

Distribution: Community Mental Health Services Programs 02-03

Issued: January 31, 2002

Subject: Conversion to the HCFA 1500 Paper/Electronic Claim Formats for Professional Claims Submitted by Community Mental Health Services Programs (CMHSPs) to the DCH for Beneficiaries Enrolled Under the Children's Waiver Program

Effective: February 1, 2002

Programs Affected: Medicaid, Children's Waiver Program, Community Mental Health Services Programs

As part of its Uniform Billing Project (UBP), the Department of Community Health (DCH) is implementing changes in coverage and reimbursement policies, as well as claims completion and claims submission requirements for Community Mental Health Services Programs. The changes are effective for dates of service on or after 2/1/02, and affect claims submitted to the DCH for professional services rendered to beneficiaries enrolled under the Children's Waiver Program. The changes will help align DCH requirements with those of other major health insurers and are a step toward compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996) and its published requirements for health care transactions and code sets.

This bulletin consolidates information, previously provided in other documents, about specific changes being implemented that apply to Community Mental Health Services Programs submitting claims for professional services under the Children's Waiver Program (Provider Types 21 and 77). You should also refer to Chapter IV for HCFA 1500 billers dated 8/1/01, for additional information regarding DCH claim completion and submission requirements. Chapter IV has previously been mailed to each CMHSP. Copies of Chapter IV, all draft and final policy bulletins, the electronic claim transaction set, and other information related to changes being made are available on the DCH website at www.mdch.state.mi.us, click on Medical Services Administration, Information for Medicaid Providers, Uniform Billing or Medicaid Policy.

NOTE: Implementation is based on the date of service. The new instructions, claim formats, and procedure codes must be used for dates of service on or after 2/1/02 but NOT for services rendered before 2/1/02. Claims submitted to the Department of Community Health using these instructions or the new claim formats for dates of service prior to 2/1/02 will be rejected.

AFFECTED PROFESSIONAL SERVICES

The UBP changes focus on coding structures, claims processing requirements, and billing formats for both paper and electronic claim submissions that are utilized by Medicare and other major health insurers.

For purposes of this bulletin, professional services are those services billed to Medicare or other major health insurers using the HCFA 1500 claim form or designated electronic format.

Ancillary services/equipment may be defined as professional services by some insurers and not by others. For the purpose of claims submission to DCH, the following services are considered professional and must be billed utilizing the HCFA 1500 paper claim form or the ASC X12N 837 Professional electronic formats described in the Claim Completion/Submission Changes section of this bulletin.

- Medical Equipment – Children’s Waiver
- Medical Supplies – Children’s Waiver
- Environmental Modifications – Children’s Waiver
- Activities of Daily Living Aids
- Adaptive/Therapeutic Items/Toys
- Van Lifts & Wheelchair Tie-Down Systems
- Environmental Safety & Control Devices
- Allergy Control Supplies
- Single Room Air Conditioner
- Repairs – Children’s Waiver
- Children’s Crisis Residential Services
- Respite Services
- Community Living Supports – Children’s Waiver

CMHSP ENROLLMENT AS A PROVIDER TYPE 77

Forms and instructions for CMHSP enrollment as a Provider Type 77 have been forwarded to you from Provider Enrollment.

Each CMHSP billing for professional services must enroll with the Medicaid Program as a Provider Type 77 designating the CMHSP as a mental health clinic. This is necessary in order for professional claims submitted using the new requirements to be processed through the DCH claims processing system. The future electronic submission of professional services encounter data to the DCH will also utilize the Provider Type 77 ID number.

For billing the DCH, the CMHSP Provider Type 21 ID number will only remain valid for the submission/replacement/cancellation of claims for dates of service prior to 2/1/02. The CMHSP Provider Type 21 ID number will continue to be used for capitation purposes and the future submission of institutional services encounter data.

CLAIM COMPLETION/SUBMISSION CHANGES

For claims submitted to the DCH for professional services provided on or after 2/1/02:

- The HCFA 1500 (12-90) claim form must be used for paper claim billing to the DCH.
- The National Electronic Data Interchange Transaction Set Health Care Claim: Professional 837 ASC X12N version 3051 or the Michigan Medicaid Interim version 4010* must be used for electronic billing to the DCH. Magnetic tape billing will no longer be accepted.

