



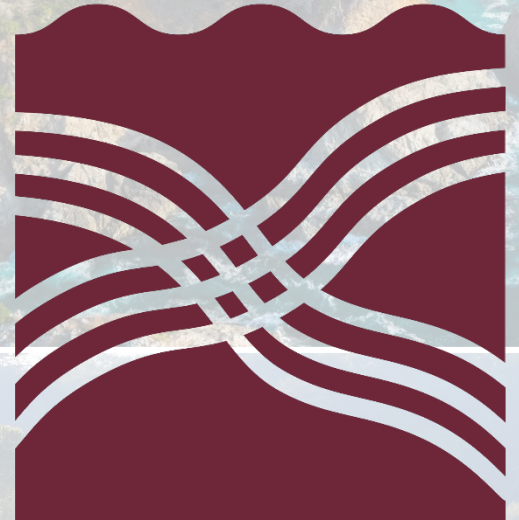
Payment Reform & Claims Billing



April 4, 2023



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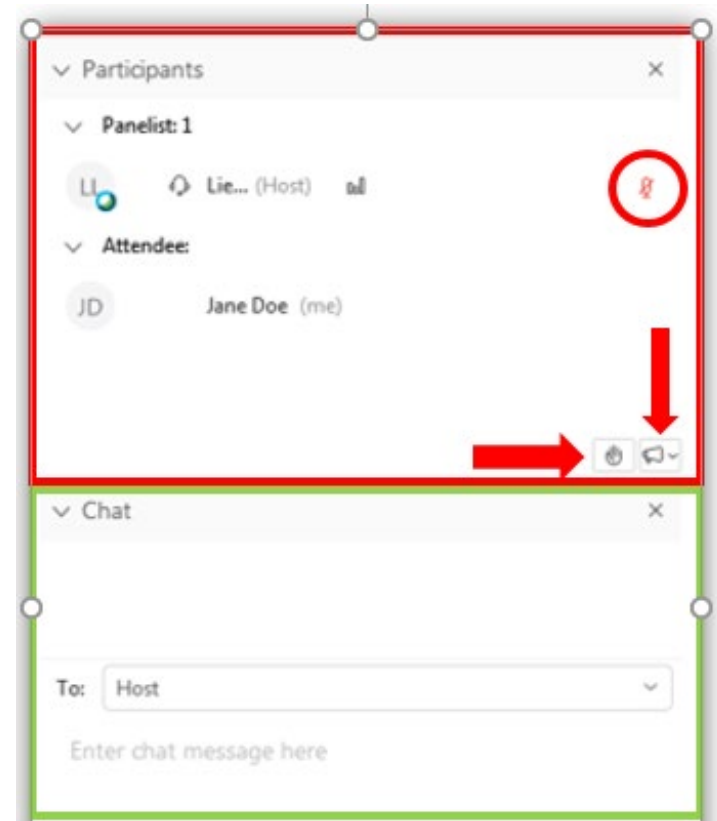
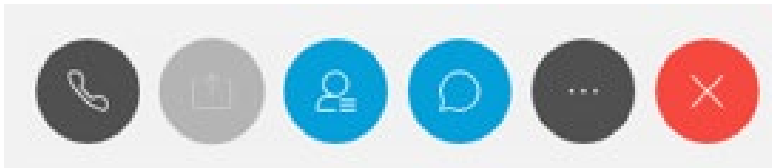


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Housekeeping

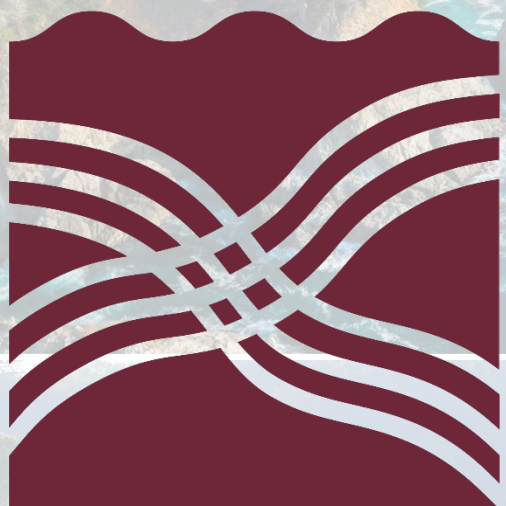
- Materials will be emailed to all participants after the presentation.
- To avoid noise interference all lines will be muted at the beginning of this webinar.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Chat” box located in the Participants box.**
- You will be able to unmute yourself at the conclusion of the webinar during the Q&A session.



