Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

Office of Decision Support and Information Management
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September 1, 2016

To: DBHDD Contracted Private Psychiatric Hospitals

From: John Quesenberry, Director
Office of Decision Support and Information Management

Subject: Private Psychiatric Inpatient Claims

The purpose of this memorandum is to notify you of information related to the submission of claims for inpatient billing through the Georgia Collaborative ASO's information system. This is only applicable to private contracted hospitals for psychiatric inpatient beds.

The above noted changes are described in the following attachments to this letter:

Attachment 1:
a. New procedure code for C&A Inpatient billing
b. New billing option for 837i claims

We request that you communicate the information in this letter and its attachments as soon as possible to the appropriate personnel in your organization, including specifically billing or claims staff.

Please direct questions concerning to the Georgia Collaborative ASO at GACollaborativePR@beaconhealthoptions.com. Should you have any other questions concerning this letter, please contact John Quesenberry at john.quesenberry@dbhdd.ga.gov.

As always, we appreciate your cooperation in providing complete, accurate, and timely data concerning the services you deliver.

c: Wendy Tiegreen
Anna McLaughlin
Jason Bearden (Georgia Collaborative ASO)

ATTACHMENT 1 – Private Psychiatric Inpatient Claims 9/1/2016

Effective 09/01/2016, the following changes have been made and a new billing option is available. This is only applicable to private contracted hospitals for psychiatric inpatient beds.

A. A new procedure code is being added for the purpose of billing Child & Adolescent inpatient bed days. If your hospital has been contracted to provide inpatient beds for youth under the age of 18 then you must begin billing the procedure code H2013 HA. The HA modifier identifies that the service is for a child.

B. Providers will have two options for submitting claims for payment. Please see details below with qualifications that must be followed depending on which method chosen. NOTE: This is only for crisis referred beds and not overflow beds. Overflow beds will continue to be invoiced directly the state hospital when individuals have been diverted by the hospital.

1. 837p (This is the file currently being exchanged)

When using this file type it is required that the HCPCS procedure codes be billed for the appropriate service (Inpatient day: H2013 or H2013 HA; Transportation: T2003 QM). Revenue codes are not allowable with this file type. Providers may continue to use this file however **one** of the following rules must be adhered to in order for claims to pay correctly:

i. Each date of service should be billed on a separate claim line (no span billing for multiple dates).
OR

ii. When span billing the dates of service must match the authorization lines exactly. This will require more attention especially when an individual has gone through multiple concurrent reviews during an episode of care.

For Example: Individual was admitted 8/1/2015 and discharged 8/18/2015. The initial authorization was for 5 days with concurrent reviews occurring until discharged. Thus the actual authorization detail lines might look like:

8/1/2015 – 8/5/2015 for 5 units
8/6/2015 – 8/8/2015 for 3 units
8/9/2016 – 8/11/2015 for 3 units
8/12/2015 – 8/14/2015 for 3 units
8/15/2015 – 8/17/2015 for 3 units

In this example there would need to be a separate claim line matching each line above.

2. 837i (This is a new option)

a. Providers may begin using this file type however the following must be adhered to in order for claims to pay correctly:

b. Loop 2400 must contain both the revenue code and the HCPCS procedure code on each claim line. For the inpatient service revenue code 0124 and procedure code H2013 or H2013 HA must be used together. For transportation the revenue code 0549 and procedure code T2003 QM must be used together.

c. All inpatient services must be bundled into the revenue code; do not bill ancillary services.

For example: Loop 2400 might look like the samples below:

Inpatient days: SV2*0124*HC:H2013*16870*DA*4**~

Transportation: SV2*0549*HC:T2003:QM*7500*DA*5**~