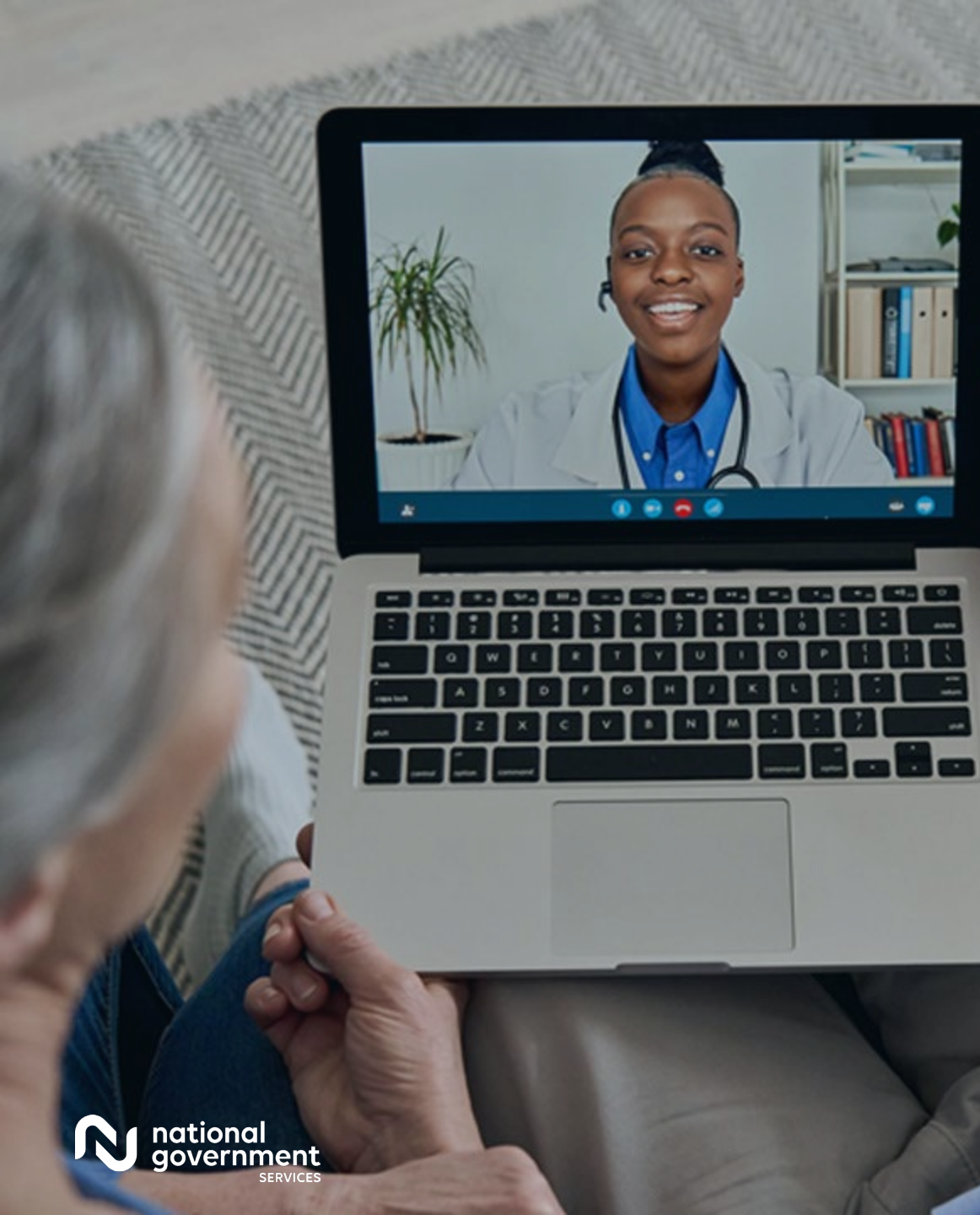
Part A Fall Virtual Conference: Ending on a Strong Medicare Note  
11/1/2023

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## Objective

Review coverage and billing requirements for Partial Hospitalization Program (PHP) services provided by a hospital, Critical Access Hospital (CAH) or Community Mental Health Center (CMHC) so such providers can submit appropriate claims to Medicare

# Today's Presenters

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## Provider Outreach and Education Consultants

- Jean Roberts, RN, BSN, CPC
- Christine Janiszczak



- PHP
  - Overview
  - Coverage
  - Documentation Reminders
  - Billing
  - Reimbursement
  - Resources
  - Questions

# Partial Hospitalization Program (PHP) Overview for Hospitals, CAHs, and CMHCs

# Outpatient Hospital Psychiatric Services

- Hospitals provide wide range of psychiatric services to outpatients needing psychiatric care
  - One or more individual services up to comprehensive, full-day programs (e.g. PHP)
  - May be intensive or primarily supportive
- General coverage
  - Reasonable and necessary for diagnosis or treatment of patient's condition
  - Physician supervision and evaluation
  - Services provided incident to physician's service
  - Individualized treatment plan
  - Beneficiary must have Medicare Part B coverage

# Community Mental Health Center (CMHC)

- Must meet certain program and patient criteria
  - Maintain appropriate state and local CMHC licensing/certification
  - Provide
    - ✓ Outpatient services, including specialized services for children, older adults, chronically mentally ill patients, and residents of its service area discharged from an inpatient mental health treatment facility
    - ✓ 24-hour emergency care services with clinician access and appropriate disposition with follow-up documentation of the emergency in the patient's CMHC medical record
    - ✓ Day treatment, PHP services, or psychosocial rehabilitation services with structured daily treatment plans varying in intensity, frequency and duration based on the patient's needs
    - ✓ At least 40% of its services is to patients ineligible for Social Security Act (SSA), Title XVIII benefits (Medicare)
    - ✓ Clinically evaluated state mental health facility candidate admissions by clinical personnel and authorized under state law, except those provided by a 24-hour facility; a CMHC operating in a state that, by law, prevents it from providing these services may contract with an entity the HHS Secretary approves

