CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2266	**Date: February 28, 2019**
	Change Request 11066

Transmittal 2265, dated February 25, 2019, is being rescinded and replaced by Transmittal 2266, dated, February 28, 2019, to update the note in business requirement 11066.1. All other information remains the same.

SUBJECT: Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to revise the remittance advice informational messaging, effective July 1, 2019, that conveys supplemental and educational information to the provider submitting claims for PHP services where the patient did not receive the minimum 20 hours per week of therapeutic services the plan of care indicates is required, on claims with a claim service date on or after July 1, 2019.

EFFECTIVE DATE: July 1, 2019
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 1, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2266	Date: February 28, 2019	Change Request: 11066

Transmittal 2265, dated February 25, 2019, is being rescinded and replaced by Transmittal 2266, dated, February 28, 2019, to update the note in business requirement 11066.1. All other information remains the same.

SUBJECT: Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services

EFFECTIVE DATE: July 1, 2019
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 1, 2019

I. GENERAL INFORMATION

A. Background: This CR will revise informational messaging on the PHP claim remittance advice, effective July 1, 2019, that conveys supplemental and educational information to the provider submitting claims for PHP services where the patient did not receive the minimum 20 hours per week of therapeutic services the plan of care indicates is required, on claims with a claim date of service on or after July 1, 2019. This messaging is intended to increase provider awareness of the regulations at 42 Code of Federal Regulation (CFR) 410.43(c)(1) and 42 CFR 410.43(a)(3). These regulations state that PHPs are intended for patients who require a minimum of 20 hours per week of therapeutic services, as evidenced in their plan of care, and that PHP services include only those services that are furnished in accordance with a physician certification and plan of care as specified under 42 CFR 424.24(e).

PHP services are intensive outpatient services provided in lieu of inpatient hospitalization for mental health conditions. The regulation at 42 CFR 410.43(c)(1) states that PHPs are intended for patients who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. Additionally, the regulation at 42 CFR 410.43(a)(3) requires that PHP services are services that are furnished in accordance with a physician certification and plan of care as specified under 42 CFR 424.24(e).

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11066.1	Effective for covered PHP claims processed on and after July 1, 2019, with a claim date of service on and after July 1, 2019, the shared system maintainer shall receive payer only value code "QW" from the Integrated/Outpatient Code Editor (I/OCE) return buffer when a partial week is present on an initial interim PHP					X				IOCE

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	claim. **Note:** The value amount reported with value code "QW" will be the one (1) byte number of partial week days, followed by the two (2) byte number of partial week hours, followed by the two (2) byte number of any partial hours (15 minute increments) that were contained on the claim form as calculated by the I/OCE in a total five (5) byte number. For example 2 days and 8 hours and 45 minutes (.75) will be recorded as 208.75. All numbers will be right justified and zero filled.										

11066.1.1	Applicable to the following type of bills:
	 Initial Interim PHP claims are as follows: 132, 137, 13Q, 762, 767, 76Q.
	      . Condition code 41 must be included on the following Initial Interim PHP
	       claims: 132, 137, 13Q
	
	   . Patient status needs to be 30 on the following Initial Interim PHP claims:
	       137, 13Q, 767, 76Q
	
	Continuing Interim PHP claims are as follows: 133, 137, 13Q, 763, 767, 76Q.
	      . Condition code 41 must be included on the following Continuing Interim PHP
	       claims: 133, 137, 13Q
	      . Patient status needs to be 30 on the following Continuing Interim PHP claims:
	       137, 13Q, 767, 76Q
							X				

11066.2	On a continuing interim PHP claim or a final interim PHP claim, the shared system	X					X				IOCE

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	maintainer shall look on the previously processed claim in history for the same beneficiary performed at the same provider with a claim "through" date within 7 days prior to the current claim's "from" date for the presence of payer only value code "QW". If payer only value code "QW" is present on the history claim then the shared system maintainer shall append to the current claim payer only value code "QA" with the amount value from payer only value code "QW" and also send this to the I/OCE input buffer on the current claim. **Note:** Value code "QA" value amount shall follow the same format as value code "QW" amount.									

11066.2.1	Applicable to the following type of bills:
	 Continuing Interim PHP claims are as follows: 133, 137, 13Q, 763, 767, 76Q.
	    . Condition code 41 must be included on the following Continuing Interim PHP claims: 133, 137, 13Q
	    . Patient status needs to be 30 on the following Continuing Interim PHP claims:
	      133, 137, 13Q, 763, 767, 76Q
	
	Final Interim PHP claims are as follows: 134, 137, 13Q, 764, 767, 76Q
	    . Condition code 41 must be included on the following Final Interim PHP claims:
	      134, 137, 13Q
	    . Patient status cannot be 30 on the following Final
						X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Interim PHP claims: 137, 13Q, 767, 76Q									
11066.3	The shared system maintainer shall receive payer only CC "MV" from the I/OCE return buffer when a partial week receives I/OCE edit 95.					X				IOCE
11066.4	The shared system maintainer shall develop an Informational Unsolicited Response (IUR) adjustment edit when CC "MV" is present on an incoming covered continuing interim PHP claim or a covered final interim PHP claim, to adjust the previously processed history covered PHP claim for the same beneficiary performed at the same provider with a claim "through" date within 7 days prior to the current claim's "from" date and add Condition Code "MW" to this IUR history adjustment claim. Bypass processing the IUR adjustment on history claims that already have condition code "MW" found on the history claim.					X			X	
11066.4.1	Applicable to the following type of bills: Initial and Continuing Interim PHP claims are as follows: 132, 133, 137, 13Q, 762, 763, 767, 76Q. . Condition code 41 must be included on the following Continuing Interim PHP claims: 132, 133, 137, 13Q . Patient status needs to be 30 on the following Continuing Interim PHP claims: 137, 13Q, 767, 76Q					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	

	Final Interim PHP claims are as follows: 134, 137, 13Q, 764, 767, 76Q
	     . Condition code 41 must be included on the following Final Interim PHP claims:
	     134, 137, 13Q
	     . Patient status cannot be 30 on the following Final Interim PHP claims:
	     137, 13Q, 767, 76Q
	
	History Interim PHP claims can be 132, 133, 137, 13Q, 762, 763, 767 or 76Q type of bills.
	     . Condition code 41 must be included on the following History PHP
	     claims: 132, 133, 137, 13Q									

11066.4.2	An example of the IUR adjustment processing would be if an incoming covered continuing interim PHP claim or a covered final interim PHP claim; has a "from" date of July 1, 2019 and after; with a CC: "MV"; to adjust the previously processed history covered PHP claim for the same beneficiary performed at the same provider with a claim "through" date within 7 days prior to the current claim's "from" date. Bypass processing the IUR adjustment on history claims that already have condition code "MW" found on the history claim.								X	
11066.5	The shared system maintainer shall send payer only CC "MW" to the I/OCE input buffer on the PHP history claim that receives the IUR adjustment edit. The IOCE shall reprocess the partial week to receive I/OCE edit 95.					X				IOCE

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11066.6	The shared system maintainer shall ensure that payer only CC "MV" and "MW", along with payer only value codes "QW" and "QA" are not sent to the Coordination of Benefits transaction. **Note:** MV = IOCE output for 2nd portion of combined PHP week did not meet 20 hour requirement. MW = IOCE input (From CWF) for 1st portion of combined PHP week did not meet 20 hour requirement. QW = IOCE output of Partial PHP week day(s)/hour(s) QA = IOCE input of Partial PHP week day(s)/hour(s).					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11066.7	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Fred Rooke, fred.rooke@cms.hhs.gov , Katherine Lucas, katherine.lucas@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0