

PM Attachment 6.0.2 Billing Instructions Used to Identify Crisis Services Effective 7/1/10

A service provided for a crisis situation must be identified on the 837 Professional electronic layout using Loop 2400, element ID 837p573 by entering a "Y". The "Y" indicator should only be used to identify crisis services.

ADHS
BHS/ITS

837 - Health Care Claim: Professional
Mapping Perspective: From RBHA to BHS
Effective for encounters received May 01, 2007 or later

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION
245	837p-568				2400		Composite Diagnosis Code Pointe	St	SV107	C004	0				
246	837p-569						Diagnosis Code Pointe	Req	SV107-1	1328	M	NO	1	2	"1"
247	837p-570						Diagnosis Code Pointe	St	SV107-2	1328	O	NO	1	2	"2"
248	837p-571						Diagnosis Code Pointe	St	SV107-3	1328	O	NO	1	2	"3"
249	837p-572						Diagnosis Code Pointe	St	SV107-4	1328	O	NO	1	2	"4"
250	837p-573						Yes/No Condition or Response Cod	Req	SV109	1073	O	ID	1	1	"Y" if Emergency, no value if not emergenc

"Y" used to report Crisis

The comparable field on a paper CMS 1500 claim form is 24-I

24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
								Y		

In addition, inpatient stays as a result of a crisis response must be submitted with an admit type of 1 emergent or 2 urgent. This information is also reported on the 837 Institutional electronic layout in Loop 2300, element ID 837I-186.

HIPAA Project 837 - Health Care Claim: Institutional Mapping Prospective: From RBHA to BHS

Must be 1 or 2

Element ID	Segment Name	Usage	Segment Repeat	Loop	Loop Repeat	Element Name
837I-186	Institutional Claim Code	Required	1	2300	100	Admission Type code

The comparable field on the UB04 form is 14

INPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3a PAT. CNTL. # 1234	b. MED. REC. # 98765	5 FED. TAX NO. 221234567	6 STATEMENT FROM 11 03 06
8 PATIENT NAME a Doe, John	a Patient ID if different from Sub		9 PATIENT ADDRESS a 1234 Main Street	b Philadelphia		c PA	
10 BIRTH DATE 03 20 1971	11 SEX M	12 DATE 11 03 06	13 HR 08	14 TYPE 1 or 2	15 SPC 3	16 DHR 12	17 STAT 01
Condition Codes Required Identifying Events							
31 OCCURRENCE DATE COD E	32 CODE	33 OCCURRENCE DATE COD E	34 OCCURRENCE DATE COD E	35 OCCURRENCE DATE COD E	36 OCCURRENCE DATE COD E	37 OCCURRENCE DATE COD E	38 OCCURRENCE DATE COD E
Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer							
38 John Doe 1234 Main Street Philadelphia, PA 19111				39 VALUE CODES AMOUNT a A1 952.00		40 VALUE CODES AMOUNT b Value Codes and amounts required when	