Code Sets & Crosswalks

General

Q. Where do we get the correct code sets?

A. As a general rule, all HIPAA compliant transactions will have to use codes that have been designated as national standards and listed in the HIPAA rule. In summary they are:

- CPT codes for Physician services published by the American Medical Association. The book can be purchased online at www.ama-assn.org/ama/pub/category/3113.html.
- CDT codes for Dental Services, Code books information at www.ada.org/prof/prac/manage/benefits/cdtguide.html.
- NDC codes for Drugs. The pharmacy codeset books can be downloaded free of charge from www.fda.gov/cder/ndc.
- Michigan Medicaid Pharmacy codes are available at www.michigan.fhsc.com. Open the Provider folder, open the Pharmacy information folder, open the drug information folder and the NDC extracts.
- ICD-9-CM Vol. 3, Codes for Inpatient Hospital until ICD-10-CM is ready. ICD-9-CM codebook information can be obtained at www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm.
- HCPCS code book from Center for Medicaid and Medicare Services (CMS). http://cms.hhs.gov/medicare/HCPCS/
- National UB-92 Billing manual is published by the Medical Hospital Association. Their website address is: http://www.nubc.org/become.html
- The State specific Uniform Billing Manual is published by the Michigan Health and Hospital Association. Their website address is: http://members.mha.org/mha/ub92/intro.htm
- Information can also be obtained from the HIPAA Primer an online course offered by Michigan Virtual University at http://healthcare.mivu.org/. These are on-line courses and are available via the Internet 7 days a week, 24 hours a day.

Q. Our System Support Staff who are evaluating HIPPA Compliance guidelines relating to individual payers, request verification regarding the State of Michigan requirements as they pertain to the Service Authorization Exception Code.

A. Per this code notes, it is used only in claims where providers are required by state law, (e.g. New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. REF02 - Reference Identification: Allowable values for this element are:

1. Immediate/Urgent Care
2. Services Rendered in a Retroactive Period
3. Emergency Care
4. Client as Temporary Medicaid
5. Request from County for Second Opinion to Recipient can Work
6. Request for Override Pending
7. Special Handling.

Q. Will Michigan Medicaid require providers to use these Service Authorization Exception Codes?

A. The Service Authorization Exception Code (Loop 2300, Segment REF, data element REF02) is situational and dependent on the laws and therefore policies of the respective state Medicaid program. It is a segment that may be reported in all three 837 claim/encounter formats: Professional, Institutional and Dental. MDCH does not currently require the service authorization exception code on 837 professional, dental or institutional claims. When an emergency indicator is needed to explain the absence of an authorization number, it is provided in other data elements. Since this may change in the future, please be sure to check the latest data clarification documents.

Q. Do you use HCPCS codes with revenue codes?

A. Yes, as specified. All 837 Institutional claims must have revenue codes. Some revenue codes require HCPCS codes.

Q. Will taxonomy codes be required for claims?

A. Medicaid will require taxonomy codes until the addenda is adopted, at that point they will become situational.

Q. Do you know what taxonomy code I should tell people to use in their 837p transactions? The code should go into loop 2000A/PRV3. Agency (251400000X)? Public Health or Welfare (25140906X)? Other?

A. Loop 2000A, Segment PRV, Data Element PRV03 is required to report the taxonomy code of the Rendering Provider if the Rendering Provider is the same entity as the Billing Provider and/or the Pay-to Provider. If the Rendering Provider is different than the Billing and/or Pay-to Provider, the PRV segment is coded in Loop 2310B, Rendering Provider. In both instances the taxonomy code should be that which best represents the specialty of the provider delivering the service and identified in the "Health Care Provider Taxonomy" code list available on the Washington Publishing Company web site: http://www.wpc-edi.com/.

Q. When will National Drug Codes (NDC) be released?

A. MDCH does not maintain or distribute NDC codes. The department of Health and Human Services maintains and continually updates the NDC codes for all drugs. A list of NDC's for drugs covered by MDCH can be found on the First Health website: www.michigan.fhsc.com.

Q. Does the use of ICD-9CM diagnosis codes comply with HIPAA requirements?

A. Yes. Until such time as ICD-10CM are available.

Q. Is the billing provider address, Loop 2010AA, N3/N4, the address of the location where the service took place or the address of the agency?

