





October 22, 2015

Fifth Edition, Issue 6

Network Providers

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

IN THIS ISSUE

ICD-10-CM ENHANCEMENT OF THE INTEGRATED SYSTEM

ICD-10-CM ENHANCEMENT OF THE INTEGRATED SYSTEM

Effective October 1, 2015, ICD-10-CM code(s) must be reported on all claims submitted for services provided on or after October 1, 2015. For dates of service prior to October 1, 2015, all claims must have ICD-9-CM diagnosis code(s). If claims have ICD-9-CM diagnosis code(s) for services provided on or after October 1, 2015 or you select an ICD-10-CM diagnosis code for claims associated with services provided prior to October 1, 2015 you will receive an Integrated System (IS) Deny Rule of 'Validate Diagnosis Code' on the FFS2 Claim Status Detail Report (IS 704).

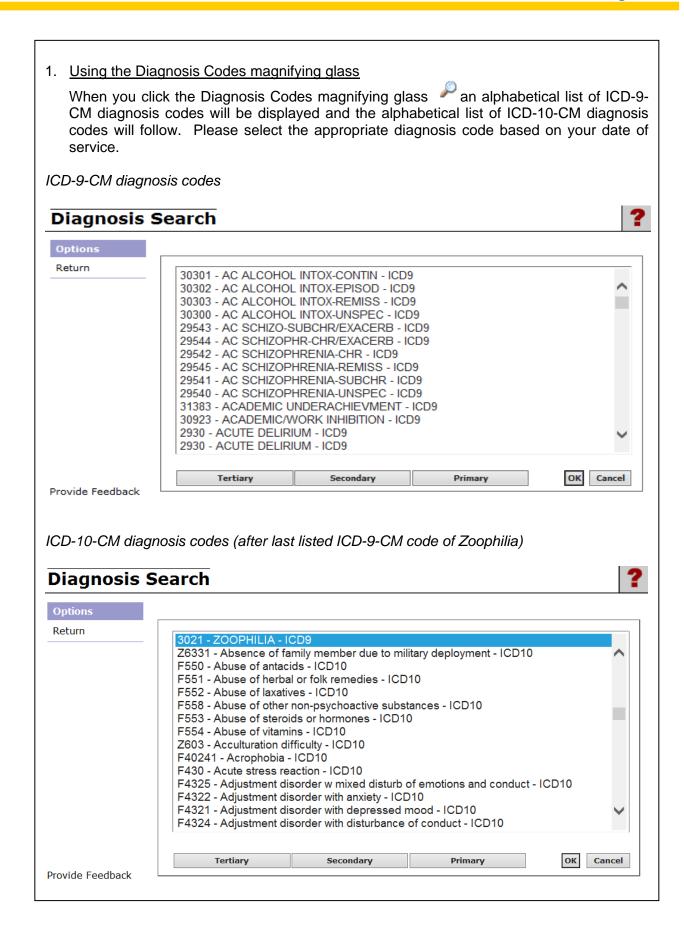
For Direct Data Entry (DDE) Fee-for-Service Providers only

The Los Angeles County Department of Mental Health has implemented modifications to the IS that allow providers to select the ICD-10-CM code in the User Interface (UI) of the Outpatient Claims screen for Direct Data Entry (DDE) providers.

DDE providers may select the ICD-10-CM diagnosis code using one of the following three options: 1) search by using the magnifying glass, 2) search by entering the beginning number or letter of the diagnosis code, or 3) enter the appropriate diagnosis code without using any search. Illustrations are provided on the following pages.

LOCAL MENTAL HEALTH PLAN
OFFICE OF THE MEDICAL DIRECTOR
MEDI-CAL PROFESSIONAL SERVICES & AUTHORIZATION DIVISION
550 S. Vermont Ave, 7th Floor, Los Angeles, CA 90020

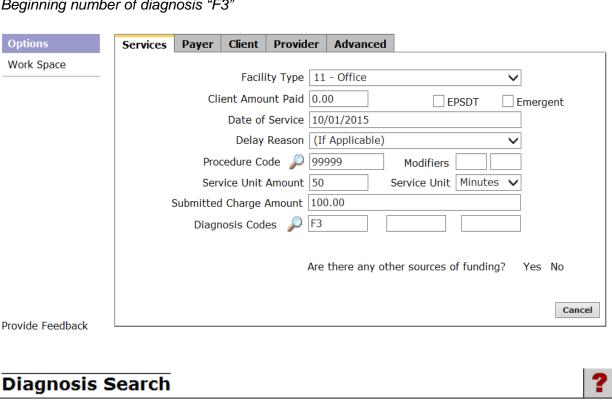
FFS Hotline: (213) 738-3311 Website: http://dmh.lacounty.gov

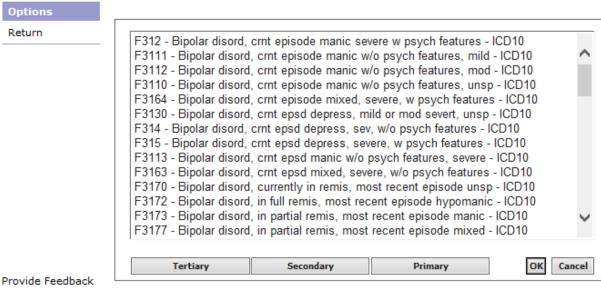


2. Entering the beginning number or letter of the diagnosis code

Enter the beginning number or letter of the diagnosis code (based on your date of service) then click the Diagnosis Codes magnifying glass P. A list of diagnosis codes with the same beginning number or letter will be displayed for your selection.

Beginning number of diagnosis "F3"





3. Entering the appropriate diagnosis code You may also enter the appropriate diagnosis code, based on the date of service without using the diagnosis search. Options Services Payer Client Provider Advanced Work Space Facility Type 11 - Office V Client Amount Paid 0.00 EPSDT Emergent Date of Service 07/01/2015 Delay Reason (If Applicable) Procedure Code P 99999 Modifiers Service Unit Amount 25 Service Unit | Minutes V Submitted Charge Amount 200.00 Diagnosis Codes 🔎 31401 Are there any other sources of funding? Yes No Cancel Provide Feedback Options Services Payer Client Provider Advanced Work Space Facility Type 11 - Office Client Amount Paid 0.00 ■ EPSDT Emergent Date of Service 10/01/2015 Delay Reason (If Applicable) Procedure Code P 99999 Modifiers Service Unit Amount 25 Service Unit | Minutes Submitted Charge Amount 200.00 Diagnosis Codes F314 Are there any other sources of funding? Yes No Cancel Provide Feedback Questions regarding this Provider Bulletin can be directed to the FFS Hotline at (213) 738-3311 or an email can be sent to: FFS2@dmh.lacounty.gov Provider Bulletins are posted on the DMH website at: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_Special.htm