

May 12, 2008

Montana Healthcare Programs Notice

All Provider Types

Frequently Asked Questions About NPI Reenrollment and Billing

The following are questions frequently asked regarding NPI reenrollment and billing. These questions replace the questions in the previous provider notice dated March 7, 2008.

Should our office test submitting claims using NPI with our clearinghouse?

Yes, if you are using a clearinghouse, you still will need to follow the Montana's Healthcare Programs NPI billing requirements.

I received an error report (824) back from my clearinghouse or ACS saying our NPI and/or taxonomy is not on file. What could be the cause?

There could be several reasons for this:

- We do not have you reenrolled with your NPI number. Make sure you have reenrolled with ACS and have received the acknowledgement letter that your NPI has been approved to bill claims.
- The claims processing system completes several checks of the NPI being billed to ensure that it is valid. Listed are the most common edits that would prevent your claims from processing:
 - Is it a valid NPI number?
 - Is the taxonomy code correct? The taxonomy code must match the one submitted during reenrollment.
 - Is the pay-to/billing provider's ZIP code plus 4 correct? If this is different from what is on file, the claims will not process.
 - For schools billing CSCT, is the correct team number being billed and is it in the correct location on the claim?

Again, if any of these do not match, a report will be generated and the claims will not process.

I have submitted all the required paperwork but still have not been notified that my enrollment is complete. How long should I wait before contacting ACS?

If you haven't received your welcome letter three weeks after you have submitted all of your completed and signed paperwork, contact ACS.

Why do I need a taxonomy code?

Taxonomy is required as one of several data elements to match the enrollment in the MMIS. If an entity has more than one enrollment under an NPI, the taxonomy is the first match the claims processing system makes to determine the line of business.

Why do my claims deny when I bill with my NPI and enter my legacy as rendering/attending (and vice versa)?

The claims processing system does not recognize that the legacy number and NPI are the same entity. To the MMIS it appears as if these are different providers and the claims will deny if the pay-to/billing provider does not require a rendering/attending, or the rendering/attending is not a provider type that can be a rendering/attending.

Which provider types require a rendering/attending NPI and taxonomy?

- Podiatry clinics, physical therapist clinics, speech therapist clinics, occupational therapist clinics, dental clinics, physician clinics, dedicated emergency departments, general groups or clinics, provider based clinics, RHCs, FQHCs, and hospitals require a rendering/attending NPI and taxonomy. If rendering/attending provider NPI and taxonomy are not sent or the rendering/attending provider information sent is the same as the pay-to/billing, your claims will deny.
- For providers billing professional claims (CMS-1500 or 837P), the rendering/attending provider taxonomy is not required if the rendering/attending and pay-to/billing provider are the same. Do not include a rendering NPI.
- If you are a provider type that does not require a rendering/attending NPI and taxonomy, your claims will deny if the rendering/attending NPI and taxonomy on the claim are different than the pay-to/billing NPI and taxonomy on the claim.
- Providers such as ambulances, durable medical equipment providers, ambulatory surgical centers and chemical dependency providers, who are billing for their services only—and not the physician's—should leave the rendering/attending provider fields blank.
- RHCs and FQHCs can now bill professional services administered in a hospital setting on a CMS-1500. These providers should enter the RHC or FQHC NPI and taxonomy as the pay-to/billing provider and the physician's NPI and taxonomy as the rendering/attending provider. Any claims that denied because of this recent system change should be rebilled.
- Providers enrolled as individuals cannot be the pay-to/billing provider for other individuals. Only providers enrolled as a clinic or with a clinic specialty can bill for someone else's services.

What if I have more than one rendering provider on a professional claim?

The Montana Healthcare claims system can only process one rendering provider per professional claim. If a provider enters more than one rendering provider on a paper professional claim, the system will choose the rendering that appears on the first line and complete adjudication using that rendering number. Additional rendering providers billed on the claim will not be processed. Professional claims submitted electronically with multiple rendering providers will be split into separate claims.

What is the difference between enrolling as an individual and enrolling as an organization?

Only providers who are enrolled as an organization can bill for the services of other providers. Providers enrolled as individuals cannot bill for services rendered by another provider. Only providers enrolled as a clinic or with a clinic specialty can bill as a pay-to/billing provider with another provider as the rendering/attending.