# PHP Overview

- PHP services are a distinct and structured set of outpatient psychiatric services
- SSA sections
  - 1861(ff): Defines services covered under PHP benefit
  - 1866(e)(2): Recognizes CMCHs as “providers of services” only for furnishing PHP services
  - 1835 (a)(2)(F): Must be under the care of a physician who certifies the need for PHP
  - 1862(a)(1)(A): Medicare services must be reasonable and medically necessary
    - ✓ Diagnosis or treatment of an illness or injury or to improve functioning of malformed body member

# PHP Overview

- PHP provides **intensive** psychiatric care in hospital outpatient department, CAH or Medicare certified CMHC
  - In lieu of an inpatient stay
  - Most intensive level of outpatient care
  - Distinct, organized intensive psychiatric outpatient treatment program (less than 24 hours per day) to treat profound or disabling mental health condition
  - Active treatment
  - Offers psychiatric treatment less than 24-hours a day

# PHP Overview

- Medicare covers PHP for
  - Acute mental illness
  - Exacerbation of a chronic illness
  - When patient would otherwise require inpatient psychiatric care
- PHP differs from outpatient services by
  - Intensity/frequency of participation
  - Comprehensive/structured program
  - Services specified in individualized treatment plan

# Medicare Coverage

# Outpatient Psychiatric Services

- Services must be reasonable and necessary
  - Reasonable expectation of improvement
  - Must be for purpose of diagnostic study or reasonably be expected to improve patient's condition
    - ✓ Control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization
  - Treatment must, at a minimum, be designed to reduce or control patient's psychiatric symptoms to prevent relapse or hospitalization, and improve or maintain patient's level of functioning
  - Acceptable improvement
    - ✓ Not necessarily restoration to pre onset of illness level
    - ✓ Control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization may be acceptable for psychiatric patients with long-term, chronic conditions

# Active Treatment

- PHP requires active treatment and individualized plan of care (POC) with coordinated services designed to meet patient's needs
  - Physician's active involvement in the prescription and supervision of treatment
  - Reasonable expectation that treatment will "improve or maintain the individual's condition and functional level, and prevent relapse or hospitalization"
  - Vigorous and proactive care must be provided
    - ✓ Not passive or custodial care
  - Intensive, active treatment is required to maintain functional level, and to prevent relapse or hospitalization

# Multidisciplinary

- PHP treatment includes a multidisciplinary team approach to care
  - Under direction of a physician
  - PHP services must be provided for a minimum of 20 hours per week
  - Must be furnished under an individualized written POC

# Covered Services

- Covered services included in the structured, multi-modal, active PHP program
  - Individual or group psychotherapy
  - Occupational therapy
  - Services of other staff
  - Drugs and biologicals that cannot be self-administered
  - Individualized activity therapies (not primarily recreational)
  - Family counseling
  - Patient training and education
  - Medically necessary diagnostic services (related to mental health treatment)

# Minimum 20 Hours Per Week

- Medicare coverage requires a minimum of 20 hours per week of therapeutic services per Medicare beneficiary
  - POC should convey required 20 hours of therapeutic services per week
  - Patient must be capable of tolerating intensity of PHP
  - Remittance Advice (RA) Remark
    - ✓ “Alert: An eligible PHP beneficiary requires a minimum of 20 hours of PHP services per week, as evidenced in the plan of care. PHP services must be furnished in accordance with the plan of care.”

# Certification

- Certification signed by physician (MD/DO) required upon PHP admission
  - Include:
    - ✓ Patient would require inpatient psychiatric hospitalization if PHP services were not provided
    - ✓ Attestation that services are furnished while individual is under care of a physician and under an individualized written POC

# Recertification

- Recertification must be signed by a physician who is treating patient and has knowledge of patient's response to treatment
  - First recertification required by 18th day
  - Subsequent recertifications required at intervals established by provider, but no less frequently than every 30 days following first recertification
- Recertification must specify
  - Patient would otherwise require inpatient psychiatric care in absence of continued stay in PHP and describe the following:
    - ✓ Patient's response to therapeutic interventions provided by PHP
    - ✓ Patient's psychiatric symptoms that continue to place patient at risk of hospitalization
    - ✓ Treatment goals for coordination of services to facilitate discharge from PHP

# Initial Psychiatric Evaluation

- Initial psychiatric evaluation with medical history and physical examination
  - Must be performed and placed in the chart within 48 hours of admission
  - **Note:** If patient is being discharged from an inpatient psychiatric admission to a PHP
    - ✓ Psychiatric evaluation, medical history, and physical examination from that admission with appropriate update is acceptable

# Initial Psychiatric Evaluation

- Initial psychiatric evaluation documentation should include
  - Chief complaint
  - Description of acute illness or exacerbation of chronic illness requiring admission
  - Current medical history
    - ✓ Include medications and evidence of failure at or inability to benefit from a less intensive outpatient program
  - Past psychiatric and medical history
  - History of substance abuse
  - Family, vocational and social history
    - ✓ Include documentation of an adequate support system to sustain/maintain the patient outside the partial hospitalization program

# Initial Psychiatric Evaluation

- Mental status examination
  - ✓ Include general appearance and behavior, orientation, affect, motor activity, thought content, long- and short-term memory, estimate of intelligence, capacity for self harm and harm to others, insight, judgment, capacity for activities of daily living (ADLs)
- Physical examination
- Formulation of patient's status
  - ✓ Include assessment of reasonable expectation patient will make timely and significant practical improvement in the presenting acute symptoms as a result of PHP program
- ICD-10-CM/DSM-IV-TR™ diagnoses
  - ✓ Include all five axes of multiaxial assessment as described in DSM-IV-TR

# Treatment Plan/POC

- PHP must be provided under an individualized written POC (treatment plan)
  - Services prescribed by physician and provided under individualized written treatment plan established by physician
  - POC must include, but is not limited to:
    - ✓ Diagnoses
    - ✓ Long- and short-term goals related to active treatment of reason for admission
    - ✓ Treatment goals/interventions must be measurable, functional, time framed, medically necessary and directly related to the reason for admission to the program
    - ✓ Type, amount, frequency, and duration of services, including activity therapy, required to address the goals

