



IMMEDIATE ATTENTION REQUIRED REGARDING CLAIMS BILLING AND PAYMENT

Dear Provider:

Use of Non-Compliant Codes

It has come to our attention during a recent internal claims audit, that you are submitting claims using non-compliant HIPAA Codes. For both paper-based and electronic claims, HIPAA compliant codes are required. An example of such improper billing is submitting a claim as "124" versus "0124".

Under the Health Insurance Portability and Accountability Act (HIPAA), all covered entities must switch to the new transaction and code standards that were effective October 16, 2003. Technical instruction, Implementation, and Companion Guides for these transactions can be found on the ValueOptions web site <http://www.valueoptions.com/provider/compliance.htm>. ValueOptions and providers must:

- (i) Not change any definition, data condition or use of adapt element or segment as proscribed in the Health and Human Services (HHS) Transaction Standard Regulation. {45 CFR 162.915(a)}
- (ii) Not add any data elements or segments to the maximum defined data set as defined in the HHS Transaction Standard Regulation. {45 CFR 162.915(b)}.
- (iii) Not use any code or data elements that are either marked "not used" in the HHS Transaction Standards' implementation specifications or are not in the HHS Transaction Standard implementation specifications. . {45 CFR 162.915(c)}.
- (iv) Not change the meaning or intent of any of the HHS Transaction Standard's implementation specifications. {45 CFR 162.915(d)}.

In order to continue to process your claims properly, claim submissions must include HIPAA compliant codes. This letter is to serve notice that effective **October 1, 2006**; any claim(s) submitted with non-approved code(s) will be deemed as non-clean claim and will subsequently be denied. Such claims can be resubmitted with HIPAA compliant code(s) for payment. Timely filing claims guidelines apply. A complete list of compliant codes is attached.

Please Note: It is important that you file claims according to your existing ValueOptions agreement(s).

Use of Standardized Claim Forms

ValueOptions requires the use of standardized claim forms which are the CMS 1500 and UB-92 (CMS-1450) The only acceptable claim forms are those printed in Flint Red, J6983, (or exact match) ink. **Do not submit photocopied claims.** Paper claims sent to ValueOptions are scanned using Optical character recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and therefore may delay payment.

To purchase claim forms, you should contact the U.S. Government Printing Office at (202) 512-1800, local printing companies in your area, and/or office supply stores. Each of the vendors above sells the CMS-1500 claim form in its various configurations (single part, multi-part, continuous feed, laser, etc).



National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule adopting the National Provider Identifier (NPI) as this identifier.

This change in process requires that most health plans, including Medicare, Medicaid, private health insurance issuers and clearinghouses accept and use NPIs in all HIPAA covered transactions by May 23, 2007. (For the latest NPI information, please visit the Department of Health and Human Services (HHS) Web site at www.cms.hhs.gov/NationalProvIdentStand.)

- If you do not have your NPI, please apply now. Providers can apply through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained by calling the NPI Enumerator at 1-800-465-3203.

In the next several months, ValueOptions will be sending out additional information as to when we will accept your NPI numbers and the format in which to submit them.

Updates to Claims Forms to Accommodate National Provider Identifier (NPI)

With the implementation of the NPI, claim forms will need to be updated to accommodate the reporting of this number. ValueOptions will be sending out additional information as to when we will be phasing in these new forms. Please note the following:

CMS-1500

- The major difference between the revised claim form, CMS-1500 (08/05 version), and the prior form CMS-1500 is that the revised form will capture NPI and legacy number identifier.
- For more information regarding these changes, please go to:
<http://www.cms.hhs.gov/transmittals/downloads/R1010CP.pdf>
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5060.pdf>

UB-92 (CMS-1450)

- The revised claim form, UB-04, will support NPI and a legacy identifier. The difference between UB-04 and the prior form, UB-92, is that the UB-04, incorporates the NPI, taxonomy and additional codes.
- For more information regarding these changes, please go to:
<http://www.cms.hhs.gov/transmittals/downloads/R1018CP.pdf>
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5072.pdf>

If you have additional questions regarding the filing of clean claims, please review ValueOptions' Provider Handbook, Claims Payment section. This can be located at http://www.valueoptions.com/provider/handbooks/administration/Claims_Payment_2006.pdf

If you have any additional questions, please contact 800/397-1630, Monday – Friday, 8: 30 a.m. – 5 p.m. EST.

Sincerely,

Sabrina Houser

Sabrina Houser, PhD
Vice President
National Provider Relations

ValueOptions HIPAA Compliant Codes

Exhibit A Service Description	Old Revenue Code - Commercial	Empire Acceptable Revenue Code	GHI-BMP Acceptable Revenue Code	Commercial Acceptable Revenue Code
Inpatient Psychiatric	100/124	0124	0124	0124
Inpatient Eating Disorder	203/204	0124	0124	0124
Inpatient Dual Diagnosis	100/124	0124	0124	0124
Inpatient Subacute	190	NA	NA	0190
Inpatient Detox	126	0126	0126	0126
Acute Inpatient Rehab	128	0128	0128	0128
Halfway House (MH, SA & Dual Diagnosis)	247	1004	0100	1004
Group Home (MH, SA and Dual Diagnosis)	247	1005	0100	1005
Residential Treatment - Mental Health	249	1001	1001	1001
Residential Treatment - Dual Diagnosis	249	1001, 1002	1001, 1002	1001, 1002
Residential Treatment - Substance Abuse	249	1002	1002	1002
Methadone Maintenance	259	0259, H0020	NA	H0020
Emergency Room/Crisis Eval in ER	450	0450	NA	0450
Home Health Care	99350	0581, 99350	NA	99350
23 Hour Observation Bed	761	0761	NA	0761
Intensive Crisis Stabilization	769	0769	NA	0769
Mobile Crisis	919	0919	NA	0919
Intensive Outpatient - Mental Health	910	0905	0905	0905
Intensive Outpatient -Dual Diagnosis	910	0905, 0906	NA	0905, 0906
Intensive Outpatient -Eating Disorder	910	0905, 0906	NA	0905, 0906
Intensive Outpatient - Substance Abuse	910	0906	0910	0906
ECT Inpatient or Outpatient Therapy	901	0901	NA	0901
Day Treatment - Mental Health	912	0907	0912	0907
Day Treatment - Dual Diagnosis	912	0907	NA	0907
Day Treatment - Substance Abuse	912	0907	0912	0907
Partial Hospitalization - Mental Health and Substance Abuse	912	0912	0912	0912
Half Day Partial Hospitalization - Dual Diagnosis	912	NA	NA	NA
Half Day Partial Hospitalization - Eating Disorder	912	NA	NA	NA

ValueOptions HIPAA Compliant Codes

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Crisis Intervention - Mental Health and Substance Abuse	919	0919	NA	0919
Outpatient Detox – Drug	944	0944	0944	0944
Outpatient Detox – Alcohol	945	0945	0945	0945
72 Hour Crisis Bed	NA	0949	NA	NA
Outpatient Substance Abuse Clinic - Family Treatment	See applicable CPT codes	513 + CPT Code	513 + CPT Code	See applicable CPT codes
Outpatient Substance Abuse Clinic	See applicable CPT codes	513 + CPT Code	513 + CPT Code	See applicable CPT codes

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