Agenda

- Taxonomies
- Provider Disciplines
- Place of Service Codes
- Lockout Codes
- Reminders
- What's Next?
- Resources
- Know Your Claims Contacts
- Questions

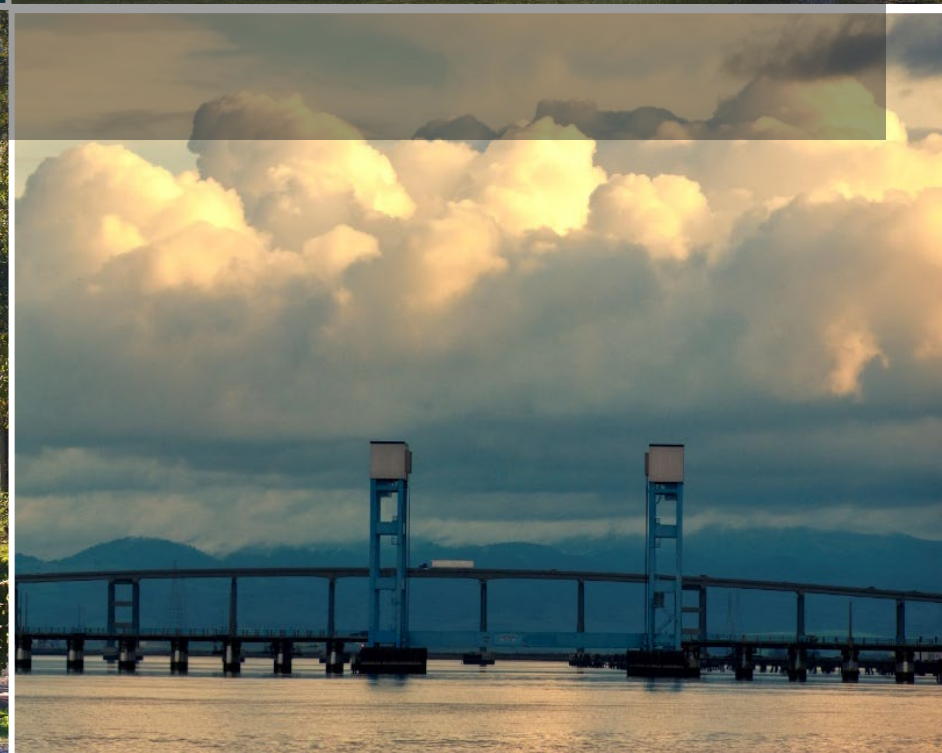
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Taxonomy Codes Requirements



What are Taxonomy codes?

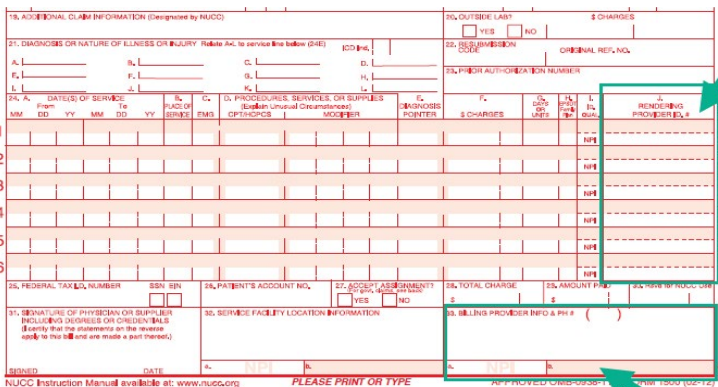
- Taxonomy Codes are National 10 digit Alpha Numeric Codes that designate your Specialty Classification. Taxonomy Codes can be found on [Taxonomy.NUCC.org](https://www.Taxonomy.NUCC.org).
- **ALL CLAIMS, both paper claims and electronic submissions, received at PHC on or after 06/29/2023 must be billed using provider taxonomies (or the electronic equivalent).**
- Providers must bill with the rendering and billing provider NPI and Taxonomy, when appropriate. All claims submitted without required taxonomies after will be rejected.
- Additional info can also be found on page 32 of the manual.

Taxonomy Codes

CMS 1500 Professional Claims

Taxonomy Codes: Electronic claims billed in the 837P format must include taxonomy codes for the Billing Provider.