# Treatment Plan/POC

- PHP patient requires comprehensive, highly structured, scheduled, multi-modal individualized POC requiring medical supervision and coordination because their mental disorder severely interferes with multiple areas of daily life
  - Social, vocational, activities of daily living (ADLs) or instrumental ADLs, and educational functioning
- Patient must be able to cognitively and emotionally participate in the active treatment process and tolerate its intensity
- POC not required for a few brief services

# Coverage

## ■ Physician must

- Order PHP
- Provide supervision and direction to therapists
- Evaluate course of treatment based on periodic consultation and conference with therapists and staff, review of medical records, and periodically seeing patient
  - ✓ Physician entries in medical records must support this involvement
  - ✓ Determine extent treatment goals reached
- Determine extent to which treatment goals have been reached and whether changes in direction or emphasis are needed
- Document each individual service provided and involvement in patient's medical record (physician and/or staff as applicable)
  - ✓ Include medical necessity as needed

# Not Covered

- Services NOT covered include/not limited to
  - General in nature (i.e., general health education)
  - Chronically mentally ill/chronic condition with no current risk of relapse
  - Activity therapy/occupational therapy not specifically related to patient goals
  - Psychiatric education not specifically related to patient goals
  - Day care/custodial care/geriatric day care
  - Environmental intervention
  - Primarily social, recreational or diversionary activities

# Not Covered

- Stable - only needs medication management
- Cannot or refuses to participate, or unable to tolerate PHP intensity
- Lack of certification for PHP
- Services to hospital inpatients
- Meals
- Self-administered medications
- Transportation
- Vocational training; marriage or pastoral counseling

# Covered Professional Services

- Provided in hospital, or CAH outpatient dept. or CMHC
  - May be separately covered when billed to Part B Carrier (1500 claim or ASC X12 837 professional)
    - ✓ Physician services that meet the criteria of 42 CFR 415.102, for payment on a fee schedule basis
    - ✓ Physician assistant (PA) services as defined in SSA Section 1861(s)(2)(K)(i) – billed by PAs employer
    - ✓ Nurse practitioner and clinical nurse specialist services, as defined in SSA Section 1861(s)(2)(K)(ii)
    - ✓ Clinical psychologist (CP) services as defined in SSA section 1861(ii)
- PHP services provided by other practitioners in a CMHC, hospital or CAH outpatient department are bundled – billed as PHP services to FI/MAC
  - Examples:
    - ✓ Clinical social workers (CSW)
    - ✓ Occupational therapists
    - ✓ Clinical nurse specialist (CNS)

# Clarification: Hospital Outpatient CSW Services

- Payment may be made for covered diagnostic/therapeutic services furnished by CSWs in a hospital outpatient setting
- However, CSW services furnished in PHP are included in the PHP reimbursement rate
- Other CSW services must be billed to the carrier on a 1500 claim form

# Discharge Criteria

## ■ Discharge Criteria

- Clinical condition improves and/or stabilizes
- No longer requires or no longer benefits from the intensive PHP program
- Unable or unwilling to participate in PHP program four days per week for minimum of 20 hours per week
  - ✓ Document absences from the PHP program along with reason
- Step up to inpatient care
  - ✓ Needs 24 hour supervision due to probability of self-harm, harm to others, or inability to care for self
- Step down to less intensive outpatient care
  - ✓ No longer requires at least 20 hours per week of therapeutic services and supervision
  - ✓ No longer requires multidisciplinary/multimodal services as provided in PHP program
  - ✓ Able to benefit from less intensive structure of individual mental health services

# Documentation Reminders

# Suggested Documentation to Retain

- All services must be documented, support medical necessity, be dated and signed with start/stop time as applicable, and be retained in medical records
  - Note modalities and frequency of treatment rendered
- Initial psychiatric evaluation
- Certification and recertification at prescribed intervals
- Physician orders, progress notes and clinic notes
  - Notes reflecting active treatment and patient progress
  - All services prescribed (written order) by a physician
  - Provided as per written POC

# Suggested Documentation to Retain

- Individualized written POC (treatment) established by physician after any needed consultation with appropriate staff members
  - Treatment plan must state
    - ✓ Type, amount, frequency, and duration of the services to be furnished
    - ✓ Include all diagnoses
    - ✓ Include anticipated goals that are measurable
- Document discharge planning

# Suggested Documentation to Retain

- Progress/staffing notes for all services provided must be documented
  - Progress/staff note for every service provided
    - ✓ Include modalities, for example: All group therapy, activity therapy, family therapy, individual therapy, education, MD visits and all other psychiatric services billed
  - Reflect/support medical necessity of each service provided
  - Dated and signed
  - Include start/stop time (or total time) for time-based services

