PROVIDER BULLETIN

JUNE 2012 Fourth Edition, Issue 11 Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

1) CHANGES TO CASE CONSULTATION/TEAM CONFERENCE PROCEDURE CODES
2) CHANGES IN EMERGENCY ROOM PROCEDURE CODES
3) LATE CODE USAGE MODIFICATION
4) INTEGRATED SYSTEM (IS) SHUT DOWN
5) ELECTRONIC DATA INTERCHANGE (EDI) READINESS
6) SYSTEM ACCESS
   - OBTAINING ACCESS TO THE INTEGRATED SYSTEM (IS)
   - RENEWING ACCESS
   - TERMINATING ACCESS
7) HIPAA 5010 EDI TESTING
8) FEE-FOR-SERVICE REPORTS MANUAL

CHANGES TO CASE CONSULTATION/TEAM CONFERENCE PROCEDURE CODES

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare providers to utilize nationally defined standards when transmitting healthcare information. Two commonly used procedure codes, 99361 and 99362, have been eliminated from the list of CPT codes. The removal of 99361 and 99362 has lead to the expansion in the use of H0032.

These procedure codes, 99361 and 99362, which were used for Case Consultation/Team Conference, are now invalid, as they are no longer permitted by Medi-Cal. Therefore, beginning in Fiscal Year 2012/2013, these two procedure codes will not be accepted by the Integrated System (IS). Effective 7/1/12, the usage of procedure codes, 99361 and 99362, must cease; and where appropriate for plan development, use H0032.

Please refer to A Guide to Procedure Codes for information regarding these changes. The Guide can be found at the following location: http://file.lacounty.gov/dmh/cms1_159845.pdf.

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CHANGES TO EMERGENCY ROOM SERVICE PROCEDURE CODES

Effective 7/1/12, procedures codes affiliated with Emergency Room Services, whose services can only be delivered in a Hospital Emergency Room (Place of Service 23), will not be accepted by the Integrated System. These procedure codes are: 99281, 99282, 99283, 99284 and 99285.

LATE CODE USAGE MODIFICATION

Electronic Data Interchange (EDI) Submitters

Effective July 1, 2012, State increases timely claims submission limit to twelve months. Medi-Cal EDI claims for specialty mental health services will no longer need to be submitted with a late code prior to twelve months from the month the service was rendered after the Integrated System (IS) removes the six month late code edit in early July 2012. An IS Alert will be issued when the system is ready.

Direct Data Entry Submitters

For DDE submitters, the Integrated System (IS) requires providers to use a late code when submitting Medi-Cal claims over six months. If claims are not submitted with a late code, submitters will receive the following message: *The form you submitted has errors. Please take note of the following: -Delay Reason is required when Date of Service is more than six months ago.* The change to no longer require a late code does not pertain to DDE submitters. Please continue to submit a late code for DDE claims over six months. DMH encourages its Network providers to transition from DDE to EDI as soon as possible.

If you need additional assistance, feel free to contact Provider Relations at FFS2@dmh.lacounty.gov or (213) 738-3311.

INTEGRATED SYSTEM (IS) SHUT DOWN

The contract between the Department of Mental Health and the Integrated System vendor, Sierra Systems, will terminate December 31, 2014. This termination will bring about the Integrated Behavioral Health Information System (IBHIS). Providers will not have access to IBHIS for Direct Data Entry (DDE), and therefore, all network providers, billing agents and clearinghouses must be capable and certified for electronic claim submission and other DMH-defined transactions at least three to six months before the shutdown of the IS.

Network Providers who are not certified by DMH for EDI by the December 31, 2014 deadline will not have a means to submit claims for mental health services delivered. Additionally, DMH will not have a mechanism other than EDI to process and reimburse Network Providers for services rendered.

ELECTRONIC DATA INTERCHANGE (EDI) READINESS

Network Providers who are not currently using an Electronic Health Record (EHR) system with EDI capability are encouraged to pursue implementation of an EDI capable system as soon as possible in preparation to the transition to IBHIS. An option for Network Providers is to seek the services of an EDI capable Billing Service or Clearinghouse.

Network Providers such as MDs, DOs, and NPs may be eligible for Meaningful Use (MU) incentives through the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009. Eligibility for these incentives is based on the use of a certified Electronic Health Record (EHR), clinical quality measures submission and electronic exchange of health information. To obtain more information regarding the CMS incentive program, the State Medi-Cal program and Meaningful Use, please use the following links:

CMS Incentive program: http://www.cms.gov/EHRIncentivePrograms
State Medi-Cal Incentive program: http://www.medi-cal.ehr.ca.gov
Los Angeles Regional Extension Center: http://www.hitecla.org
Meaningful Use Presentation:
http://lacdmh.lacounty.gov/hipaa/documents/Meaningful_Use_%20An_Overview_February_2012.pdf

If you have questions, please contact Provider Relations at (213) 738-3311 or FFS2@dmh.lacounty.gov.

