Updated 3/3/2022

When do these changes take effect?
July 2022

How will codes being converted to the national rate affect reimbursement if we currently have a contract in place for a different rate?
The contracted rate will remain the same.

Where should the Taxonomy code be placed?
For **paper CMS1500,** the taxonomy code should be placed in the shaded portion of Box 24J for the rendering and in Box 33b for the billing provider. **For electronic:**

Data Element	Loop	Segment ID	Example
Billing Provider Taxonomy Code	2000A	PRV03	PRV✳BI✳PXC✳207Q00000X~
Billing Provider NPI	2010AA	NM109	NM1✳85✳2✳Dr. Mickey Mouse✳✳✳✳XX✳1234567890~
Rendering NPI	2310B	NM109	NM1✳82✳1✳TURTLE✳TINA✳M✳✳✳XX✳1234567810~
Rendering Taxonomy	2310B	PRV03	PRV✳PE✳PXC✳1223G0001X~

For **paper UB04 institutional claims**, the taxonomy code should be placed in Box 81c. **For electronic:**

Data Element	Loop	Segment ID	Example
Billing Provider Taxonomy Code	2000A	PRV03	PRV✳BI✳PXC✳282NR1301X~
Billing Provider NPI	2010AA	NM109	NM1✳85✳2✳Dr. Mickey Mouse✳✳✳✳XX✳1234567890~
Attending NPI	2310A	NM109	NM1✳71✳1✳OWL✳OLIVER✳✳✳✳XX✳1234567891~
Attending Taxonomy	2310A	PRV03	PRV✳AT✳PXC✳208D00000X~
Rendering NPI	2310D	NM109	NM1✳82✳1✳MOUSE✳MANNIE✳M✳✳✳XX✳1234567810~
Rendering Taxonomy	2310D	PRV03	Note: specialty information (taxonomy) not sent for rendering provider in institutional files.

We submit our electronic claim file batches using eSolutions ClaimRemedi. Will I still need to do a test file with the EDI department for HRP?

The changes will only affect the Trading Partner/Clearing house. If the provider is submitting through a clearinghouse such as ClaimRemedi, they will not need to test. The clearinghouse would be the one who would go through the testing process.

Can you enroll for EDI and not enroll for ERA? I would like to send a claim electronically but I want to receive the EOB in the mail, is this possible?

Yes, you can enroll for **837** electronic claims without having to enroll for **835** electronic remittance advice. If only doing 837 then you would only submit an 837 agreement form (you don't need to submit the 835 agreement form). Blank copies can be found on our website here:
http://www.partnershiphp.org/Providers/Medi-Cal/Pages/HIPAAEDI-Publications.aspx

Are we testing directly with PHC or with PHC via our Clearing House or both?

Testing is only with Trading Partners/Clearing houses. HRP testing will affect the way PHC receives and sends data, so we will be testing directly with the Clearing House/Trading Partners as they are the ones directly submitting/receiving data with PHC and they may need to update/change their system in some way.

If we are currently billing electronic claims, does the HRP program require any new set-up changes?

No the 837 file format is a standard format, so you would submit as you normally do.

How will the code transition effect CPSP practitioners who are not licensed to bill the CPTs in the code conversion because the national codes are not in their scope according to CPT guidelines? For billing purposes, are we allowing non licensed credentialed CPSP practitioners to bill codes not in their scope?

The cross walk includes all new codes that will be needed. Please refer to it here:
http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx

Where can I find the Crosswalk?

http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx

Will we be able to bill the Medicare co-insurance electronically?

More information to come.

Where on the website will the webinar that is recorded be posted?

http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

Are payments available for EFT or just paper checks?

EFT and paper checks will continue to be an option.

Can we include taxonomy on claims prior to July go live?

Yes, you can include taxonomy on claims prior to the July go live.

We currently use the 25-1 form for LTC Medicare co-insurance. Will you provide direction on how to bill on UB-04?

Yes we can assist you in that process. If you already bill commercial insurance than the process would be the same. You can reach out to your PHC Claims Resolution Coordinator for guidance.

Will the 25-1 forms still be accepted for Medicare co-insurance claims?

No, the 25-1 will not be accepted. All the claims need to be billed using the UB-04.

What bill type do we use for LTC ancillary charges, if we have to bill on UB form, instead of 25-1?
We will update providers with that information, so more to come on this.

Will the Q & A be accessible to print out?
Yes the FAQs are posted on our website: http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

Updated 8/5/2021

Does Claims Editor System (CES) recognize bundled lab codes?
Yes, CES does recognize bundled lab codes.

Will corrected claims affect the appeal process?
No, appeals will still be accepted as a second level CIF to a claim.

How will this affect CCS claims?
There is no effect on CCS claims process or payment.

What do I do if I have a claim where some lines are being denied when they had not been previously?

- First, verify that your claim was billed correctly, with correct coding.
- Second, review RAF and TAR policies on PHC website and then utilize the Claims Validation Tool on the Provider Portal for explanation of the denial. If the Portal does not supply adequate information or you still have questions, you can submit a corrected claim (if applicable), an eCIF (if applicable) or contact Claims Customer Service at 707-863-4130.

