

COUNTY OF LOS ANGELES/DEPARTMENT OF HEALTH SERVICES (DHS)
PHYSICIAN REIMBURSEMENT PROGRAM
 Information Bulletin

CLARIFICATION OF REIMBURSEMENT POLICIES

The following reimbursement policy issues have been clarified and approved by the Physician Reimbursement Advisory Committee (PRAC):

IV Infusion Therapy Codes (90780 and 90781)

As defined by the CPT Codes, *"These procedures encompass prolonged intravenous injections. These codes require the presence of the physician during the infusion. These codes are not used for intradermal, subcutaneous or intramuscular or routine IV drug injections."*

These IV codes will continue to be paid; however, if upon audit, there appears to be inappropriate use of the codes, refunds will be required. In particular, claims are being submitted for fluid therapy, antibiotic administration and other routine IV drug administration. Therefore, during future physician audits and upon random review, inappropriate billings will be cited and refunds required. A list of approved IV medications include the following:

Aminophylline/Theophylline	Isuprel/Isoproterenol
Bretylium	Ketamine
Dilantin	Lidocaine
Diltiazem/Cardizem	Mannitol
Dobutamine	Nitroglycerin
Dopamine	Nitroprusside/Nipride
Heparin	Pitocin
Insulin	Procainamide

Please ensure claims for codes 90780 and 90781 are supported with documentation for administration of one of the above medications and that the physician was present during infusion.

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ATTENTION!!!

Where are your FY 95-96 claims???
All claims for the period of July 1, 1995 to June 30, 1996 must be postmarked no later than November 30, 1996.

Avoid the rush and submit ASAP.

TO:

American Insurance Administrators

Box 34759

Los Angeles, CA 90034-0759



New Trauma Hospital Designated in L.A. County

On December 5, 1995, St. Francis Medical Center in Lynwood was designated by the Los Angeles County Board of Supervisors as a Level II trauma center. The implementation date of St. Francis' Trauma Center was January 8, 1996. This is the first new trauma center since 1986 to be added to the County's trauma system bringing the total number of designated trauma facilities to thirteen.

As a result of the new designation, physicians providing trauma services at St. Francis are eligible for reimbursement of claims at the trauma rate. Any physician caring for trauma patients at St. Francis Medical Center who is unaware of the program should contact the EMS Agency at (213) 890-7559 for details.

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Medi-Cal Diagnosis Code -- V-300 (Newborn)

A diagnosis code of V-300 for newborns will be denied due to high probability of Medi-Cal eligibility. A Medi-Cal denial for "no coverage/no eligibility" must accompany any physician appeal. The denial must be in the Medi-Cal Explanation of Benefits.

Office Consultation Code (99241)

This procedure code will be considered and paid when the service takes place in the Emergency Department. A specialist called into the ED can bill with this code for any fund type (Trauma, Emergency, Peds and OB). More than one physician can bill for this code per day and the usual plan restrictions do not apply.

The emergency department physician should continue to bill with 99281 through 99285 or 99291 and 99292. It is inappropriate to bill the 99241 code which is for the specialists only.

E & M and Critical Care Codes for Same Date of Service

The County has received claims with charges for both E & M codes (99281 to 99285) and Critical Care codes (99291 and 99292) for the same date of service. For FY95/96, only the code that pays the higher amount will be considered, i.e., the Critical Care code (99291 at 5.24 units and 99292 at 2.54 units). The E & M code, "no benefits due", will not be considered.

Denied charges clearly documenting both services can be appealed through the Physician Reimbursement Advisory Committee (PRAC) by providing AIA with medical records and documentation.

Medi-Cal Denials (Explanation of Benefits Code 0033)

The County will deny any claim previously denied by Medi-Cal for limited coverage. These patients generally have OBRA-IRCA coverage with Medi-Cal. Appeals should be made to the Medi-Cal program.

For your information:

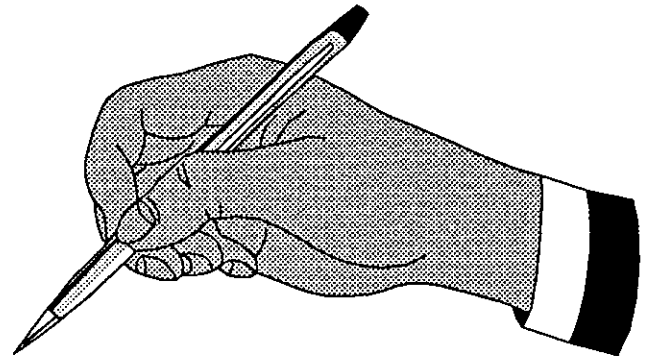
■ ROUTINE HEALTH CARE FOR MINORS:

For patients who are minors with routine health care needs, it is most likely that they are eligible for the Child Health and Disability Program (CHPD). For information, contact the CHPD at (213) 890-7941. Diagnosis codes for routine health care are not covered under this program and charges will be denied.

■ PHYSICIAN REIMBURSEMENT PROGRAM AUDITS:

The Department of Health Services continues to perform random physician program audits on a monthly basis. To date, nearly \$100,000 has been reimbursed for inappropriate billing, inadequate documentation or failure to make required refunds.

GOVERNOR SIGNS NEW LEGISLATION Ensures Program Continuation



On July 20, Governor Wilson signed AB3487 which ensures the continuation of the tobacco tax funding for the California Healthcare for Indigents Program (CHIP) for two more years. The County's financial offices have received formal notification of the official allocations for 1996/97. We are pleased to report that there is no further reduction in physician funds. Upon approval by the Board of Supervisors, the allocations for both the EMS and Trauma Physician Funds will remain stable for the next fiscal year.