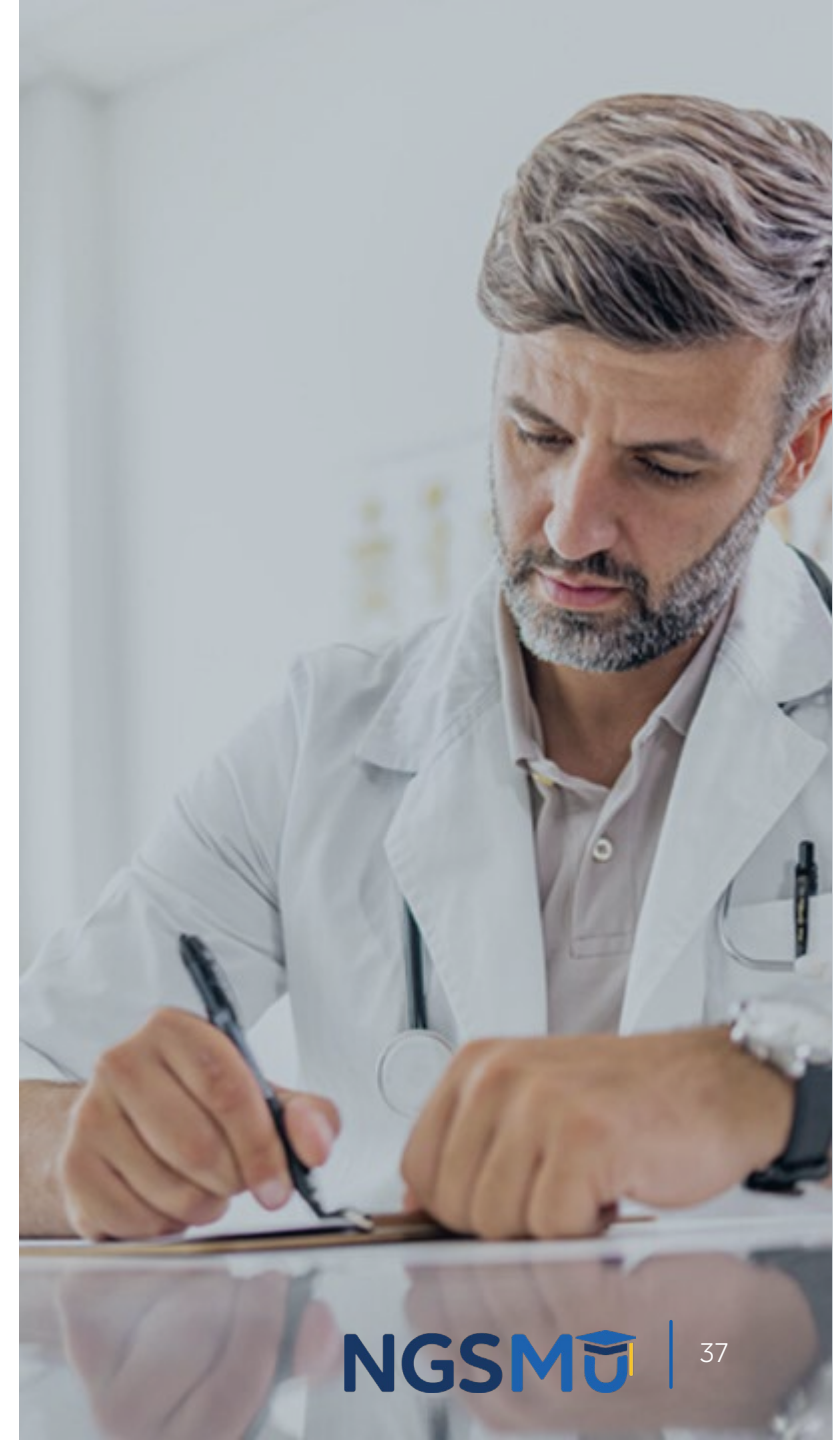
# Suggested Documentation to Retain

- Diagnosis, functional status, symptoms, prognosis, and progress to date
- Medication administration record
- Attendance record
  - Absences from scheduled PHP services should be documented with reason for the absence
- Itemization of pharmacy charges
- Laboratory, radiology, and any other diagnostic reports pertinent to services billed

# PHP Billing

# PHP Billing Section Note

- Section intended to highlight billing facility PHP services only
- Note: Additional revenue and HCPCS/CPT codes, and ICD-10 codes, are available in NGS Medical Policies
  - L33626: [LCD for Psychiatric Partial Hospitalization Programs](#)
    - ✓ A56850: [Billing and Coding: Psychiatric Partial Hospitalization Programs](#)
  - L33632: [LCD for Psychiatry and Psychology Services](#)
    - ✓ A56937: [Billing and Coding: Psychiatry and Psychology Services](#)
- See also Resources Section



# FYI: PHP Professional Services

- Professional services provided in PHP: Physician, physician assistance (billed by PAs employer), nurse practitioner, clinical nurse specialist, clinical psychologist
  - Not paid as PHP
  - Beneficiary must have Medicare Part B coverage
  - Bill to your Medicare Part B MAC on 1500 claim form, or electronic equivalent

# Billing PHP Facility Services

- Submit PHP facility services to your Part A MAC
  - Bill to your Medicare Part A MAC on 1450/UB-04, or electronic equivalent
  - Note: Services of other practitioners are bundled when furnished to CMHC patients
    - ✓ Including clinical social workers and occupational therapists
- Note: Beneficiary must have Medicare Part B coverage for outpatient services

# Type of Bill, Condition Code and Principal Diagnosis

- Hospital Outpatient PHP Program
  - 013X type of bill (hospital outpatient)
  - 085X (CAH)
  - Condition Code 41
  - Mental health diagnosis must be reported as principal diagnosis
- Community Mental Health Center (CMHC)
  - 076X type of bill
  - Mental health diagnosis must be reported as principal diagnosis

# Required

- Report for each individual covered service
  - Revenue code
  - Charges
  - CPT/HCPCS codes:
    - ✓ Required for HOPD and CMHC
    - ✓ Not required for CAH
    - ✓ Reminder: Revenue code 0250 does not require CPT/HCPCS codes
  - Service units
    - ✓ Reflect number of times service/procedure performed according to full HCPCS/CPT definition
    - ✓ CAHs report service units per number of times revenue code visit performed
    - ✓ Where code definition does not include reference to time, do not report sessions of less than 45 minutes
  - Line-item date of service (LIDOS)

# LIDOS Requirement

- LIDOS required when services are provided on more than one day in billing period
  - Identify DOS for each CPT/HCPCS code (Exception: CAH)
    - ✓ Report in FL 45 “Service Date” (or electronic equivalent) Format: MMDDYY
    - ✓ Repeat each service (revenue code) on a separate line item with date service was provided for every occurrence
  - Example: Group therapy services provided twice during a billing period

| Revenue Code | CPT/HCPCS Code | DOS      | Units | Total Charges |
|--------------|----------------|----------|-------|---------------|
| 0915         | G0176          | 20230905 | 1     | \$80          |
| 0915         | G0176          | 20230924 | 2     | \$160         |