*The Michigan Medicaid Interim version 4010 represents a subset of the HIPAA-mandated Implementation Guide. It does not support all options and usage rules of the HIPAA-mandated guide. Some HIPAA-compliant transactions may not be acceptable to Michigan Medicaid prior to October 2002.

- All claims for professional services must be submitted under the CMHSP's Provider Type 77 ID number (see "CMHSP Enrollment as a Provider Type 77" section for additional information).
- Series billing is eliminated for all professional services. Each service reported must be billed on an individual service line for the date of service.
- Adjustments to claims are made through a total claim replacement process. Single service lines contained within a claim can no longer be adjusted individually.
- All claims must be billed using new 5-digit alphanumeric procedure codes. Current Medicaid procedure codes in the 5-digit numeric format (Appendix F) will no longer be accepted for professional services billed fee for service (FFS) to the DCH for dates of services on or after 2/1/02. See Table 1 later in this bulletin for a crosswalk of the current local codes to the codes effective 2/1/02. The new codes will eliminate cases where the current numeric Medicaid local codes were identical to current/future CPT codes but described different services.
- Holiday premium payment for hourly respite (Z9029, Z9030, Z9033, Z9034, Z9037, Z9038) and community living supports (Z9080) procedure codes is automated and will occur when the date of service for these procedure codes falls on a Medicaid designated holiday. Current designated holidays are: New Year's Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day. Separate procedure codes are no longer used to process holiday premium payment.

NOTE: The conversion from local Medicaid procedure codes to HIPAA compliant national procedure codes and modifiers for claims submitted for these services will be addressed in future bulletins.

Detailed instructions for claim completion and requirements for the processing of claims for professional services are available in the Chapter IV for HCFA 1500 billers dated 8/1/01. Additional resources are also available on the DCH website.

For claims submitted to the DCH for professional services provided prior to 2/1/02:

- Claims submitted to the DCH for professional services provided prior to 2/1/02 must continue to be submitted using the UB-92 claim formats, the CMHSP's Provider Type 21 ID number, and the procedure codes in effect on the date of service.
- Claim replacements and voids/cancellations of prior claims for professional services provided prior to 2/1/02 must continue to be submitted using the UB-92 claim formats.

SERVICES REQUIRING PRIOR AUTHORIZATION: CHILDREN'S WAIVER PROGRAM ENROLLEES (FFS) ONLY

The following coverages require that prior authorization numbers be entered on the claim for payment:

- Medical Equipment – Children's Waiver (Z9165)
- Medical Supplies – Children's Waiver (Z9167)
- Environmental Modifications – Children's Waiver (Z9169)
- Repairs – Children's Waiver (Z9177)

The process for providers to obtain prior authorization for the above services through the CMHSP and the DCH, Division of Mental Health Services to Children and Families, remains the same. Details of this process are available in the Children's Waiver Manual.

The following applies to the above coverages for dates of service 2/1/02 or after:

The 5-digit prior authorization number is entered in item 19 (reserved for local use) on the HCFA 1500 paper claim form or in loop 2300 NTE02 (reserved for local use) in the ASC X12 837 version 3051 and the Michigan Medicaid Interim 4010 electronic formats.

For dates of service prior to 2/1/02, the 5-digit prior authorization number must continue to be placed in the REMARKS section of the UB-92 paper/electronic claim formats.

NOTE: Private duty nursing services authorized by the CMHSP or the DCH for dates of service on or after 2/1/02 can only be billed under the Provider ID number of a Medicaid enrolled private duty nurse or private duty agency. These services cannot be billed under the CMHSP Provider ID number.

