

SEPTEMBER 2023

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

## PHYSICIAN REIMBURSEMENT ADVISORY COMMITTEE (PRAC)



The Physician Reimbursement Advisory Committee (PRAC) is an advisory committee to the Los Angeles County Department of Health Services on matters related to the reimbursement of emergency and trauma care to private sector physicians. The membership consists of emergency and other specialty physician, surgeons and billing agents. The Department of Health Services established this committee to make recommendations on policies, procedures and rates for the reimbursement of physicians and to review appeals of rejected or denied claims.

## FISCAL YEAR (FY) 2021/22 RAISE UP

The County working with American Insurance Administrators (AIA) has finalized the Physician Services for Indigents Program (PSIP) raise up using the unspent Measure B funds and a small amount of unspent Maddy Funds. Currently, claims are being paid at 13.5% of the (OCFS). There was enough funding for a 13.4% raise up which will bring funding up to 26.9%. Payments were issued to the physician's back in April 2023.



## AIA HOTLINE

For questions regarding claim status or handling, please contact AIA via the Physician Claims Hotline at **(800) 303-5242**.

## CLAIMS APPEAL

When appealing a claim, make sure all documents requested e.g., reports, path reports) are submitted with a HCFA/ CMS 1500, and a copy of the reject or denial letter

## REIMBURSEMENT ISSUES

Physicians who would like a reimbursement issue reviewed should forward requests or recommendations to:

### L.A. County EMS Agency/PRAC

10100 Pioneer, Suite 200  
Santa Fe Springs, CA 90670  
ATTN: Reimbursement Coordinator

## BILLING UPDATES

### Elimination of the PSIP Demographic Data Form

Effective July 1, 2023, the Physician Services for Indigents Program (PSIP) Demographic Data Form will no longer be a billing enrollment requirement, due to the fact, that the data is included on the CMS 1500 Form submitted by the providers.

### For Trauma Claims Only

Box 8 – Reserved for NUCC Use  
The TPS # must be entered in this section of the CMS 1500 Form

### Refer to the AIA website at: AIALAPSIP.COM

for updated instructions for submission of the CMS 1500 form.

A copy of the updated instructions has been attached to this bulletin.

## CLAIMS DEADLINE REMINDER FISCAL YEAR (FY) 2022/23

The deadline for submission of claims for Fiscal Year (FY) 2022/23 service dates from July 1, 2022 through June 30, 2023) is:

**October 31, 2023 at 5:00 P.M.**

Claims post marked after the October 31<sup>st</sup> deadline will be returned to the provider and will not be considered for payment.

There are no exceptions to this deadline!

In the event that claims are returned to you (prior to the deadline) by the Post Office, save your envelope as proof of timely submission).

## Claims Mailing Address

PSIP claims can be mailed to:  
American Insurance Administrators (AIA)  
P.O. Box 17908  
Los Angeles, CA 90017-0908  
**ATTN: PSIP CLAIMS**  
or by email to:  
[AIALAPSIP@MAPINC.COM](mailto:AIALAPSIP@MAPINC.COM)

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

**PATIENT ELIGIBILITY/BILLING EFFORTS**

Patients covered by this claims process are only those who do not have health insurance coverage for emergency services and care, cannot afford to pay for services rendered, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government, including Medi-Cal, but with the exception of claims submitted for reimbursement through Section 1011 of the Federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

During the time prior to submission of the bill to the County, Physician, or the physician's billing company, must have made, and clearly documented, reasonable efforts to obtain reimbursement and not received payment for any portion of the amount billed. For purposes of this claiming process, reimbursement for unpaid physician billings shall be limited to the following:

- (a) patients for whom Physician, or physician's billing company, has conducted reasonable inquiry to determine if there is a responsible private or public third-party source of payment; and
- (b) patients for whom Physician, or physician's billing company, has billed all possible payment sources, but has not received reimbursement for any portion of the amount billed;
- (c) or any of the following has occurred:
  - 1. A period of not less than three (3) months has passed from the date Physician billed the patient or responsible third party, during which time Physician has made at least two (2) attempts to obtain reimbursement and has not received payment for any portion of the amount billed.

**PATIENT ELIGIBILITY/BILLING EFFORTS**

- 2. Physician has attempted to settle by offering to bill patients a reduced amount, e.g., a percentage of total charges.
- 3. Physician has received actual notification from the patient or responsible third party that no payment will be made for the services rendered.