# Acceptable Revenue Codes

| Revenue Code | Description                          |
|--------------|--------------------------------------|
| 0250         | Drugs and Biologicals                |
| 043X         | Occupational Therapy                 |
| 0900         | Behavioral Health Treatment/Services |
| 0904         | Activity Therapy                     |
| 0914         | Individual Therapy                   |
| 0915         | Group Therapy                        |
| 0916         | Family Therapy                       |
| 0918         | Behavioral Health/Testing            |
| 0942         | Education Training                   |

**Note:** Revenue code 0250 does not require HCPCS coding

# CPT/HCPCS Codes for PHP Services

| Revenue Code | Description                          | HCPCS/CPT Code  |
|--------------|--------------------------------------|---|
| 043X         | Occupational Therapy (PHP)           | G0129   |
| 0900         | Behavioral Health Treatment/Services | 90791 or 90792  |
| 0904         | Activity Therapy (PHP)               | G0176   |
| 0914         | Individual Psychotherapy             | 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90865, or 90880 |
| 0915         | Group Therapy                        | G0410 or G0411  |
| 0916         | Family Psychotherapy                 | 90846 or 90847  |
| 0918         | Behavioral Health/Testing            | 96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146    |
| 0942         | Education Training                   | G0177   |

# CPT/HCPCS Code Definitions

| Code  | Description   |
|-------|---|
| G0129 | Occupational therapy services requiring skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more) |
| G0176 | Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental problems, per session (45 minutes or more)        |
| G0177 | Training and educational services related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)   |
| G0410 | Group psychotherapy other than a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes  |
| G0411 | Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes   |

**Note:** G0129 and G0176 are only applicable to PHP

**Note:** G0177 applies to both PHP and outpatient mental health settings

# CPT/HCPCS Code Definitions

| Code   | Description   |
|--|---|
| 90791  | Psychiatric diagnostic evaluation (no medical services) completed by a nonphysician |
| 90792  | Psychiatric diagnostic evaluation (with medical services) completed by a physician  |
| 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90865, 90880 | Individual psychotherapy  |
| 90846, 90847   | Family psychotherapy  |
| 96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146 | Behavioral Health/Testing   |

# Medicare Requirement: Interim Billing

- Submit PHP claims in DOS order
  - interim or sequential billing
  - Applies to TOBs
    - ✓ 13X (hospital outpatient) with Condition Code 41
    - ✓ 85X (CAH) with Condition Code 41
    - ✓ 76X (CMHC)
- May submit sequential interim bills daily, weekly, or monthly as long as the claims are submitted with correct TOB frequency code
- Prior claim must finalize before the next claim is submitted in sequential order

# Interim Billing

- Must bill appropriate frequency digit in TOB
  - TOB XX1 = Admit though discharge claim
    - ✓ Examples: 0131; 0851; 0761
  - TOB XX2 = First in a series of claims
    - ✓ Examples: 0132, 0852, 0762
  - TOB XX3 = Claim for continuing course of treatment
    - ✓ Not admission or discharge claim
    - ✓ Examples: 0133, 0853, 0763
  - TOB XX4 = Last claim in a series/discharge claim
    - ✓ No additional PHP services are anticipated
    - ✓ Examples: 0134, 0854, 0764

# Interim Billing

- Prior PHP claim must have “through” date within seven (7) days of “from” date of incoming PHP claim
- Claims submitted out of sequence will be returned to the provider (RTP) for correction
  - Submit claim(s) for earlier DOS first
  - When that claim is finalized, then resubmit the out of sequence claim
- Medicare will validate that initial PHP claim is submitted as
  - TOB 131 or 132 with CC 41 (outpatient hospital)
  - TOB 851 or 852 with CC 41 (CAH)
  - TOB 761 or 762 (CMHC)

# Leave of Absence (LOA)

- LOA “Carve Out” process applies for inpatient stay, outpatient services, or outpatient service subject to OPPS provided during PHP
  - Must continue sending interim PHP claims, as applicable
  - Use occurrence span code (OSC) 74 to identify noncovered level of care/leave of absence dates
    - ✓ Include from and through dates for period of non-covered care when non-PHP services are provided during the PHP claim from and through dates
    - ✓ Example in [CMS IOM 100-04, Medicare Claims Processing Manual, Chapter 1](#), Section 50.2.2

# Hospital and CMHC: OPPS Services on Same Day

- Hospital rendering electroconvulsive therapy (ECT) on same day as PHP
  - Report on PHP claim (with CC41)
    - ✓ All charges/supplies associated supplies for ECT and PHP
- Hospital rendering nonpartial hospitalization mental health services to PHP patient
  - Report on PHP claim (with CC 41)
    - ✓ All charges/supplies for PHP and non-PHP mental health services