I have two NPIs, one for myself and one for my clinic. Which one do I use when I am billing for services I rendered?

If you own the clinic and the clinic's regular practice is to bill with the clinic as the pay-to/billing provider, you should continue to use the clinic NPI and taxonomy as the pay-to/billing provider and your individual NPI and taxonomy as the rendering/attending provider.

I am told that I need to use a clinic taxonomy. Do I use the one from ACS or do I need to get another one from NPPES?

Providers are not bound to use the taxonomy given to them by NPPES.

- For billing, providers must use the taxonomy with which they enrolled in Montana's Healthcare Programs.
- For clinic enrollment, providers should choose, from the drop-down list, either the taxonomy that matches what they received from NPPES or the one that best fits their practice.

The list of taxonomies used by Montana's Healthcare Programs can be found on www.mtmedicaid.org.

I am a one-person office. Do I need to have more than one NPI or taxonomy?

You need only one NPI and taxonomy if you will be both the pay-to/billing and rendering/attending provider. You will need an additional NPI and taxonomy if you plan on having your practice or clinic bill as a clinic for the services of other rendering/attending providers.

I decide to add another person to my practice and I want to bill and get paid for all services. What do I need to do?

You will need to obtain an NPI for the clinic from NPPES and reenroll with Montana's Healthcare Programs as a clinic. Then submit your claims with the clinic NPI and taxonomy as the pay-to/billing provider and the NPI and taxonomy of the provider who rendered the service as the rendering/attending provider. Individual providers cannot bill for services rendered by another provider.

I decided to add another person to my practice but we want to bill our own services. What do we need to do?

Each provider should use his or her own NPI and taxonomy as the pay-to/billing provider.

I have several claims that have been denied because of NPI issues. What do I do with them?

Please refer to the NPI billing instructions available on www.mtmedicaid.org to determine the reason your claims are denying, then correct and resubmit them within the 365-day timely filing limit. If you have questions, please call Provider Relations at (800) 624-3958.

What number do I use for a clinic that is part of a provider-based entity?

Facilities that are CMS-designated provider-based entities may choose to enroll as a clinic with a clinic taxonomy or they may choose to use the hospital NPI and appropriate taxonomy for a clinic as the pay-to/billing provider. The professional portion of the provider-based service billed on a CMS-1500 must use the NPI and the appropriate taxonomy for which they enrolled. The NPI and taxonomy of the professional performing the provider-based service should be entered as the rendering provider on the CMS-1500 and the pay-to/billing should be the enrolled organization whether they chose the clinic NPI or they chose to use the hospital NPI with the appropriate tax-

onomy for a clinic. They must use the one they enrolled as. The facility portion of the provider-based service billed on a UB-04 should use the hospital NPI and the appropriate taxonomy for an acute care hospital. The NPI and taxonomy of the professional performing the provider-based service should be entered as the attending provider on the UB-04.

What about crossover claims? Do I need to include my taxonomy code on claims I'm sending to Medicare?

Yes, claims for dually-eligible clients cross over from Medicare automatically, so you must include your taxonomy on the claim being sent to Medicare so that it will appear on your Medicaid claim when it crosses over to the Montana's Healthcare Programs. Claims sent to Medicare must contain the appropriate pay-to/billing NPI and taxonomy as well as the rendering/attending NPI and taxonomy. Currently, Medicare is not sending both taxonomies. If your claim denies because of this, you can directly rebill Montana's Healthcare Programs for these crossovers electronically or through your clearinghouse. Nursing facility claims do not automatically cross over from Medicare, so nursing facility claims must be submitted directly to Medicaid.

How do I resubmit my claim that was denied prior to NPI being required?

If you submitted an institutional claim prior to January 1, or a professional claim prior to March 1, please resubmit the claim to Montana's Healthcare Programs electronically. If the claim was submitted to Medicare, include the Medicare information in the proper loop and segment (please refer to the Implementation and Companion Guides, available at www.mtmedicaid.org by clicking on Electronic Billing Implementation Guide or Electronic Billing Companion Guide in the left column navigation bar).

What changes does my clearinghouse need to make in submitting my claims?

Clearinghouses should be submitting the claims to Medicaid following the same Medicaid rules as individual providers.

Why am I not getting my 835s?