MEDICAID LOCAL CODE CONVERSION TABLE 1

The following table crosswalks the current Medicaid local codes to the new 5-digit alphanumeric Medicaid local codes. **The new procedure codes must be used when submitting claims for services provided on or after 2/1/02 using the HCFA 1500 paper claim form or the ASC X12N 837 Professional electronic claim formats.**

CMHSP MEDICAID LOCAL PROCEDURE CODES – CHILDREN'S WAIVER ENROLLEES ONLY		
CURRENT CODE (PT-21)	PROCEDURE CODE DESCRIPTION	CODE EFFECTIVE 2/1/02 (PT-77)
10141	DIDACTIC SERVICES	Z9053
10146	QMRP HABILITATION	Z9054
10148	MASTERS SOCIAL WORKER/LLP SERVICES	Z9056
10149	QMRP BEHAVIORAL	Z9055
10167	MEDICAL SUPPLIES – CHILDREN'S WAIVER	Z9167
10168	ENVIRONMENTAL MODIFICATIONS – CHILDREN'S WAIVER	Z9169
10169	MEDICAL EQUIPMENT – CHILDREN'S WAIVER	Z9165
10170	PSYCHOLOGICAL TESTING	Z9112
10171	OTHER ASSESSMENT & TESTING	Z9113
10173	PERIODIC REVIEW OF TREATMENT	Z9154
10174	PSYCHIATRIC EVALUATION	Z9110
10175	MEDICATION REVIEW	Z9114
10177	EPS/TARDIVE DYSKINESIA TESTING	Z9115
10179	INDIVIDUAL THERAPY, 61-90 MIN	Z9131
10180	INDIVIDUAL THERAPY, 20-30 MIN	Z9132
10181	INDIVIDUAL THERAPY, 31-60 MIN	Z9133
10183	FAMILY THERAPY, 20-30 MIN	Z9083
10184	FAMILY THERAPY, 31-60 MIN	Z9084
10185	CHILD THERAPY/INDIVIDUAL, 20-30 MIN	Z9134
10186	CHILD THERAPY/INDIVIDUAL, 31-60 MIN	Z9135
10187	CHILD THERAPY/GROUP, 20-30 MIN	Z9137
10188	CHILD THERAPY/GROUP, 31-60 MIN	Z9138
10189	CRISIS INTERVENTION	Z9143
10195	OT EVALUATION	Z9116
10196	OT INDIVIDUAL, 15-30 MIN	Z9117
10197	OT INDIVIDUAL, 31-60 MIN	Z9118
10198	OT GROUP, 15-30 MIN	Z9119
10199	OT GROUP, 31-60 MIN	Z9120
10200	SPEECH/LANG EVAL	Z9124
10201	SPEECH/LANG/INDIV, 15-30 MIN	Z9125
10202	SPEECH/LANG/INDIV, 31-60 MIN	Z9126
10203	SPEECH/LANG/GROUP, 15-30 MIN	Z9127
10204	SPEECH/LANG/GROUP, 31-60 MIN	Z9128
10205	HEALTH SERVICES - INDIVIDUAL	Z9048

CMHSP MEDICAID LOCAL PROCEDURE CODES – CHILDREN'S WAIVER ENROLLEES ONLY		
CURRENT CODE (PT-21)	PROCEDURE CODE DESCRIPTION	CODE EFFECTIVE 2/1/02 (PT-77)
10206	HEALTH SERVICES - GROUP	Z9049
10207	BEHAVIOR MANAGEMENT REVIEW	Z9156
10208	PT EVALUATION	Z9121
10209	PT INDIVIDUAL, 15-30 MIN	Z9122
10210	PT INDIVIDUAL, 31-60 MIN	Z9123
10220	MENTAL HEALTH CASE MANAGEMENT	Z9161
10224	HAB SKILL TRAINING - MSW, VISIT	Z9057
10225	HAB SKILL TRAINING - SPEECH, VISIT	Z9058
10226	HAB SKILL TRAINING - OT, VISIT	Z9059
10227	HAB SKILL TRAINING - PT, VISIT	Z9060
Z9104	TRANSPORTATION - SUPPLEMENTAL	Z9104
Z9085	RECREATION THERAPY SPECIALTY SERVICE	Z9085
Z9086	MUSIC THERAPY SPECIALTY SERVICE	Z9086
Z9087	MASSAGE THERAPY SPECIALTY SERVICE	Z9087
Z9088	ART THERAPY SPECIALTY SERVICE	Z9088
10297	RESPIRE - MH AIDE HOURLY	Z9037
Z9080	COMMUNITY LIVING SUPPORTS – CHILDREN'S WAIVER	Z9080
10350	MEDICATION ADMINISTRATION	Z9046
10355	TREATMENT PLANNING	Z9153
10360	HEALTH ASSESSMENT	Z9111
10363	CHILDREN'S CRISIS RESIDENTIAL SERVICES – NO DAY PROGRAM ATTENDANCE	Z9149
10364	CHILDREN'S CRISIS RESIDENTIAL SERVICES – DAY PROGRAM ATTENDANCE	Z9150
10365	INTENSIVE CRISIS STABILIZATION SERVICES	Z9144
10428	ACTIVITIES OF DAILY LIVING AIDS	Z9171
10429	ADAPTIVE/THERAPEUTIC ITEMS/TOYS	Z9172
10430	VAN LIFTS & WHEELCHAIR TIE-DOWN SYSTEM	Z9173
10431	ENVIRONMENTAL SAFETY & CONTROL DEVICES	Z9174
10432	ALLERGY CONTROL SUPPLIES	Z9175
10433	SINGLE ROOM AIR CONDITIONER	Z9176
10434	REPAIRS – CHILDREN'S WAIVER	Z9177
10439	RESPIRE - RN HOURLY	Z9029
10441	RESPIRE - LPN HOURLY	Z9033
10450	RESPIRE - RN HOURLY, 1 NURSE/2 PATIENTS	Z9030
10452	RESPIRE - LPN HOURLY, 1 NURSE/2 PATIENTS	Z9034
10454	RESPIRE - MH AIDE HOURLY, 1 AIDE/2 PATIENTS	Z9038