Upon receipt of payment from the County under this claiming process, Physician must cease any current, and waive any future, collection efforts to obtain reimbursement from the patient or responsible third party. During the period after a claim has been submitted and prior to receipt of payment, the Physician can continue attempts to collect from a patient. However, once the Physician receives payment from the County, further collection efforts shall cease.

**CHANGE OF NOTICE FORM INSTRUCTIONS**

**AIA Must Be Notified**

**A. Provider Information**

Providers must complete the section of this form when submitting a Change of Notice Form and provide supporting documents to American Insurance Administrators (AIA) when any change in the physician information occurs (e.g., office address change, billing company change).

**B. Change of Address**

If the provider has changed their payee address (where the Remittance Advice (RA) and check are sent, complete this section and check the boxes and provide a copy of:

- the W-9 Form and
- previously submitted Program Enrollment Provider Form



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**PHYSICIAN REIMBURSEMENT PROGRAM**

**CHANGE OF NOTICE FORM  
INSTRUCTIONS**

**AIA Must Be Notified**

**C. Billing Change**

If provider has changed their biller, or billing company and payee address will not be changing or provider has gone out of business complete this section and check the boxes that apply:

- Changed Biller
- Changed Billing Company
- Gone out of Business

**D. Change of Provider Group Name or Change of Biller and Payee Address**

If provider has changed their group name or changed their biller and payee address (where the Remittance Advice (RA) and check are sent) WILL change, the provider must re-enroll in the program check the boxes that apply:

- Change of Provider Group Name
- Change of Biller and Payee Address

Attach a copy of the following:

- Physician's current license
- Previously submitted Program Enrollment Provider Form
- New W-9 Form
- Complete a new Program Enrollment Provider Form
- Complete a new Conditions of Participation Agreement Form

**E. Updated Physician License**

A current copy of the physician's license must be on file. If a current copy of the physician's license is being submitted check:

- Updated Physician License box.

**Submitting Change of Notice Form**

Change of Notice Form and documents can be

**faxed to:** (562) 692-8689

AIA-PSIP Physician Enrollment Department  
or by **email to:** [AIALAPSIP@MAPINC.COM](mailto:AIALAPSIP@MAPINC.COM)

Submitting current and accurate information will avoid any delays in receiving future payments.

**NOTIFYING AND REFUNDING  
THE COUNTY**

If after receiving payment from the County, physician is reimbursed by a patient or a responsible third party, physician or the physician's billing company, shall notify the County within 60 days of receipt of the payment (see address below) in writing, and reimburse the County the amount received from the County.

**Submit Notification and/or Refund to:**

Los Angeles County/  
Department of Health Services  
Finance – Special Program Funds  
1000 S. Fremont Avenue  
Unit 8, Bldg. A11, 2<sup>nd</sup> Fl. South, Suite 1200  
Alhambra, CA 91803

**Make Refund Check Payable to:**

County of Los Angeles/  
Department of Health Services

Refund checks should be accompanied by:

- a copy of the Remittance Advice, and
- a specific explanation for the refund, e.g., received payment for services from Medi-Cal, etc.

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

NON-COUNTY PHYSICIANS

UPDATED INSTRUCTIONS FOR SUBMISSION OF CMS-1500 FORM

JULY 1, 2022 TO JUNE 30, 2025

GENERAL INFORMATION

Physicians must submit an original copy of the **CMS-1500 Form** for each patient's care if they are claiming reimbursement under the County's Physician Services for Indigents Program (PSIP). Information from the CMS-1500 Form is used by the County to comply with state reporting mandates. **Originals of the CMS-1500 Form must be completed for each patient. Photocopied documents/information will be rejected.**

**PATIENT INFORMATION:** Physicians, or their billing staff are required to make reasonable efforts to collect all data elements; however, physicians are only required to provide patient data for services provided in a hospital to the extent the information is available from the hospital. If, after reasonable efforts are made, some data elements cannot be obtained, indicate "N/A" (not available) in the space for the data element which was not obtainable. **Claims for services provided to patients as INPATIENT or EMERGENCY DEPARTMENT VISIT will not be accepted without completion of all data elements unless a reasonable justification is provided.**

**ALL CLAIMS should be submitted to American Insurance Administrators (AIA)**

**EMERGENCY CLAIMS (non-trauma)—SUBMIT CLAIMS TO:**

American Insurance Administrators (AIA)