If your 835 is not being delivered to the expected submitter for pickup, you should verify the submitter number sent on your enrollment for the 835 delivery point. Providers can call Provider Relations at (800) 624-3958 to verify the submitter number. Remember that 835s are available for review for 60 days from when they are posted, and they can't be regenerated. If you miss the deadline, your remittance advice is available on the web portal.

What if I've received my EFT but no remittance advice?

You should contact Provider Relations to verify your 835 delivery point. If your NPI doesn't appear in the web portal drop-down menu, contact Provider Relations for assistance. If possible, have your web portal submitter number ready when you call.

Why are my direct deposits not showing up on my bank statements?

It's likely that we received incomplete or incorrect account information. Please call Provider Relations to verify your banking information and your tax reporting information.

What if I need to adjust a claim that was submitted using my old provider ID number?

If you need to adjust a claim that was submitted using your old provider ID number, submit the adjustment with the provider number under which it was originally submitted. Adjustments are subject to the 365-day timely filing rule, so once a full year has passed after complete NPI implementation, Montana's Healthcare Programs will no longer be using the legacy number. If you have a paid claim with a denied line(s), you may submit an adjustment to correct the denied lines, rather than resubmitting the denied line(s) on a new claim. If you resubmit the denied line(s) on a new claim it may result in another cost share for each version of the claim. Paid claims with denied lines may be credited and completely resubmitted using NPI and taxonomy to prevent this situation. Keep in mind if the claim denied and had no paid lines, you cannot adjust that claim, and it must be resubmitted as a new claim.

Do I need to be using my NPI and taxonomy now?

If you have already obtained your NPI and reenrolled with Montana's Healthcare Programs, you should be billing with your NPI and taxonomy immediately. Institutional providers (UB-04 or 837I) were required to begin using their NPI and taxonomy on January 1, 2008. Professional providers (CMS-1500 or 837P) were encouraged to begin using their NPI and taxonomy beginning March 1, 2008. Pharmacies and professional providers will be required to use their NPI and taxonomy by May 23, 2008.

We're a nursing facility. How do we bill for contracted therapists?

Nursing facilities may reenroll with ACS using their nursing facility NPI for multiple disciplines. These disciplines may include therapies or pharmacy. If a facility chooses to use the same NPI for multiple disciplines, then a separate reenrollment will need to be completed for each discipline.

- For example, to bill for therapy services, the nursing facility must reenroll for each type of therapy provided at the facility. A nursing facility that provides physical therapy, speech therapy and occupational therapy will complete three reenrollments with their nursing facility NPI.
- For physical therapy choose the clinic-physical therapy provider type and the appropriate taxonomy for the physical therapy enrollment.
- For occupational therapy and speech therapy, choose clinic-clinic/group not otherwise specified and the appropriate taxonomy for the occupational therapy enrollment and the appropriate taxonomy for the speech therapy enrollment.
- This applies to other disciplines as well. Nursing facilities should follow each program's (discipline's) guidelines for submitting claims.
- To bill for therapy services, nursing facilities will bill with their therapy NPI and taxonomy for the service being billed as the pay-to/billing provider. The individual therapist's NPI and taxonomy will be submitted as the rendering/attending provider on the detail line. This applies in all cases in which the facility receives the payment and then distributes payment to the therapist, whether through a contractual agreement or through salary.

How should mental health centers bill?

Mental health centers will need to reenroll for each type of provider and service—such as case management, therapeutic group home, and therapeutic foster care—for which they now bill. Centers must reenroll each of the service types using their clinic NPI and choosing the provider type for each.

- For example, enroll for case management by choosing case management-mental health in the provider type drop-down box and enter the center's NPI.
- When the mental health center bills for these services, they will bill with the center's NPI and the taxonomy for the type of service being provided.
- Services currently being billed using the community mental health center provider number will be billed using the mental health center NPI and taxonomy.
- The mental health center needs to enroll each individual as a practitioner.
- For crossovers, Medicare requires the mental health center to bill using the facility NPI and taxonomy as pay-to/billing and each individual as a rendering/attending provider. Claims billed with the mental health center NPI and taxonomy of an individual practitioner (e.g. social worker, licensed professional counselor) as a pay-to/billing provider will deny.

What provider number do I use when verifying eligibility?

Utilize your NPI or your new Montana Healthcare Programs provider number.

What qualifier do I use to reflect taxonomy on the professional claim?

Use the ZZ qualifier.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>