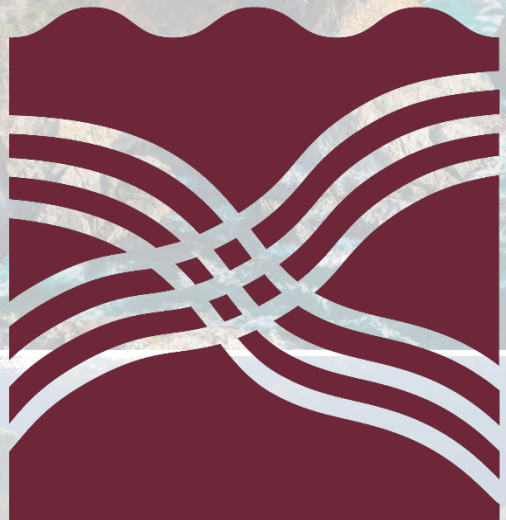
Data Element	Loop	Segment ID	Example
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*207Q00000X~
Billing Provider NPI	2010AA	NM109	NM1*85*2*ANIMAL HOSPITAL*****XX*1234567890~ NM1*85*1*ROOSTER*RODNEY*****XX*1234567891~
Rendering NPI	2310B	NM109	NM1*82*1*TURTLE*TINA*M*****XX*1234567810~
Rendering Taxonomy	2310B	PRV03	PRV*PE*PXC*1223G0001X~



The image shows a CMS 1500 Professional Claim Form with several annotations. A green arrow points to box 24J, which is the shaded area for the rendering provider's NPI and taxonomy code. Another green arrow points to box 33b, which is the shaded area for the billing provider's NPI and taxonomy code. The form includes fields for patient information, diagnosis codes, procedure codes, charges, and provider information.

- ✓ For paper CMS1500 claims, bill using rendering provider NPI in Box 24J.
- ✓ The taxonomy code should be placed in the shaded portion of box 24J for the rendering and in box 33b for the billing provider.

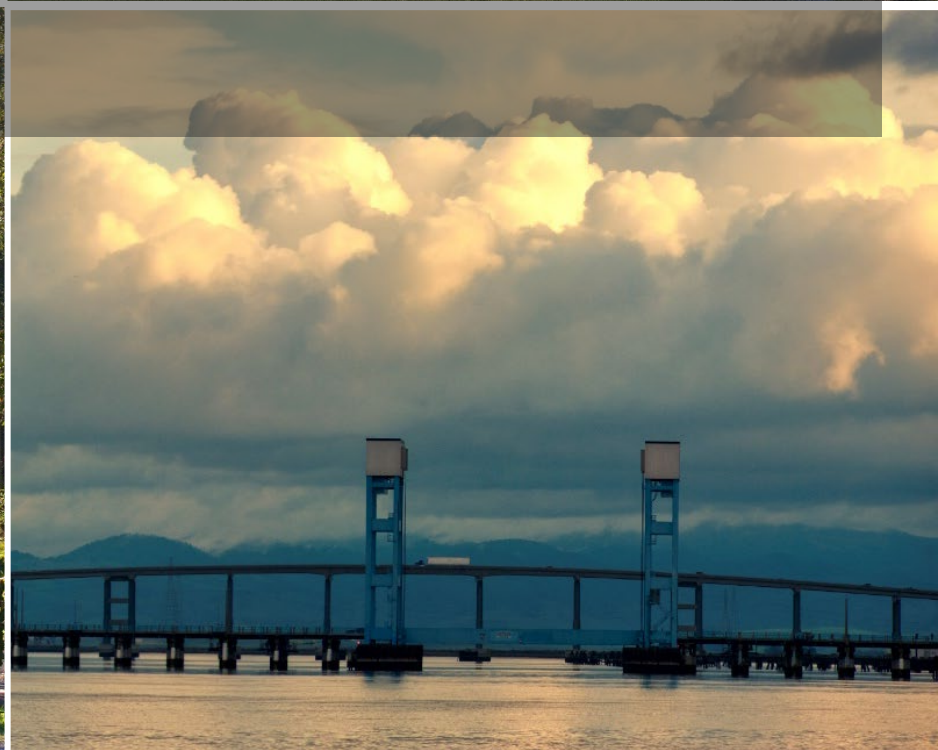
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Provider Disciplines



