

## 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

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	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	Sit	SV107	C004	O				
246	837p-569						Diagnosis Code Pointe	Req	SV107-1	1328	M	NO	1	2	"1"
247	837p-570						Diagnosis Code Pointe	Sit	SV107-2	1328	O	NO	1	2	"2"
248	837p-571						Diagnosis Code Pointe	Sit	SV107-3	1328	O	NO	1	2	"3"
249	837p-572						Diagnosis Code Pointe	Sit	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" 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 Perspective: 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. CTRL. # 1234	3b MED. REC. # 98765	5 FED. TAX NO. 221234567	6 STATEMENT FROM 11 03 06		
8 PATIENT NAME a Doe, John	9 PATIENT ADDRESS a 1234 Main Street	b Philadelphia		c PA					
10 BIRTH DATE 03 20 1971	11 SEX M	12 DATE OF ADMISSION 11 03 06	13 HR 08	14 TYPE 1 or 2	15 SPD 3	16 DHR 12	17 STAT 01		
Condition Codes Required Identifying Events									
31 OCCURRENCE DATE CODE 32 OCCURRENCE DATE CODE 33 OCCURRENCE DATE CODE 34 OCCURRENCE DATE CODE 35 OCCURRENCE FROM SPAN THRU CODE 36 OCCURRENCE FROM CODE									
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	