# Reminder: Off-Campus Billing Requirement

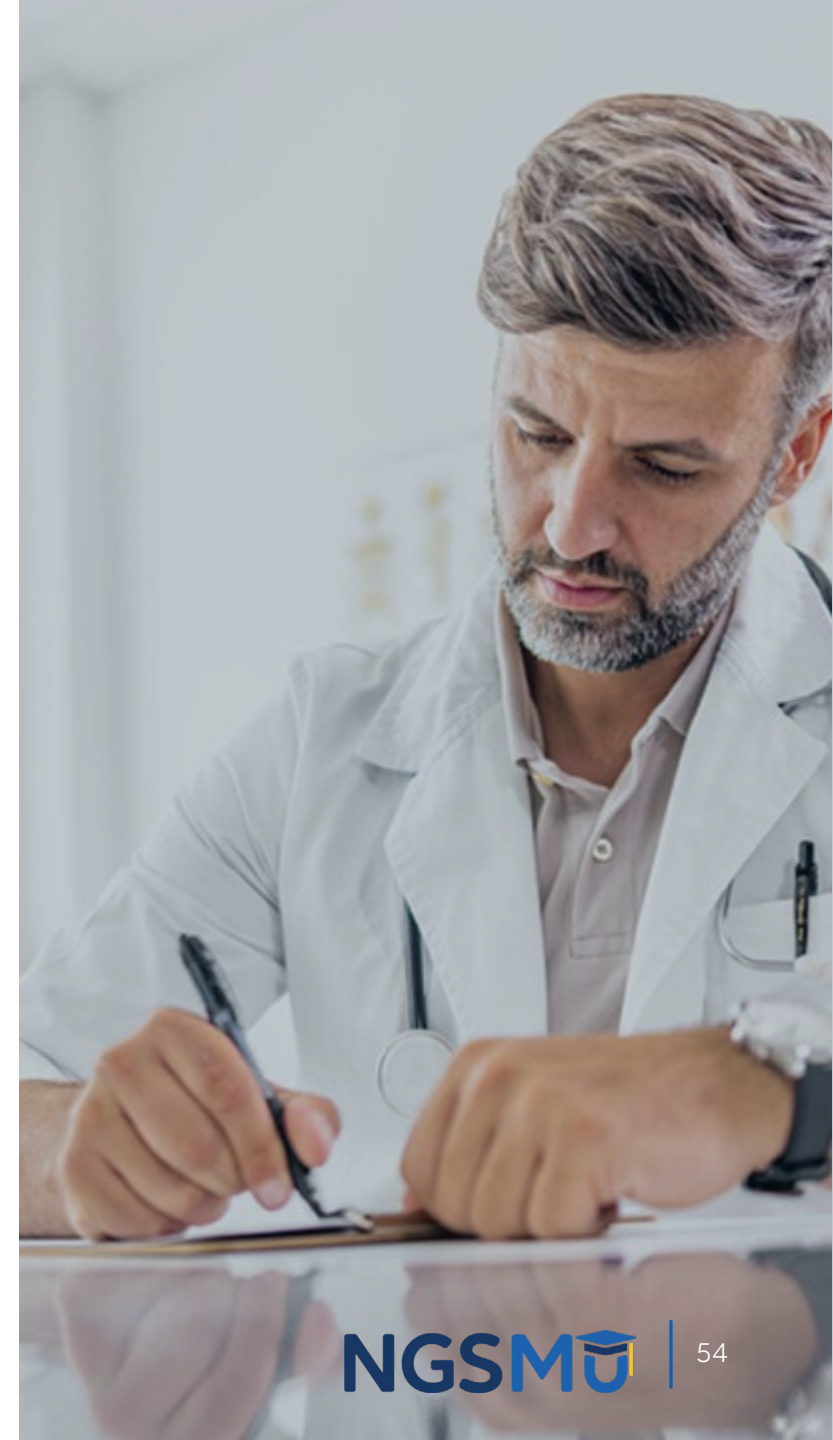
- Applies to hospital-based and CMHC PHPs
  - PO modifier
    - ✓ Required on each claim line for excepted off-campus provider-based departments
  - PN modifier
    - ✓ Required on each claim line for non-excepted off-campus provider-based departments
- Resources:
  - [CMS IOM Pub. 100-04, Medicare Claims Processing Manual, Chapter 4, Sections 20.6.11, 20.6.12, 20.6.18, 260.1](#)
  - NGS articles:
    - ✓ [Attention All OPPS Providers: Provider-Based Department Edits Being Implemented on/after 8/1/2023](#)
    - ✓ [URGENT: Billing Reminders for OPPS Providers with Multiple Service Locations](#)

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# Reimbursement

# Reimbursement Methodology

- OPPS applies to PHP services furnished by
  - Hospital outpatient departments
  - CMHCs
- CAH services Payment Method
  - Standard: Reasonable cost
  - Optional: Reasonable cost-based facility services plus 115% professional services fee schedule payment
- Medicare Part B deductible and coinsurance applies



# OPPS and Non-OPPS Quarterly Updates

- New processing requirements; Released via the quarterly Integrated Outpatient Code Editor (I/OCE) release applicable for, but not limited to
  - OPPS: Hospital outpatient departments and CMHCs
  - Non-OPPS: CAHs
- I/OCE releases are published via Change Requests and MLN Matters articles with specifications published on CMS website: [I/OCE Quarterly Release Files](#)
- Quarterly Addendum A and Addendum B updates reflect OPPS Pricer changes and published in [Addendum A and Addendum B Updates](#)

# OPPS PHP Reimbursement

- PHP is paid via APC

| APC    | Group Title   |
|--------|---|
| 5853   | Partial Hospitalization – three (3) or more services per day (for CMHC PHP)           |
| 5863   | Partial Hospitalization – three (3) or more services per day (for hospital-based PHP) |
| Denial | Less than 3 PHP services reported for any one day                                     |

CAH: Paid via reasonable cost basis

# Resources

# NGS LCDs and Articles

- L33626: [LCD for Psychiatric Partial Hospitalization Programs](#)
  - A56850: [Billing and Coding: Psychiatric Partial Hospitalization Programs](#)
- L33632: [LCD for Psychiatry and Psychology Services](#)
  - A56937: [Billing and Coding: Psychiatry and Psychology Services](#)

# CMS Internet-Only Manual (IOM)

- [Centers for Medicare & Medicaid Services \(CMS\), IOM Publication \(Pub,\) 100-02, Medicare Benefit Policy Manual, Chapter 6, Hospital Services Covered Under Part B](#)
  - Section 70 – Outpatient Hospital Psychiatric Services
  - Section 70.1 – General
  - Section 70.2 – Coverage Criteria for Outpatient Hospital Psychiatric Services
  - Section 70.3 – Partial Hospitalization Services