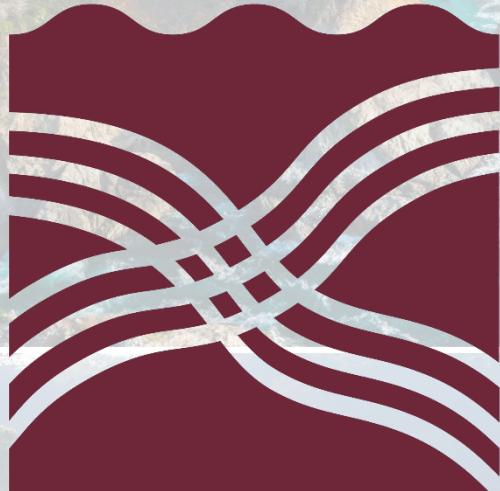
Provider Disciplines

- Rendering providers and practitioners may only render services consistent with their scope of practice. DHCS defines Disciplines by the education, licensure, length of experience and/or job description.
- All CPT codes billed now have a specified discipline requirement. Service Tables 1-12 of the manual display allowable services per disciplines. Claims will be denied if billed with inappropriate disciplines.
- A taxonomy code describing the provider's discipline should directly correlate to who's rendering the service, and must be listed on all claims Paper or electronic, or the claim will be denied.
- The complete list of allowable Disciplines are listed on page 46 of the manual. Additional info can also be found on pages 32,46 and 60.

Provider Disciplines

Abbreviations	Discipline
LP	Licensed Physician
PA	Physician Assistant
Pharm	Registered Pharmacist
Psy	Psychologist (Licensed or Waivered)
LCSW	Licensed Clinical Social Worker
MFT	Licensed Marriage Family Therapist
LPCC	Licensed Professional Clinical Counselor
RN	Registered Nurse
NP	Nurse Practitioner
AOD	Certified/registered AOD Counselor
Peer	Certified Peer Support Specialist

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Place of Service Requirements



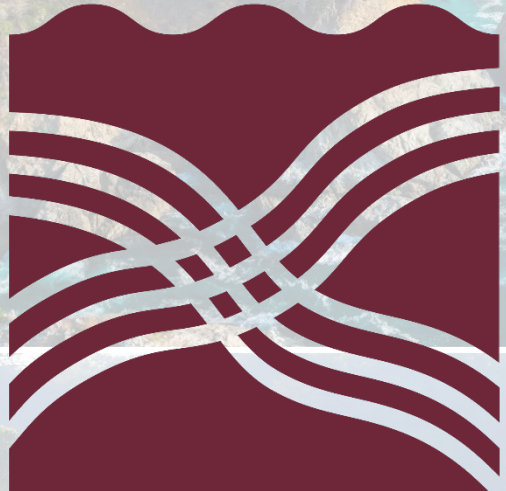
Place of Services

- The complete list of allowable place of services codes are listed on pages 48-51 of the manual. Additional info can also be found on page 33.
- Every CPT code billed now has a specified place of service code requirement. All code combinations are listed in the Services Tables 1-12 of the manual. Claims will be denied if billed with the incorrect place of service.
- **Notes:**
 - If a service is provided via telehealth (audio only or audio/video) place of service code 02 or 10 must be used.
 - Place of service 09 is used for a Correction Facility and is not allowed for outpatient services, as services provided in public institutions such as jail or prison are not covered.

Place of Service Example

Place of Service Code	Place of Service Name	Place of Service Description
10	Telehealth Provided in Patient's Home	Health services and health related services are provided or received, through a telecommunication system in the patient's home.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place to place equipped to provide preventive screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and which is not identified by any other Place of Service code.
17	Walk-in Retail Health Clinic	A walk-in retail clinic, other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
18	Place of Employment-Worksite	A location, not described by any other Place of Service code, owned and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual.
19	Off Campus—Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