MEDICAID LOCAL CODE CONVERSION TABLE 2

The following table identifies current Medicaid local codes that either do not have a conversion to the new alpha-numeric Medicaid local codes or will not be valid for billing to the DCH under Provider Type 77. These codes cannot be billed to the DCH using the HCFA 1500 paper claim form or the ASC X12N 837 Professional electronic claim formats.

CMHSP MEDICAID LOCAL PROCEDURE CODES - CHILDREN'S WAIVER ENROLLEES ONLY		
CURRENT CODE (PT-21)	PROCEDURE CODE DESCRIPTION	CODE EFFECTIVE 2-1-02 (PT-77)
10144	MILEAGE – CHILDREN'S WAIVER – STAFF TRAVEL	NONE
10385	RN VISIT – SUPERVISION/MONITORING/TEACHING	NONE
10387	RN – ACUTE INTERVENTION	NONE
10435	RN – HOURLY CARE	NONE
10436	RN – HOURLY CARE, HOLIDAY	NONE
10437	LPN – HOURLY CARE	NONE
10438	LPN – HOURLY CARE, HOLIDAY	NONE
10440	RESPITE – RN HOURLY, HOLIDAY	NONE
10442	RESPITE – LPN HOURLY, HOLIDAY	NONE
10444	RESPITE – MENTAL HEALTH AIDE, HOLIDAY	NONE
10445	RN – HOURLY CARE, 1 NURSE/2 PATIENTS	NONE
10446	RN – HOURLY CARE, HOLIDAY, 1 NURSE/2 PATIENTS	NONE
10447	LPN – HOURLY CARE, 1 NURSE/2 PATIENTS	NONE
10448	LPN – HOURLY CARE, HOLIDAY, 1 NURSE/2 PATIENTS	NONE
10451	RESPITE – RN HOURLY, HOLIDAY, 1 NURSE/2 PATIENTS	NONE
10453	RESPITE – LPN HOURLY, HOLIDAY, 1 NURSE/2 PATIENTS	NONE
10462	RESPITE – MENTAL HEALTH AIDE, 1 AIDE/2 PATIENTS, HOLIDAY	NONE
Z9090	COMMUNITY LIVING SUPPORTS, HOLIDAY – CHILDREN'S WAIVER	NONE

CLAIMS TESTING

CMHSPs can submit claims for testing using the HCFA 1500 paper claim form or the ASC X12N 837 Professional version 3051 or the Michigan Medicaid Interim 4010 formats **FOR CHILDREN'S WAIVER ENROLLEES ONLY.**

Manual Maintenance

Retain this bulletin for future reference.

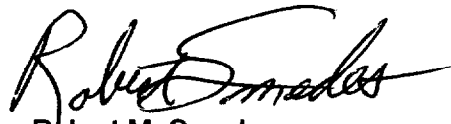
Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved



James K. Haveman, Jr.
Director



Robert M. Smedes
Deputy Director for
Medical Services Administration