

## HCFA-1500/837P Billing Maintenance Tip Sheet

This Tip Sheet may change as our trainings and systems are updated. Please visit our website <https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx> for the most updated version. If any additional help is needed you can contact us at [BHS-EHRsupport@saccounty.gov](mailto:BHS-EHRsupport@saccounty.gov).

### HCFA-1500/837P Billing Maintenance

This form is used by children’s providers who are billing for KTA services. If your client is KTA Sub-Class you will need to indicate they are KTA on this form.

### Determining if your client is KTA Subclass

Run the “Special Population Census Report”. Under “Special Population” check to see that everyone who has KTA-Subclass listed also has “KTA” under the HCFA DPI section. If not you will need to go into the “HCFA-1500/837P Billing Maintenance” form to enter that.

Sacramento County DBHS		Special Population Census						
Patients with an open Episode and a valid Class or Subclass entry Between 7/1/2020 and 7/14/2020								
For Special Population(s): CPS Involvement ,DHA Flexible Housing Pool ,Foster Youth ,KTA - Class Eligibility ,KTA - Subclass Eligibility ,Pending Open Case Decision ,Presumptive Transfer to Sacramento ,Probation Involvement ,Referral Only								
Name	PATID	EP	Admit	Discharge	Pop Start	Pop End	Special Population	KTA Coverage HCFA DPI Level Start/End
<b>Access Team - Child and Family</b>								
<i>No SC Assigned</i>								
		1	10/6/17		11/14/17		KTA - Class Eligibility	
REQUEST DO NOT USE, I	641803000	3	9/26/00		4/10/17		KTA - Class Eligibility	7/1/15
<b>TRAINER, NINE</b>								
TEST, ENTRY	758277000	3	6/30/10		10/16/15		Referral Only	
					4/8/20		KTA - Class Eligibility	
					4/15/20		KTA - Subclass Eligibility	
					6/2/20		KTA - Class Eligibility	
					7/13/20		Presumptive Transfer to Sacrame	
<b>APCC-TWC-14th Ave</b>								
<i>No SC Assigned</i>								
OVERIT, SERIOUSLY	788458725	2	5/10/20		3/12/19		CPS Involvement	7/1/15
TEST, STACEY	788458699	2	3/16/20		5/6/20		KTA-Subclass Eligibility	
<b>TRAINER, FOUR</b>								
TEST, JENNIFER L	788458751	1	5/8/20	7/7/20	5/8/20		KTA-Subclass Eligibility	7/1/15
					5/8/20		KTA-Subclass Eligibility	7/6/20
		3	2/28/19		2/28/19		KTA - Class Eligibility	7/1/15
<b>BHC-HeritageOaks-Inpt-Auburn</b>								
<i>No SC Assigned</i>								
		8	3/9/20		12/6/19		KTA-Subclass Eligibility	
<b>BHC-Sierra Vista-Inpt-Bruceville</b>								
<i>No SC Assigned</i>								
		29	2/6/20		4/10/14		KTA-Subclass Eligibility	
		15	3/8/20		2/16/17		KTA-Subclass Eligibility	
		52	3/23/20		6/1/17		KTA-Subclass Eligibility	

## HCFA-1500/837P Billing Maintenance Form

Prior to completing the form, Financial Eligibility must be entered. If it has not been entered the Guarantor field will be blank.

Select the Medi-Cal guarantor from the drop down. This will only need to be entered for the Medi-Cal Guarantor.

The screenshot shows the 'HCFA-1500/837P BILLING MAINTENANCE SCREEN'. The 'Guarantor' dropdown menu is highlighted with a red box and contains the selection '(2) (3)DMH - SD/MC'. Other visible fields include 'Form Locator 9 Over-Ride Guarantor', 'Form Locator 10 (Employment)', 'Form Locator 10 (Auto Accident)', 'Form Locator 10 (Auto Accident, Place)', 'Form Locator 10 (Other Accident)', 'Other Date (Form Locator 15)', 'Form Locator 16 (Date Patient Unable To Work, From)', 'Form Locator 16 (Date Patient Unable To Work, To)', 'Referring Provider Or Other Source Code Qualifier (Form Locator 17)', 'Name of Referring Provider (Form Locator 17)', and 'ID # Of Referring'.

Scroll down to “**Demonstration Project Identifier (2300-REF-02)**” and enter “KTA”

The screenshot shows the 'HCFA-1500/837P BILLING MAINTENANCE SCREEN' with the 'Medicaid Resubmission Original Ref No' field at the top. The 'Demonstration Project Identifier (2300-REF-02)' field is highlighted with a red box and contains the text 'KTA'. Other visible fields include 'Identification Code (2300-PWK-06)', 'Referring Provider Entity Type Qualifier (2310A-NM1-02)', 'Referring Provider Name Last or Organization Name (2310A-NM1-03)', 'Referring Provider Name First (2310A-NM1-04)', 'Referring Provider Name Middle (2310A-NM1-05)', 'Referring Provider Name Suffix (2310A-NM1-07)', 'Referring Provider Identification Code Qualifier (2310A-NM1-08)', 'Referring Provider Identification Code (2310A-NM1-09)', 'Claim Note Reference Code (837P-2300-NTE-01)', 'Claim Note Text (837P-2300-NTE-02)', 'Adjudication Or Payment Date (2330B-DTP-03)', and 'Reference Identification Qualifier (2330B-REF-01)'.

Click “Submit” to save.