Reminder: Upcoming Changes to Long Term Care Submission of 837 Professional, 837 Institutional and 837 Dental Claims

Information posted January 4, 2019

The current Health and Human Services Commission (HHSC) Long Term Care (LTC) Bill Code Crosswalk allows providers to submit claims with:

- Skipped modifiers (skipped modifier scenarios are defined as any record on the HHSC LTC Billing Code Crosswalk table where a modifier is required and any preceding modifier position[s] is not required or entered).

- Same modifier value in multiple modifier positions on the same Detail Service Line.

Beginning February 1, 2019, to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA), HHSC and TMHP will implement changes that will no longer allow Duplicate Modifiers and Skipped Modifiers to be submitted on the Same Detail Service Line. As a result, the following changes will be made:

**HHSC LTC Bill Code Crosswalk**

Updates will be made to the HHSC LTC Bill Code Crosswalk to require that modifiers start in position 1 and any subsequent modifier value will not be the same (duplicate). Note that these Bill Code Crosswalk records will be retroactively changed. Any claims submitted beginning February 1, 2019, will be required to use the updated crosswalk (irrespective of the Date of Service on the claim).

Some of the records used for Electronic Visit Verification (EVV) fee-for-service claims have been updated in this Bill Code Crosswalk.

Click the link below to review an example of the crosswalk dated January 31, 2019, pre-implementation and February 1, 2019, post implementation and the change to the modifiers.

**Note:** These are draft codes and the final version of the LTC Bill Code Crosswalk will be published on the HHSC website on February 1, 2019.

[Crosswalk Example](#)
Claims Entry

TexMedConnect

Changes will be made to the TexMedConnect Claims Entry Screens.

- Providers linked to multiple Service Groups (SGs) will be required to select the Billing Provider’s SG from the drop-down in the Claim tab (to indicate the SG that will apply to the services billed).

- Providers linked to Hospice SG 8 have the option to select the Residence Service Group from the drop-down in the Claim tab (to indicate the individual’s residence at the time of service).

- Providers linked to Community Care (SG 7) or Guardianship (SG 20) will have the option to select the budget number from the drop-down in the Claim tab (to indicate the Budget Number that will apply to the services billed).

EDI

- Duplicate modifier values at the Detail Service Line will no longer be allowed.

- Skipped modifier positions will no longer be allowed.

Submission of Claims

TexMedConnect

Providers will start using an updated HHSC LTC Bill Code Crosswalk where:

- Data specified in the Modifier fields will be used to determine the LTC Bill Code, and modifier values will be required to start in position 1 of the claim detail line, with all subsequent modifiers in sequential position order.

- Duplicate modifier values within the same Service Detail Line will not be allowed.

Modifiers in positions 1 and 2 will no longer be used to indicate SG, Residence Service Group, or Budget Number. Billing Providers will now indicate this information in the new fields located in the Claim tab in TexMedConnect:

- SG for Billing Providers that are associated with multiple SGs for LTC 837 Professional, Institutional, and Dental claims.

- Residence SG when Billing Provider is SG 8 to indicate individual’s residence at the time of service for LTC 837 Institutional claims.

- Budget Number for Title XX services for LTC 837 Professional claims.
**Note:** Billing Providers will continue to use modifiers in position 1, 2, 3, and 4 (based on the HHSC LTC Bill Code Crosswalk) to determine the LTC Bill Code.

Updates to Professional, Institutional, and Dental claim templates and/or drafts will be required to accommodate these changes.

**EDI**

Providers, third-party submitters, and trading partners will submit Service Group for Billing Provider, Residence Service Group, and Budget Number values at the 2300 Loop/NTE02 Segment of the 837 Professional, 837 Institutional, and 837 Dental Claims. Instructions for the upcoming changes are included below and will be provided in each of the transaction-specific Companion Guides, located on the TMHP website under EDI Technical Information Companion Guides for CMS and C21.

**LTC 837 Professional**

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### LTC 837 Institutional

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### LTC 837 Dental

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Texas Medicaid will reject claims when a claim is received with a skipped modifier.

Texas Medicaid will reject claims when a claim is received with duplicate modifier values on the same Detail Service Line.

Click on the links below to review the current pre-implementation Companion Guides. The updated version of the Companion Guides will be available on the date of implementation, February 1, 2019.

837D Dental Companion Guide
837I Institutional Companion Guide
837P Professional Companion Guide

Third-Party Submitters

Third-party submitters must be informed of these changes for claims to be successfully submitted. Providers are responsible for notifying third-party submitters regarding the changes outlined.

TexMedConnect Long Term Care User Guide

Information included in the TexMedConnect Long Term Care User Guide will change. Enhancements will be made to accommodate the above mentioned TexMedConnect claims submission changes.

For more information, email LTC-TPT@tmhp.com, or call the Long Term Care Help Desk at 1-800-626-4117, Option 1.