# MD Bulletin

#### Knowledge is power...



As part of Short-Doyle/Medi-Cal Phase II changes to crossover billing, the State Department of Mental Health (State DMH or the State) is now requiring rendering providers to submit their taxonomy code on claims for reimbursement particularly when the client has both Medicare and Medi-Cal (Medi/Medi). This information tells the State whether the rendering provider is eligible to enroll as a Medicare provider and submit claims to Medicare for services to Medi/Medi clients. When the provider is not eligible to bill Medicare, as indicated by the taxonomy, Medi-Cal would not require the claim to be adjudicated by Medicare first for Medi/Medi clients. If the rendering provider is eligible to claim to Medicare, then the State will expect the provider to include Medicare adjudication information on the claim. The Integrated System (IS) has been updated to reflect this change and will be available for use effective July 15, 2011.

Below is a list of taxonomy prefixes for those disciplines eligible to enroll as Medicare Rendering providers with these taxonomies are required to have claims adjudicated by Medicare before billing Medi-Cal for Medi/Medi clients.

\* 207 (Physician)

\* 208 (Physician)

\* 103 (Psychologist)

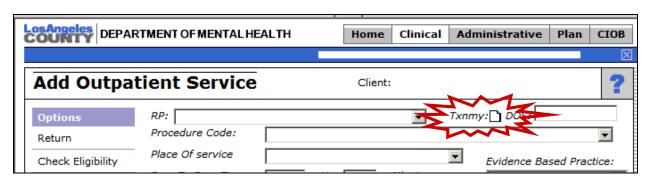
\* 363 (Nurse Practitioner/Physician Assistant)

\* 364 (Clinical Nurse Specialist)

\* 104 (Social Worker)

Claims for providers with these prefixes that do not include Medicare claim adjudication information will be denied by State DMH.

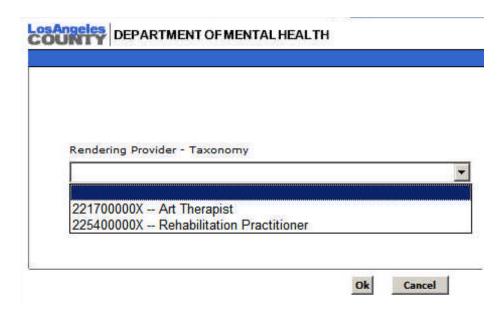
The new taxonomy field can be found on the IS Service screen. The icon is located next to the rendering provider dropdown labeled 'Txnmy' with a paper icon. When entering a service, providers must first select the rendering provider for that service and then click on the 'Txnmy' icon to add the taxonomy to the claim.



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Clicking on the paper icon will cause a pop-up box to appear where you will be asked to select or verify the taxonomy for the rendering provider. If a rendering provider only has one taxonomy, then staff entering the service must confirm that the listed taxonomy is correct; if more than one taxonomy appears for the rendering provider, then staff must select the one taxonomy that is appropriate for the provider at the time of the service. If



the staff entering the service is not sure of which taxonomy to use, then check with the rendering provider, clinical supervisor, or program manager.

Claims cannot be submitted without taxonomy. If no taxonomy is selected, Direct Data Entry providers will receive an error message "Rendering Provider Taxonomy is required". Electronic Data Interchange claims will be denied with a Deny Rule Failure of <u>Inb837P.Post</u> 67 or <u>Inb837I.Post</u> 69: Validate Provider Taxonomy with a negative 835.

Please refer to IS News Bulletin #71 for more information about how taxonomy works in the IS (<a href="http://lacdmh.lacounty.gov/hipaa/documents/ISNewsBulletin071\_SD-MCII\_Rendering\_Provider\_Taxonomy\_071211.pdf">http://lacdmh.lacounty.gov/hipaa/documents/ISNewsBulletin071\_SD-MCII\_Rendering\_Provider\_Taxonomy\_071211.pdf</a>).

For more information about updating the provider's taxonomy information in the IS, please see Quality Assurance Bulletin # 11-04 (<a href="http://file.lacounty.gov/dmh/cms1\_162897.pdf">http://file.lacounty.gov/dmh/cms1\_162897.pdf</a>).

Contact Revenue Management Division if you have questions about when it is necessary to put taxonomy on a claim.

#### We're here to help you...

If you have any questions or require further information, please contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.