A. As directed in the V4010 Implementation Guides, the expected value for Billing Provider Address, Loop2010AA, Segments N3 and N4 is the address corresponding to the Provider identified in Loop2010AA - NM1Segment, Elements NM101 thru NM109. Further, this would be true for all 837s' Professional, Dental, and Institutional.

Q. Where can I find carrier codes for filing with other insurances?

A. These can be found on the MDCH website at www.michigan.gov/mdch. On the left side of the page click on "Providers". This will give choices under "Providers". Click on "Information for Providers". From the list in the middle of the page click on "Third Party Liability." This will link to a page that has "Carrier ID Listing" with a choice of alpha by "carrier name" or numeric by "OI."

Q. Nursing Facility providers are questioning whether or not a crosswalk will be provided from the current proprietary electronic NF claim format to the 837-I or EMCv5.

A. Several elements reported on the proprietary form cannot be captured on the new formats. MDCH policy changes under the Nursing Facility (NF) transition to national standard claim formats through the Uniform Billing Project have eliminated the use of some elements currently reported on the proprietary format, or transitioned the use of those elements to an entirely different claim format. Providers should review the revised Chapter IV of the Michigan Medicaid Nursing Facility Manual, and the State Uniform Billing Manual to assess impact on provider-specific systems and modify individual claims data reporting systems accordingly. The authoritative crosswalk from the UB-92 (both paper and electronic) to the 837-I is found in Appendix F of the 837-Institutional Implementation Guide, version 4010.

Q. It is my understanding that Taxonomy codes are not yet a HIPAA requirement, but are required for the state of Michigan, is this true?

A. The 837 Professional 4010A1 Implementation Guide states that the Taxonomy code (PRV segment) is Situational and only required when "adjudication is known to be impacted by the provider taxonomy code…"Because Michigan Medicaid relies on provider's Medicaid ID and information in the provider's Medicaid file, the Taxonomy codes are not required at this time. The 837 Professional Addenda version (A1) Companion Guide would be the place to look to determine which situational codes are needed.

Q. Is Michigan Medicaid planning on taking advantage of the 12/31/03 extension for Local Codes or do they still plan to be compliant by the 10/16/03 deadline?

A. Michigan Medicaid will be using all national standard codes effective 10/1/03 and will not use the Local Code Extension. Please see the MDCH website for additional information.

Q. How long are CMH and MHSA Providers to use the Code Crosswalk provided by MDCH?

A. These are to be used until you are notified of a change by MDCH. This will assure that MDCH's MMIS system is able to process the transactions.

Q. When do you expect the code crosswalk to change again?

A. Some code changes were recently published by CMS and are under review at MDCH. Likewise, the annual update of HCPCS codes has been received and is being reviewed. As soon as possible, Version 5 of the crosswalk will be distributed and will not be retroactive to October 1, 2002.

NOTE: CMS will continue to change codes indefinitely. MDCH will revise the code crosswalk as necessary, establishing an effective date for each revision. If consistent with the effective date established by CMS, MDCH will provide 90 days lead-time. *NOTE:* As you work with your providers, if you learn of additional procedure codes that are needed, please forward them to MDCH for consideration as additions to the code crosswalk.

Q. Has DCH developed a crosswalk to determine what national codes will replace the nonstandard Michigan local procedure codes?

A. Since mid 2001, DCH has been notifying providers of crosswalks from local procedure codes to national codes. Providers are notified by Bulletins and/or Numbered Letters at least 30 days in advance of any coding change. This is an ongoing process which will continue until all local codes are crosswalked to national codes. As more crosswalks are finalized, providers will be notified by Bulletin or Letter and posted on the website. All local Michigan Medicaid codes will be eliminated in time to be compliant with HIPAA. Providers will use only national standard codes for any service provided on or after October 16, 2003. Keep in mind however that even though a service may be billed after October 16, 2003, a local code may continue to be required if the date of service is prior to HIPAA implementation.

Q. Currently, MDCH reports the Medicaid local codes of "X1" and "X6" in the "Condition Codes" section of the UB-92 claim. Since the HIPAA 837 will no longer support use of local codes, has Medicaid identified the acceptable new values to use in the 837, instead of the old values (X1 & X6)?

A. The local codes have been replaced with nationally accepted occurrence codes (A3, A2, 24 & 25) and occurrence span codes (71), whichever is applicable.