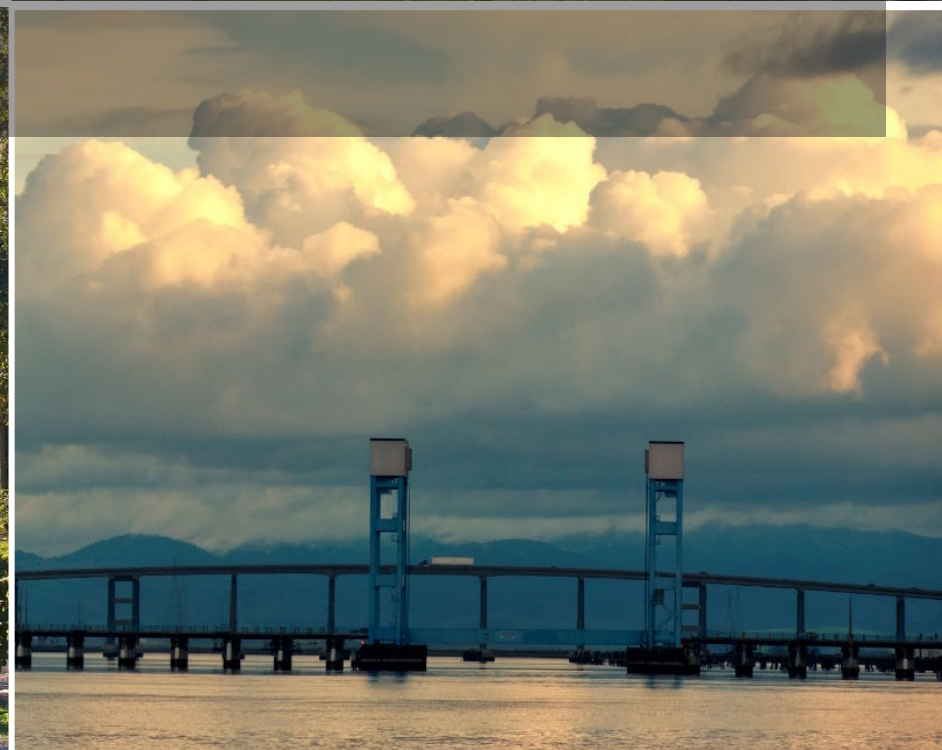
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Lockout Rules



Lockout Codes

What are Lockout services?

- CMS requires the NCCI identify procedure codes that should not be billed on the same day for the same beneficiary unless certain conditions are met.
- Lockout rules apply to Outpatient, Medication and Withdrawal Management Services.
- Service Tables 1-12 of the manual display allowable services per disciplines. Claims not billed in accordance with lockout rules, will be denied.
- NOTE: All outpatient services are locked out against inpatient and 24-hour services except for the date of admission or discharge
- Modifiers can be used when billing separate encounters that should be considered distinctly different.
- See Modifier section of the manual for appropriate use to override lockout rules on pages 51-57
- Additional details on lockout services and rules can be found on pages 35-36, 60-61 of the manual.

Lockout Coding Example



Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: All outpatient services are locked out against inpatient and 24-hour services except for the date of admission or discharge.	Dependent on Codes	Exempt from Medicare COB?	Maximum Units that Can be Billed	Allowable Modifiers
Home Visit of a New Patient, 15-25 Minutes	99341	DMC – ODS: <ul style="list-style-type: none"> • LP • PA • NP 	DMC – ODS: 04 - 08, 12-16, 31-34	Cannot be billed with: 90791,90792, 90849,90865, 96130*, 99234-99236, 99304-99306, 99342—99345, 99408-99409**, 99451, G0396*, G0397*, G2011*,	None	No	1	DMC – ODS: HD, U7, U8, UB, HL, GC, 27, 59, XE, XP, XU

New Modifiers- Overrides & Provider Specific

- 27- Indicating a second E&M service, same day (i.e.: 2 office visits)
- 59- Indication of a separate and distinct service (i.e.: different session)
- XE- Indication of a separate and distinct encounter
- XP- Indication of a separate and distinct encounter by a different practitioner
- XU- Unusual non-overlapping service
- UB- Service provided by a licensed therapy assistant under supervision
- HL- Services provided by an intern
- GC- E&M service provided by a resident under supervision
- SC- Indicating medically necessary service

Remaining Modifiers

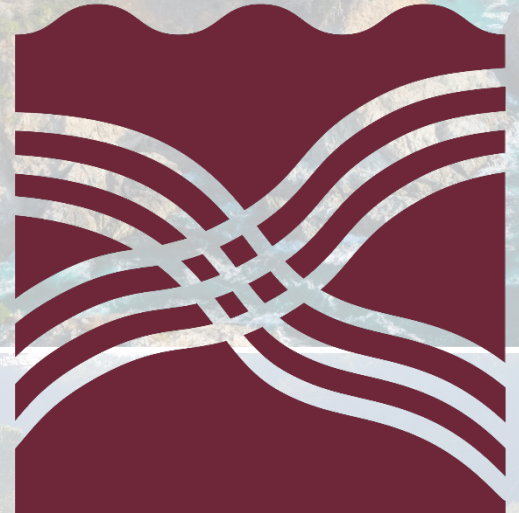
- HD- Indicating Perinatal or postnatal services
- HA- Youth Services
- U1- Residential 3.1
- U2- Residential 3.3
- U3- Residential 3.5
- U7- Outpatient
- U8- Intensive Outpatient
- U9- Withdrawal Management
- UA, HG- NTP



