

ADHS/DBHS Policy Attachment 501.1 Submitting Claims and Encounters

Billing Instructions Used to Identify Crisis Services

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	0					
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" 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					Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES		DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
	From	To						(Explain Unusual Circumstances)								
	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER							
														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.

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**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
837-196	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		9 PATIENT ADDRESS a Philadelphia		c PA			
10 BIRTHDATE 03 20 1971		11 SEX M		12 DATE 11 03 06		13 HR 08	
14 TYPE 1 or 2		15 SPD 3		16 DHR 12		17 STAT 01	
18 19 20 21 22 23 24 25 26 27 28 Condition Codes Required Identifying Events							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE FROM		36 OCCURRENCE THROUGH		37 OCCURRENCE FROM		38 OCCURRENCE FROM	
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 CODE VALUE CODES AMOUNT a A1 952.00		40 CODE VALUE CODES AMOUNT b Value Codes and amounts required when	