How will corrected claims eliminate the need for eCIFs?
Refer to the presentation for examples of when to submit a corrected claim instead of an eCIF:

When to eCIF	When to send corrected claim
Claim was billed correctly, but was underpaid	Adding or deleting claim lines
Claim was priced incorrectly	Correcting/changing billed charges
Retro-eligibility	Correcting/changing service codes, diagnosis codes, units or quantity
Authorization updated retroactively	Correcting/changing service dates

Will all my provider locations need access to the Provider Portal in order to use the claims validation tool?
Yes. All facilities under the tax ID that the provider profile is under, will have access as long as the user has access to the claims modules and submodules. eAdmins should grant Claims access to all staff that need access to the claims provider portal.

Will there be new Member ID numbers for billing claims in the new claim system?
No, the member's CIN and MEDS ID numbers will not change.

Are there changes to the authorization requirements after go-live?
No, not at this time. Refer to RAF and TAR policies on the PHC website partnershiphp.org.

Will I see changes on my 835/Evidence of Payment (EOP)?
Not many significant changes will appear on your EOP, but you will be notified of all changes in a future webinar.

Will all claim information still be provided in the portal, even after go live?
Yes, all claim information, including claims processed in HRP, will be available under the Claims module of the provider portal.

Where can I find my Taxonomy Code?
Taxonomy Codes are a national code set and maintained by the National Uniform Claim Committee. You can access Taxonomy Code sets on NUCC.org then go to Code Sets in the menu.

Is there a Taxonomy Code for a Medical Group as that would be the billing provider in my case?
Yes, there is a Taxonomy Code for Medical Groups that can also be located on NUCC.org.

What happens if I do not bill with my Taxonomy Code?
Claims billed without a Taxonomy Code will be rejected. Billing with the correct Taxonomy Code ensures accurate payments.

Can I still submit primary payments on my electronic claims?
Yes, this process is not changing.

What are the ways I can submit COB information?
You can still submit these on paper or via electronic submission.

Will claim denials increase with the Claims Editor Validation Tool?
Denials will not increase. This tool is intended to educate our Providers on payable codes and code combinations; however, this does not guarantee payment as there may be other issues with claims billed that may cause your claims to deny.

How can I get the fastest payment?
If you bill electronically using the rendering provider NPI and Taxonomy, you will get faster reimbursement.

Will I have to correct my TARs with the correct National Codes before go live?
The TARs will be auto-converted with the correct National Codes.

How do I submit a LTC claim?
A LTC claim should be submitted electronically using the X12N 837I or on the paper UB-04 claim form. Providers should retire the Payment Request for Long Term Care (25-1) form effective early 2022.

Since you are no longer sending out Spreadsheets for LTC Rate Increases, do I have to approve a new billed amount?
No, you will not have to approve a new billed charge. The new system will automatically increase the billed amount to the rate increase amount and will automatically adjust.

What is Local Code Conversion project?
In compliance with the Health Insurance Portability and Accountability Act (HIPAA) mandate and the Department of Health Care Services (DHCS) to standardize internal (administrative) code sets and the use of standard service/procedure code sets for transactions, PHC will implement the use of National Codes in place of Local Codes.

What services will be affected?
Services that will be included in the Local Code Conversion project are:

- Audiology/Speech Therapy
- Home Health
- Physical Therapy/ Occupational Therapy
- Long Term Care (LTC)
- OB CPSP
- Durable Medical Equipment (DME)
- Facility
- Physician

You can access the list of codes by downloading the crosswalk on our website:
http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx

Can I begin billing National codes now if my organization is ready?
No. We will not be accepting any national codes prior to the go-live date. We will update providers of the exact date in 2022 at a future webinar.

Will PHC accept local codes after the go-live date?
No. Claims with local codes will be rejected after the go-live date.

Does this change apply for paper or electronic billing?
All claims (paper and electronic) will be impacted by the conversion.

Will this change apply to secondary billing?
Yes.

Do I need to use National modifiers?
Yes. You will need to use National modifiers to bill with National procedure codes.

Will the conversion project change reimbursements?
No. Reimbursement will be paid at the appropriate rate whether it is based on the contracted rate or the Medi-Cal fee schedule.

How does this affect current TARs- should we end date the TARs 12/31/21 and request a new TAR for the same date of service?
All TARs on file will be auto updated with the correct coding, the provider will not have to do anything.

What resources on local code conversion are available?
- **HIPAA General Code Conversion FAQs:**
  https://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaaqa_general_code_conversions.aspx
- **HIPAA Code Conversions:**
  https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations_home.aspx

Will the CIF screens look different?
As of now, the CIF screens will remain the same.

Where can I find the national codes?
You can find the crosswalk on our website www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx.

How can I sign-up for the upcoming webinars?
You can sign-up using the link on our website http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx.

How can I sign-up for the provider portal?
You can sign-up for access by contacting you e-Admin or by going to the website and entering the required information.

Where can I find PHC's TAR requirements?
http://www.partnershiphp.org/Providers/HealthServices/Documents/MCTARRequirements.pdf

Do I need a separate log in for CES portal?
No. You can log on to the PHC provider portal to access the CES portal. You will need to be granted the proper access by your eAdmin.

Will I still need to submit a CIF if I use the Claims Validation Tool?
Yes, providers will still need to submit a CIF as needed.

Whom do I contact for assistance with the Claim Validation Tool?
You may send an email to esystemssupport@partnershiphp.org.