

SECTION 1 - GENERAL INFORMATION

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- **PROVIDER SIGNATURE REQUIREMENTS**

Since it is not possible for the provider to sign electronic claims, Texas providers must sign the Electronic Data Interchange (EDI) Agreement and all Medicare providers must sign an Electronic Data Interchange (EDI) Enrollment form. These agreements must be signed and returned to Provider Automation before production status will be granted.

- **AUTOMATED VENDOR/SUBMITTER DATABASE**

The Provider Automation staff maintains a database of vendors and submitters. It is very important that the information in this database is accurate so proper notification can be made when there are claim filing or specification changes.

When returned mail is received from the U.S. Postal Service, the vendor/submitter ID number is temporarily removed from the rEDI-link Blue customer profile. This prohibits these vendors/submitters from successfully logging in and transmitting to the Texas Health Information Network. When the updated information is received, the users profile is updated and transmissions may resume the next day.

If any of the following changes occur, please contact the EDI Helpline:

- New Contact Person
- New Address and/or Phone Number
- Conversion from One System to Another

These changes may be faxed to: 972/766-5102

or mailed to: THIN Database Update
Provider Automation - 2-S South
P. O. Box 655924
Dallas, Texas 75265-5924

- **DIAGNOSIS CODES - GENERAL**

The following guidelines apply to all claim types. Specific payor diagnosis requirements are explained under each line of business.

- Diagnosis codes are to be submitted using ICD-9-CM with the proper sub-classification codes, that is, the highest level of specificity.

For example:

<u>Diagnosis</u>	<u>ICD-9-CM</u>	<u>Submit</u>
Acute Hepatic Failure	570	570
Acute Alcoholic Hepatitis	571.1	5711
Chronic Hepatitis	571.40	57140

- Diagnosis codes are to be submitted without the decimals (see above example).
- Do not submit ICD-9-CM diagnosis codes that begin with M.
- V-codes should not be used except when an all numeric diagnosis code is not available to describe the patient's condition.
- A diagnosis code must be submitted with each procedure code. For exceptions to this rule, refer to the guidelines under each line of business - Medicare Part B, Blue Shield, Commercial/Clearinghouse, etc.

ICD-9-CM documentation may be obtained from the following sources:

Hard copy print may be obtained from:

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
202-783-3238

Tape may be obtained from:

Bureau of Data Management and Strategy, HCFA
Baltimore, MD 21207

Updated ICD-9-CM codes can be obtained from the American Hospital Association. There is no cost for an AHA member. There is a small fee for a non-member. The AHA toll-free number is 1-800-242-2626.

- **PROCEDURE CODES - GENERAL REQUIREMENTS**

Electronic claims are to be submitted with the procedures coded using HCPCS procedure codes. Specific payor diagnosis requirements are explained under each line of business.

HCPCS procedure codes are made up of three levels of codes as follows:

- Level I - CPT 4: The American Medical Association's Physicians' Current Procedural Terminology 4th Edition:
 - Codes are all numeric - consisting of 5 digits
 - Represent 80% of HCPCS
 - Maintenance is the responsibility of the AMA who will update on a yearly basis
 - Updates by the AMA will be coordinated with the Health Care Financing Administration prior to HCFA's distribution of modifications to third party payers
 - Refer to the Anesthesia subsection for the proper codes to use when submitting claims for anesthesia services.

- Level II - HCFA Codes:

- Codes for both physician and nonphysician services not contained in CPT-4, e.g., ambulance, durable medical equipment, orthotics, prosthetics and some medical codes
- Codes are all alpha-numeric - a single letter (A-V) followed by 4 numeric digits
- Updating the HCFA codes is the responsibility of the HCFA Maintenance Task Force

A = Supplies, Ambulance
B = Enteral, Parenteral
D = Dental
E = DME
H = Physician's Services
J = Injections/Drugs
K = DMERC

L = Prosthetics & Orthotics
M = Medical (such as MCP)
P = Laboratory
Q = Radiology/DME
T = Surgical
V = Vision

- Level III - Local Codes:

- Codes not contained in the other two levels
- Codes were developed based on local reporting practices in all contract areas
- Maintenance is the responsibility of the local carrier; however, HCFA will be informed for potential national application
- Codes are all alpha-numeric - a single letter W-Z followed by 4 numeric digits

W = DME & X-Ray
X = Surgical & Lab

Y = Prosthetics, Supplies,
X-Ray, Radiation Therapy
Z = Injections, Medical

- **TELECOMMUNICATION PHONE NUMBERS:**

Asynchronous

972/889-LINK (5465)
 or
 410/539-LINK (5465) in Baltimore only

Bisynchronous - V.32

972/889-8200
 or
 410/539-3007 in Baltimore only

Medicare Part B offers toll free telecommunication lines for Participating Providers to submit their Medicare Part B claims. The toll free telephone number will be released to Medicare Part B Participating Providers after verification of participation by the EDI Helpline representative. The toll free number is only available to providers submitting directly, it is not available to billing services.

- **OTHER IMPORTANT PHONE NUMBERS:**

Medicare Part B - TEXAS

Texas Provider Automated Response System (ARS):	903/463-4886
Texas Provider Appeals:	903/463-4495
Texas Coverage Issues:	972/766-7395
Texas Overpayments:	903/463-3948
Texas Program Compliance:	972/766-7478
Texas Provider Services:	972/766-6076
(Provider Numbers, UPIN directory, Address Changes)	
Texas Seminar/Workshop "INFOLINE":	972/766-8230
Texas Provider Education:	972/766-7401, 8230

Medicare Part B - MARYLAND/DC/DELAWARE

Maryland/DC/Delaware Provider ARS:	410/771-6111
Maryland/DC/Delaware Provider Appeals:	410/316-7599
Maryland/DC/Delaware Coverage Issues:	410/771-6111
Maryland/DC/Delaware Overpayments:	903/463-3948
Maryland/DC/Delaware Program Compliance:	972/766-7478
Maryland/DC/Delaware Provider Services:	410/316-7556, 7557
(Provider Numbers, UPIN directory, Address Changes)	
MD/DC/Delaware Seminar/Workshop "INFOLINE":	410/229-5494
Maryland/DC/Delaware Provider Education:	410/229-5406 410/316-7595

Texas Blue Shield

Provider Services	972/766-6076
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Texas Medicaid (NHIC)

Provider Automation	512/794-6919
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