# CMS Internet-Only Manuals (IOMs)

- [CMS IOM Pub. 100-04, Medicare Claims Processing Manual, Chapter 4 - Part B Hospital, Section](#)
  - 20.6.11 – Modifier PO
  - 20.6.12 – Modifier PN
  - 20.6.18 – Modifier ER
  - 170 - Hospital and CMHC Reporting Requirements for Services Performed on the Same Day
  - 260 - Outpatient Partial Hospitalization Services
  - 270 - Billing for Hospital Outpatient Services Furnished by Clinical Social Workers (CSWs)
- [CMS IOM Pub. 100-08, Medicare Program Integrity Manual, Chapter 3](#)
  - Section 3.3.2.4 – Signature Requirements
  - Section 3.3.2.6 – Psychotherapy Notes

# Change Requests (CR) and MLN Matters Articles (MM)

- [CR 8048](#) & [MM8048](#): Enforcing Interim Billing for Partial Hospitalization Services
- [CR 9880](#) & [MM9880](#): Implementing the Remittance Advice Messaging for the 20 Hour Weekly Minimum for Partial Hospitalization Program Services
- [CR 11066](#) & [MM11066](#): Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program Services
- [CR 12998](#): January 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.0
- [CR 13031](#) & [MM13031](#): January 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)

# CRs & MMs

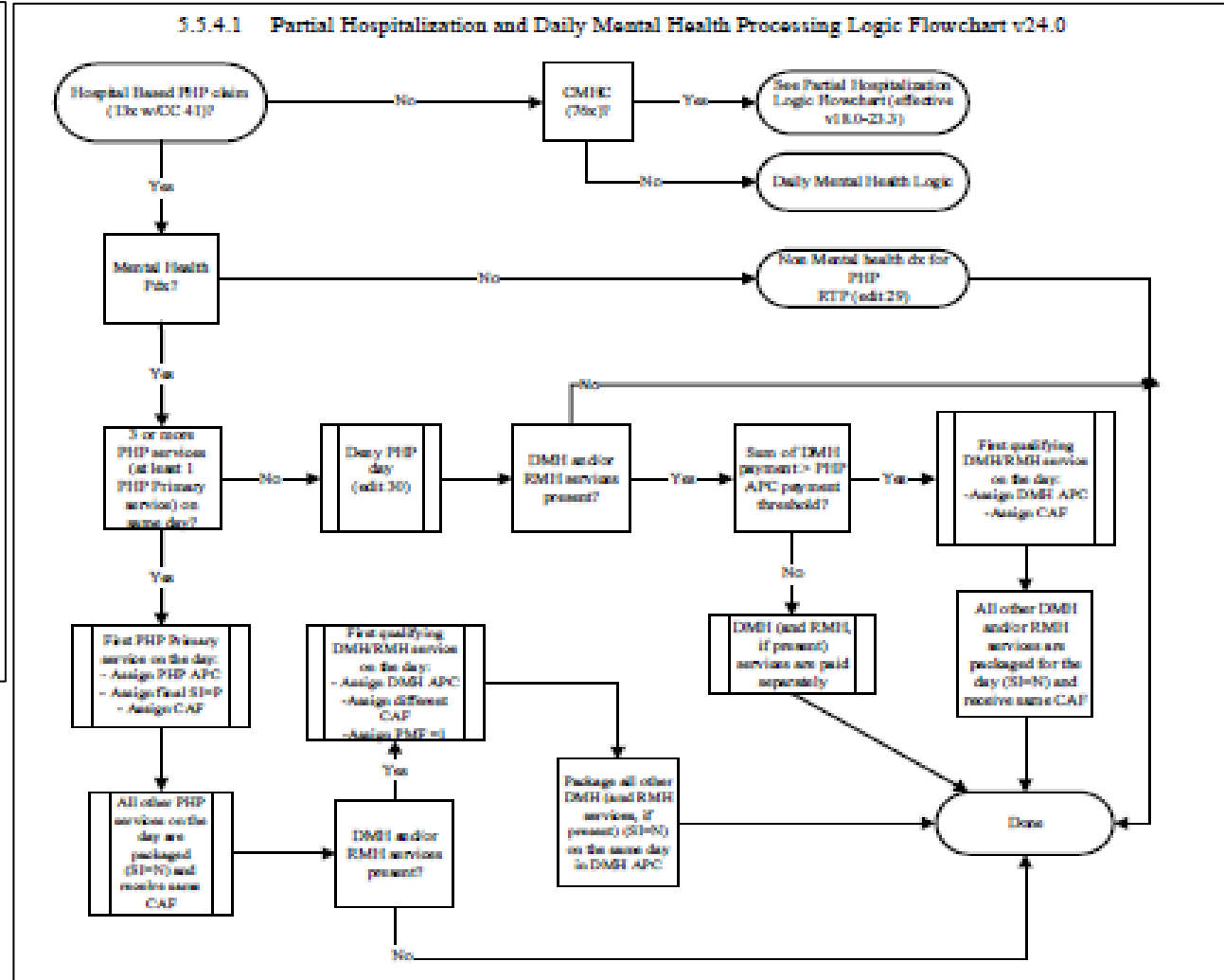
- [CR 13136](#) & [MM13136](#): April 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
  - Includes update to CMS IOM 100-04, Chapter 4, Section 170 - Hospital and CMHC Reporting Requirements for Services Performed on the Same Day
- [CR 13125](#): April 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.1
- [CR 13213](#): July 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.2
- [CR 13339](#): October 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.3

# CY 2023 HOPD Final Rule

- CMS Fact Sheet: [CY 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule with Comment Period \(CMS 1772-FC\)](#)
  - Non-PHP OP Behavioral Health Services Furnished Remotely to Partial Hospitalization Patients:
    - ✓ New HCPCS codes adopted under OPPS describing certain behavioral health therapy services furnished remotely, by hospital staff using communications technology to beneficiaries in their homes, is not recognized as PHP services, but will be available to those in a PHP
    - ✓ A hospital can bill for non-PHP OP services furnished to a PHP patient, including remote therapy services furnished by a HOPD but will need to continue to comply with documentation requirements that apply to PHP patients
  - [CMS 1772-FC](#)