P.O. BOX 17908

Los Angeles, CA 90017-0908

Attention: **PHYSICIAN SERVICES FOR INDIGENTS PROGRAM CLAIMS**

E-Mail: [AIALAPSIP@MAPINC.COM](mailto:AIALAPSIP@MAPINC.COM)

AIA Physician Hotline - (800) 303-5242

## COMPLETION OF THE CMS 1500 FORM

The top section of the CMS-1500 Form indicating *Medicare, Medicaid, Champus, Group Health Plan, Other*, will only be accepted when *Other* is checked or the section is left blank. If any other box is checked (*Medicare, Medicaid, Group Health Plan, etc.*), the claim will be rejected.

The following CMS-1500 items must be completed

CMS FIELD LOCATION	DESCRIPTION
2	<b>Patient's Name</b> Enter Patient's last name, first name, and middle initial.
3	<b>Patient's Birth date</b> Enter Patient's Date of Birth and Sex
5	<b>Patient's Address</b> Enter patient's complete address and telephone number
8	<b>Reserved for NUCC USE</b> Enter Patient's TPS # (Trauma patients only) Leave Blank for EMERGENCY CLAIMS (non-trauma)
17	<b>Name of Referring Provider or Other Source (Physician)</b> Enter Physician's name
17a	<b>State Medical License number</b> Enter State Medical license number.
18	<b>Hospitalization Dates Related to Current Services</b> Enter Admission and Discharge dates  *** Note: Hospital admit and discharge dates that are equal (i.e., 07-01-06 to 07-01-06) in box 18, must have an explanation in box 19 (Reserved for Local Use)
21	<b>Diagnosis or Nature of Illness or Injury</b> Enter Diagnoses (primary and two others)
24A	<b>Dates of Service</b> Enter the date the service was rendered in the "from" and "to" boxes in the MMDDYY format
24B	<b>Place of Service</b> Enter one code indicating where the service was rendered 21-Inpatient Hospital 22-Outpatient Hospital 23-Emergency Room
24D	<b>Procedures, Services or Supplies</b> Enter the applicable CPT and/or National codes in this section  <b>Note:</b> When completing Section Number 24 (A thru J) all lines are to be utilized before going on to another CMS-1500 form.
25	<b>Federal Tax ID Number</b> Enter the Federal Tax ID for the billing provider
26	<b>Patient's Account Number</b> Enter the patient's medical record number of account number in this field
28	<b>Total Charge</b> Enter total for services in dollars and cents.
31	<b>Signature of Physician or Supplier Including Degrees or Credentials</b> The claims must be signed and dated by the provider or a representative assigned by the provider in black pen. An original signature is required. Stamps, initials or facsimiles are not acceptable.

COMPLETION OF THE CMS 1500 FORM

The following CMS-1500 items must be completed

CMS FIELD LOCATION	DESCRIPTION
32	<p><b>Service Facility Location Information</b>                      Enter the Facility/Hospital Name                      Enter the Facility/Hospital address, without a comma between the city and nine-digit zip code, without a hyphen.                      Enter the telephone number of the facility where services were rendered, if other than home or office.</p>
32a	<p><b>Service Facility Location Information</b>                      Enter the NPI of the facility where the services were rendered.</p>
32b	<p><b>Service Facility Location Information</b>                      Enter the Medi-Cal provider number for an atypical service facility.</p>
33	<p><b>Billing Provider Info &amp; Phone Number</b>                      Enter the Billing Provider Info &amp; Phone # (Pay-To).                      Enter the provider name.                      Enter the provider address, without a comma between the city and state, and a nine-digit zip code, without a hyphen.                      Enter the telephone number.</p>
33a	<p><b>Billing Provider Info &amp; Phone # (Pay-To, NPI)</b>                      Enter the billing provider's NPI.</p>
33b	<p><b>Billing Provider Info &amp; Phone # (Pay-To) - Used for atypical providers only</b>                      Enter the Medi-Cal provider number for the billing provider.</p>

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TRAUMA CLAIMS - SUBMIT CLAIMS TO:

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Los Angeles, CA 90017-0908  
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33a	<p><b>Billing Provider Info &amp; Phone # (Pay-To, NPI)</b>                      Enter the billing provider's NPI.</p>
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