



TO: Acute Care Hospitals and Psychiatric Hospitals
RE: Billing for Partial Payment for Behavioral Health Intermediate Levels of Care

The purpose of this provider bulletin is to notify acute care and psychiatric hospitals that, effective July 1, 2016, there is a new process for billing days on which an individual does not attend the entire scheduled duration of an intermediate level of care program. Intermediate levels of care are Partial Hospital Programs (PHP), Intensive Outpatient Programs (IOP) and Extended Day Treatment (EDT) Programs.

There is no change in the policy that was articulated in Provider Bulletin 2014-32 concerning what is allowed to be billed; however, there will be a change in how the claims must be submitted. This change was developed at the request of the hospitals to facilitate billing.

For services that qualify for partial day billing, the hospital should submit the appropriate Revenue Center Code (RCC) with one of the Healthcare Common Procedure Codes (HCPC) and the modifier indicated in the chart below.

RCC/Description	HCPC	Modifier
905 / IOP - Psychiatric	S9480	52
906 / IOP - Chemical dependency	H0015	52
907 / EDT	H2012	52
913 / PHP	H0035	52

The combination of the RCC, HCPC and modifier on the claim will allow the claims system to pay 50% of the normal allowed amount for that procedure. This new process

relieves the hospital of the need to adjust their billed amount on the claim. This billing process applies to all HUSKY Health programs which include HUSKY A, HUSKY B, HUSKY C and HUSKY D.

There are no changes in the authorization process or requirement for these services.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center at 1-800-842-8440.