



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

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HIPAA 5010 COMPLIANCE

Background

This bulletin is being issued to provide guidance in regards to continued compliance with the Administrative Simplification portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires the Los Angeles County Department of Mental Health (LAC-DMH) to implement the 5010 version of HIPAA transaction standards. Accordingly, this bulletin provides instructions to address the changes to the Integrated System (IS) for Outpatient and Day Treatment claims (Modes 15 & 10) as well as for Inpatient claims (Modes 05 & 60).

These changes must be implemented for all claims entered under HIPAA 5010 which is expected to be implemented in early April. Please refer to Revenue Management Division (RMD) Bulletins and IS Alerts for further information related to HIPAA 5010 implementation.

Changes for Outpatient/Day Treatment (Modes 15 & 10)

With the implementation of the 5010 HIPAA transaction standards all outpatient claims must identify whether or not a Provider Signature is on file and if a Patient Signature is on file.

- The required **Provider Signature On File** field is to confirm that there is a signature on file verifying that the service is true and accurate. *Note: For Directly-Operated Programs, the signature on the Daily Service Log, which has the Rendering Provider attestation, serves as the signature on file. If the Daily Service Log is not signed, the Daily Service Log must be returned to the Rendering Provider for signature. Claims will not be accepted in the IS without a Rendering Provider signature.*
- The **Patient Signature Not Available** field is to indicate how the client authorization signature was obtained if the client's signature is required in order to release information for billing. Checking the box indicates that the client's signature was generated by the provider on behalf of the client. For Medi-Cal only clients, a signature from the client is not required AND the provider is not required to generate a signature on his/her behalf. Therefore, for Medi-Cal only clients, this box should never be marked. *Note: For Directly-Operated Programs, the client's signature is required for Medicare claims. LAC-DMH requires Medicare clients to sign the Lifetime Authorization form before billing Medicare. This box should ONLY be marked if a Medicare or Medi-Medi client has NOT signed the Lifetime Authorization form.*

Changes for Inpatient (Modes 05 & 60)

Under the 5010 changes in the IS, all inpatient claims must identify whether or not a Provider Signature is on file and must identify the Point of Origin, Type of Admission and Patient Status codes.

- The required **Provider Signature On File** field for all Inpatient (Modes 05 & 60) claims is to confirm that there is a signature on file verifying that the services are true and accurate. This signature is to be verified by adding a statement on a progress note or billing form where a staff person signs stating the services are true and accurate.
- The **Point of Origin** code is to indicate where the client came from prior to presenting at the facility or who has recommended the client for admission.
- The **Type of Admission** code is used to indicate the priority of the admission or visit to the facility. *Note: The existing field "Necessity" on the Episode screen has been renamed to the "Type of Admission" and moved to the Service screen.*
- The **Patient Status** code is used to indicate the disposition or discharge status of the patient. *Note: the Patient Status code is NOT a new field; however, some of the codes are new or updated and the field has been moved to the Service screen.*

The Inpatient Daily Service Log and the Open Inpatient Episode forms have been updated with new fields to capture the Point of Origin, Type of Admission, and Patient Status codes. The revised forms can be found at: http://lacdmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm . In addition, a complete/updated list of all of these codes can be found in the IS Codes Manual located at: <http://lacdmh.lacounty.gov/hipaa/index.html> .

HIPAA 5010 requires that all inpatient claims be submitted with a Facility Type Code instead of a Place of Service (POS) code. In order to do this, it was necessary for, the LAC-DMH to further specify Modes 05 Procedure Codes by changing the modifiers associated with some of these Procedure codes. Please see the summary of the updated Procedure Code/Modifier/Facility Type code changes (attached). The Guide to Procedure Codes has been updated with the revised Procedure Codes, Modifiers and Facility Type Codes and placed on-line at: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

If you have any questions regarding this Bulletin, please contact your SA QA Liaison.

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Summary of Procedure Code, Modifier and Facility Type Code Changes for HIPAA 5010

**Items in RED have been revised.

Guide to Procedure Codes Page	Procedure Code	Modifier 1	Modifier 2	Description	Facility Type	Place of Service
18	100	*	*	State Hospital	89	NA
19	100	AT	HT	Acute General Hospital	11	NA
19	100	AT	*	Acute General Hospital - PDP	11	NA
19	100	AT	HX	Acute General Hospital - CGF	11	NA
19	100	HX	*	Psych Hosp Acute Care, Adult Forensic	11	NA
19	100	HA	*	Psych Hosp, 21 or under	11	NA
19	100	SC	*	Psych Hospital - PDP	11	NA
19	100	HC	*	Psych Hosp 65 or over	11	NA
19	100	HB	*	Psych Hosp, 22-64	11	NA
19	101	HE	*	Acute Hosp-Admin Day	11	NA
19	101	HX	*	Acute Hosp-Admin Day PDP	11	NA
19	101	HA	*	Psych Hosp 21 – Admin Day	11	NA
19	101	*	*	Psych Hosp-Admin Day PDP	11	NA
19	101	HC	*	Psych Hosp 65+ Admin Day	11	NA
19	101	HB	*	Psych Hosp, Ages 22-64 - Admin Day	11	NA
17	H2013	*	*	Psychiatric Health Fac	11	NA
18	100	HB	*	SNF Acute Intensive	21	NA
18	100	HE	GZ	IMD w/o Patch, 60 Beds & Over	89	NA
18	100	HE	*	IMD without Patch	89	NA
18	100	HX	*	IMD without Patch, Indigent	89	NA
18	100	HE	TG	IMD with Patch, Subacute, Forensic History	89	NA
18	100	HK	*	IMD with Patch (Non-MIO)	89	NA
18	100	HB	HZ	IMD with Patch, Reg MIO	89	NA
18	100	TG	*	IMD with Patch, Indigent MIO	89	NA
18	100	HB	TG	IMD with Patch, Indigent - Subacute, Forensic Histc	89	NA
18	183	*	*	IMD Pass Day	89	NA
17	H0018	*	*	Crisis Residential	86	NA
19	100	HZ	*	Forensic Inpatient Unit	89	NA
17	H0019	HC	*	Trans Res - Trans - Non Medi-Cal	86	NA
17	183	HB	*	Residential Pass Day	86	NA
17	H0019	*	*	Trans Res - Transitional	86	NA
17	H0019	HE	*	Trans Res – Long Term	86	NA
17	H0019	HX	*	Semi-Supervised Living	86	NA
18	100	GZ	*	MH Rehabilitation Center	86	NA
17	134	*	*	Life Support	86	NA