# Partial Hospitalization and Daily Mental Health Processing Logic Flowchart

CMS [I/OCE Quarterly Release Files](#) > I/OCE Quarterly Data Files V243.R0 > accept license and files then download > Open PDF file labeled “IntegOCESpecs\_V24.3\_Oct 23” > chart on page 34 of 88



# CMS Resources

- [CMS MLN Booklet, MLN1986542: Medicare & Mental Health Coverage](#)
- [CMS MLN Booklet, MLN006400: Information for Critical Access Hospitals](#)
- [SE1604 Revised](#): Medicare Coverage of Substance Abuse Services
  - Includes section on PHP
- [MLN Fact Sheet, MLN901705: Telehealth Services](#)
- CMS YouTube Videos
  - [CMS Provider Minute: Psychiatry and Psychotherapy](#)
  - [Provider Minute: Utilizing Your MAC](#)
  - [Provider Minute: The Importance of Proper Documentation](#)
  - [Targeted Probe and Educate](#)

# CMS Resources

- CMS Quality, Safety & Oversight - Certification & Compliance: [Community Mental Health Centers](#)
- Community Mental Health Centers Conditions of Participation: [42 CFR Part 485 Subpart J](#)
- CMS MLN
  - New: MLN Fact Sheet: [Direct Data Entry: 10-Digit Screen Expansion](#)
  - Educational Tool: [Medicare Provider Compliance Tips](#)
    - ✓ Approximately 49 different topics included
  - Fact Sheet: [Complying with Medical Record Documentation Requirements](#)
  - Educational Tool: [Medicare Preventive Services](#)

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

# To Ask a Question Using the Question Box

The screenshot shows the GoToWebinar interface with the following sections:

- Attendee List (2 | Max 201)**: Includes tabs for Attendees (1) and Staff (1). A dropdown menu shows "NAMES - ALPHABETICALLY" with "Corena Bahr (Me)" listed. A search bar is at the bottom.
- Audio**: Shows "Audio Mode" with radio buttons for "Use Telephone" and "Use Mic & Speakers" (selected). A "MUTED" status bar with a volume icon and a "00000000" volume level is shown. A link for "Audio Setup" is present.
- Talking: Suzie Smith**
- Questions**: Contains a "Questions Log" with a question "Q: Is there a volume discount?" and an answer "A: Yes! We will send you more info after the event." Below the log is a text input field containing "Yes" and a "Send" button.
- Webinar Now**: Displays "Webinar ID: 731-938-951" and the "GoToWebinar™" logo.

Two red arrows are overlaid on the interface:

- A red arrow pointing to the text input field in the Questions section with the text "Type questions here".
- A red arrow pointing to the "Send" button in the Questions section with the text "Then click Send".

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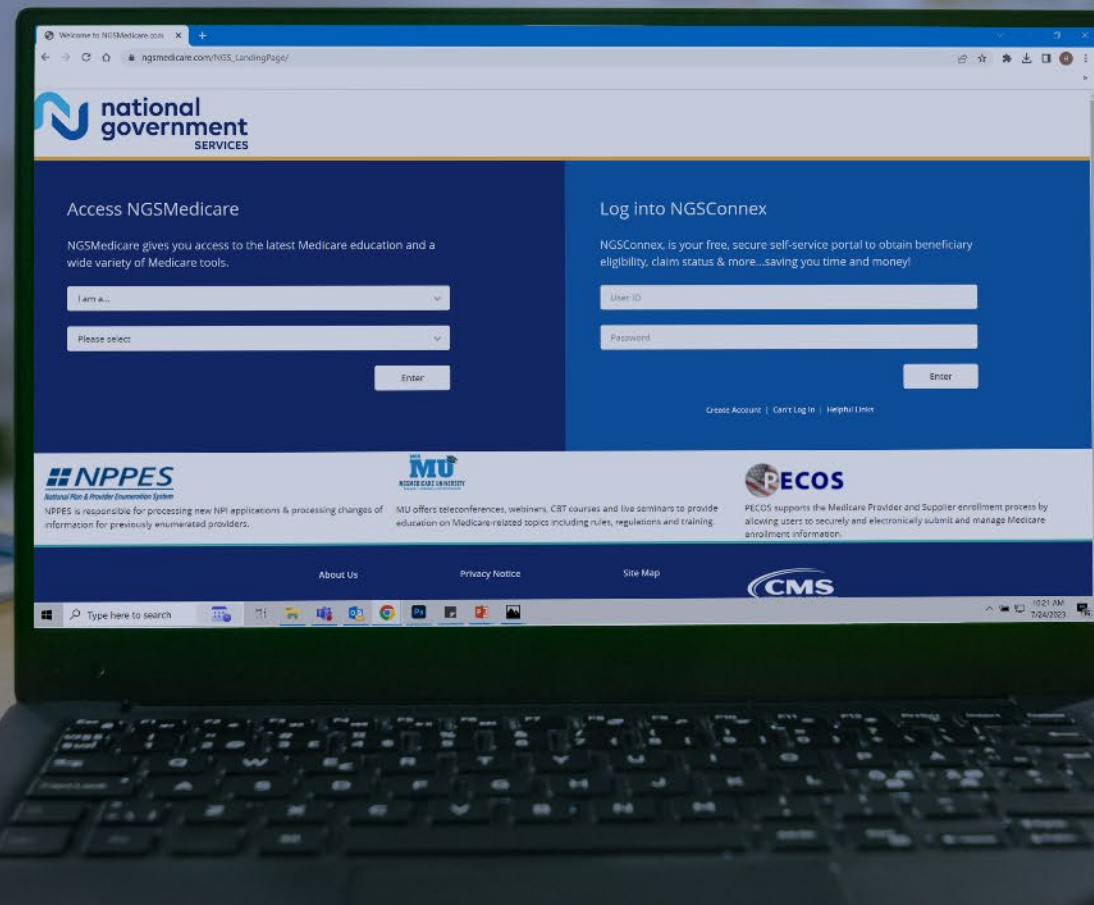
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