OBTAINING ACCESS TO THE INTEGRATED SYSTEM (IS)

In order to submit claims for specialty mental health services, a provider/biller must apply for a SecurID card/token, which allows access to the Integrated System (IS). The Integrated System is an internet-based program where providers/billers can submit their claims to the Department. As the implementation of IBHIS (Integrated Behavioral Health Information System) is arriving, providers will need to apply to receive access via the Electronic Data Interchange (EDI) process.

To gain access to the IS using EDI, the EDI Application Checklist can be found here: http://lacdmh.lacounty.gov/hipaa/documents/EDI_Application_Processing_Checklist.pdf.

This checklist will guide you through the paperwork process and will also act as a coversheet for submission of the application packet.

Once all documentation is complete, please mail the application with original signatures and the checklist to:

Department of Mental Health
Chief Information Office Bureau
Attn: Systems Access Unit
695 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90005

If you have any questions, feel free to contact the Provider Relations Unit at (213) 738-3311.

RENEWING ACCESS

CIOB issues an IS Alert monthly to SecurID card/token users to notify the user that they need to submit a "Downey Data Center SecurID Token Renewal Request" and "Agreement for Acceptable Use" form before a particular date. If the holder of the SecurID card/token cannot be present to pick up the card/token, they can designate someone to pick the card/token. Photo identification is required for anyone picking up card/tokens.

If CIOB does not receive a Downey Data Center SecurID Token Renewal Request form and Agreement for Acceptable Use form before the day the SecurID card/token is to expire, the current SecurID card/token will be deactivated and the individual will have to resubmit all forms of the application packet to get a new card/token. Also, if a SecurID card/token is not picked up by the specified date, a new application must be submitted for a new card/token.

The application packet can be found here: http://lacdmh.lacounty.gov/hipaa/ffs_ISForms.htm.

Note: There will be a 3-6 week turnaround time to receive the SecurID card/token.

TERMINATING ACCESS

To terminate a biller's access to a SecurID card/token, submit an Applications Access Form and Downey Data Center Registration Form. These forms can be found at: http://lacdmh.lacounty.gov/hipaa/ffs_ISForms.htm. Please ensure to check the "Termination" box on the Applications Access Form and the "Delete Logon ID" on the Downey Data Center Registration Form.

Original signatures must been sent to:

Department of Mental Health
Chief Information Office Bureau
Systems Access Unit
695 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90005

HIPAA 5010 EDI TESTING

Please see instructions below for information on what to test and how to begin.

Each provider should test the following:

- All your business scenarios (Medi-Medi, Medi-Medi-OHC, Medi-Cal and non-Medi-Cal claims).
- All elements (a variety of procedure codes, service locations and rendering providers, duplicate override code).
- Day Treatment and Residential claims if you perform these

Testing Procedures that you need to follow are listed below:

- Call the HelpDesk @ (213) 351-1335 and open a HEAT ticket. You only need to clearly state that you are calling to test HIPAA 5010 claims.
- An analyst will be assigned to each Provider that opens a HEAT ticket. The analyst will help you for the duration of your testing.
- Upload your test file to your test SFT site.
- Send an email to IS_EDI_TEST@SierraSystems.com to notify DMH that a file has been uploaded.
- **Note**: An email is required to be sent for every test file that is uploaded.
- Review response (997, 277CA, negative DMH835).
- You will be required to validate your provider's responses.
- The analyst assigned to you will contact you via email with your test results.

Please refer to the department's 5010 Companion Guide for details on the changes. The Companion Guide can be found at the following link: http://lacdmh.lacounty.gov/hipaa/EDI_Guides.htm.

FEE-FOR-SERVICE REPORTS MANUAL

In an effort to assist in the reconciliation process, a Reports Manual has been created to provide information on the types of reports available to Fee-for-Service providers, as well as, the process to use and understand these reports. The manual contains information on the most frequently used IS reports, as well as, the Internet Reports.

The Reports Manual can be found at the following location: http://lacdmh.lacounty.gov/hipaa/ffs_UsingISReports.htm.

If you need additional assistance, feel free to contact Provider Relations at FFS2@dmh.lacounty.gov or (213) 738-3311.