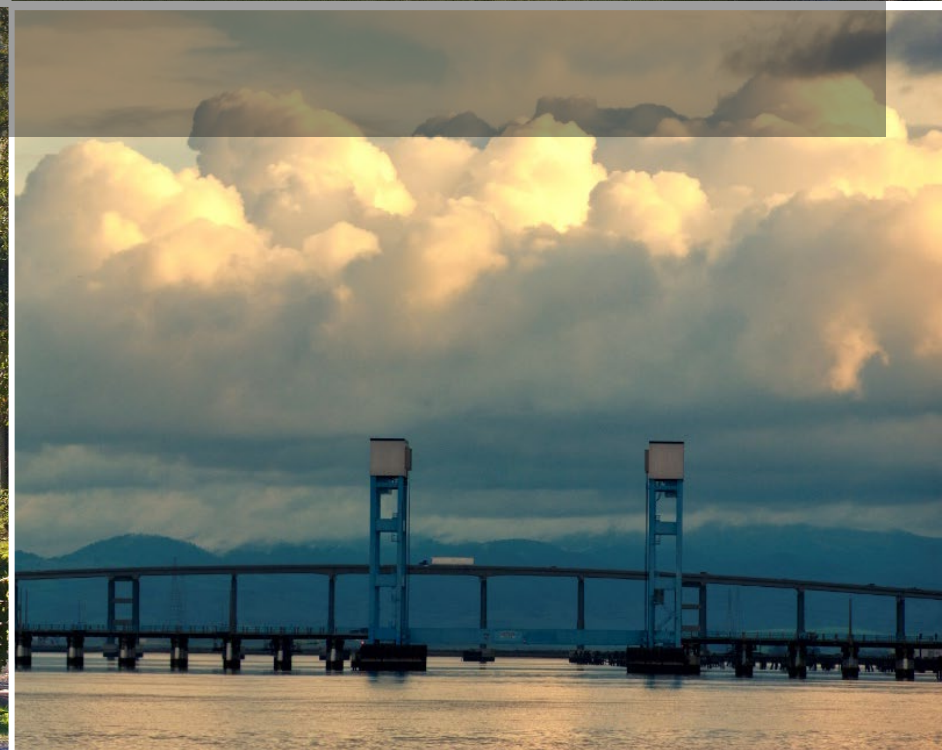
Important Reminders



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Reminders

- Review eligibility via online services to confirm OHI
 - It's crucial to confirm PHC is the administrator for Wellness & Recovery benefits as well as confirming if the member has other health insurance as their primary coverage.
 - Contact your Provider Relations Representative for details.
- Timely Filing
 - Clean Claim Submissions
 - Received 90 days from the date of service.
 - No billing errors that result in claim rejections
 - Claim Corrections- eCIFs
 - Received within 120 days from the date of service

What's Next?

Upcoming Provider Training

Register here for upcoming webinars:

<https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/d22fff6300e44e438228ff2cd37e6b9d>

May 10	June 7	June 21
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- Need one on one support? Contact your Claims Resolution Coordinator, Debi Koch: dkoch@partnershiphp.org.
- Recordings, FAQs and other materials will continue to be updated: <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx>

Resources

- New DMC-ODS Billing Manual 08-022:

<https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS-Billing-Manual-08-22.pdf>

- External trainings from CalMHSA on CPT codes:

<https://www.calmhsa.org/calaim-payment-reform-webinars/>

- CalAIM –Reference Guide for CPT codes – DMC-ODS:

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-DMC-ODS-Codes-2022-09-30.xlsx>

- Taxonomy Codes: [Taxonomy.NUCC.org](https://www.nuicc.org)



Need Help?

Claims Resolution Coordinator:

Debi Koch

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Claims Customer Service Manager:

Janelle Bickert

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Provider Online Services:

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Questions & Open Discussion

