

March 7, 2008

# Montana Healthcare Programs Notice

## All Provider Types

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### NPI Reenrollment and Billing

#### Provider Reenrollment for NPI

All providers who wish to bill any of Montana's Healthcare Programs—Medicaid, Children's Health Insurance Plan (CHIP)-Dental and Eyeglasses Services Only, and Mental Health Services Plan (MHSP)—are required to complete the reenrollment process.

Institutional providers (UB-04 or 837I) who have reenrolled prior to January 1, 2008, professional providers (CMS-1500 or 837P) who have reenrolled by March 1, 2008, and pharmacies who reenroll prior to May 23, 2008, will continue to be reimbursed by Montana's Healthcare Programs. **If you have not received a letter confirming your reenrollment, please contact ACS Provider Relations immediately at 1-800-624-3958.**

Providers must enroll before billing with their NPI number and taxonomy. Atypical providers, i.e. taxicabs, personal care, assisted living, are not required to bill with an NPI but can if they have obtained one. Providers who have not yet reenrolled with Montana's Healthcare Programs should do so immediately to prevent claims processing delay.

Online enrollment is available at [www.mtmedicaid.org](http://www.mtmedicaid.org). To access online enrollment, click on "New Provider Enrollment or Existing Provider Reenrollment" in the box in the left column navigation bar. Only providers that do not have access to the Internet may use the paper enrollment option.

Providers must enroll before billing with their NPI number and taxonomy. ***Providers who have not yet reenrolled with Montana's Healthcare Programs should do so immediately.***

The online enrollment page contains the following links:

- Enroll or Reenroll as a Provider Online
- Download Enrollment Forms
- Check Status of your Enrollment
- Web Portal Registration

Frequently Asked Questions about enrollment can be found at [www.mtmedicaid.org](http://www.mtmedicaid.org) by clicking on FAQs in the left column navigation bar. An enrollment tutorial is available by clicking the link found in the bottom of the left column navigation bar.

### **Enrollment for Provider-Based Clinics**

In order to bill for professional services on a CMS 1500 or an 837P, provider-based clinics can use the facility NPI with either the clinic taxonomy or the facility taxonomy, depending on how they choose to enroll. The NPI with the appropriate taxonomy needs to be in the pay-to field when billing for professional services. Provider-based clinics must have one new enrollment for each provider ID number they previously had, plus an enrollment for the group unless previously enrolled. The rendering providers in a clinic or group must reenroll individually, have their own NPI and taxonomy, and must be indicated on the 1500 claim as the rendering provider. In addition, the attending providers in a clinic or group must have their own NPI and taxonomy, and must be indicated on the UB-04 or an 837I as the attending provider.

### **Enrollment for Clinics and Group Practices**

Clinics or groups that want to bill Montana's Healthcare Programs must enroll and have an NPI and taxonomy. In addition, the rendering providers in a clinic or group must reenroll individually, have their own NPI and taxonomy, and must be indicated on the claim as the rendering provider. The exceptions include Mental Health Centers (see below) and Public Health Clinics. Public Health Clinics do not require a rendering provider.

### **Enrollment for Mental Health Centers**

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, that 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. For crossover claims, mental health centers will need to bill using their mental health center NPI and taxonomy as the billing provider. Claims billed with the mental health center NPI and taxonomy of a practitioner (e.g. social worker, licensed professional counselor) as a pay-to (billing provider) will deny because the practitioner is considered an individual even though the NPI is for the mental health center.

### **Reenrollment for Nursing Facilities**

Nursing facilities may reenroll 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. For example, 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.

### **Reenrollment for Organizations**

Organizations that provide services under multiple provider types are reminded to reenroll in Montana's Healthcare Programs for each type of service they wish to bill. For example, hospitals that also provide ambulance services must reenroll once for hospital and once for ambulance, choosing the correct taxonomy for each.

If you have further questions about enrollment, please contact:

Provider Enrollment  
P.O. Box 4936  
Helena, MT 59604  
In- and out-of-state (800) 624-3958  
Helena (406) 442-1837

### **NPI Billing**

All providers who are HIPAA covered and bill Medicare, Medicaid, CHIP, and/or other insurance are required to obtain an NPI number per the administrative simplification mandate of HIPAA.

Institutional providers (UB-04 or 837I) began billing Montana's Healthcare Programs with their NPI and taxonomy as of January 1, 2008. Professional providers (CMS-1500 or 837P) must bill with their NPI and taxonomy as of March 1, 2008. Pharmacies may bill pharmacy claims to Montana's Healthcare Programs with an NABP number or NPI and taxonomy until May 23, 2008, and may continue to use the prescriber's DEA number or NPI in the prescriber ID field until that time. Pharmacies must bill with their NPI and taxonomy as of May 24, 2008. After these deadlines, healthcare providers can no longer bill with their previous Montana's Healthcare Programs provider ID numbers.

Atypical providers, i.e. taxicabs, personal care, assisted living, may use their new Montana's Healthcare Program number or an NPI if they have obtained one. Atypical providers who are using their new provider ID number must include the correct qualifier, 1D, to identify the number as their Montana's Healthcare Programs provider number. Vendor numbers cannot be used to bill claims.

All providers billing with their NPI *must* bill with the appropriate taxonomy. For providers whose claims are first processed by Medicare, taxonomy must be included on claims sent to Medicare so Medicaid can process them upon receipt.

Detailed instructions for submitting electronic professional and institutional claims using NPI number and taxonomy code can be found at:

<http://medicaidprovider.hhs.mt.gov/pdf/x12information.pdf>

Detailed instructions for submitting paper professional and institutional claims using NPI number and taxonomy code can be found at:

<http://medicaidprovider.hhs.mt.gov/pdf/npionlyclaiminstructions.pdf>

### **Institutional Providers (UB-04 or 837I) Billing Professional Claims (CMS-1500 or 837P)**

Institutional providers (UB-04 or 837I) must use their NPI and appropriate taxonomy to bill all services, even if they are the billing provider on a professional claim. When billing for professional services on a CMS-1500 or an 837P, clinics would bill with the hospital's NPI and appropriate taxonomy as the pay-to (billing) provider. They would enter the rendering provider's NPI and taxonomy on the service line.

### **Rendering and Pay-to Provider**

Prior to NPI implementation, the claims processing system for Montana's Healthcare Programs used only a single provider ID to process the claim. If a rendering provider ID was sent, this was the ID used to process the claim. Since the NPI implementation, a change was made to the claims processing system so that only those provider types required to submit a rendering provider are allowed to submit a rendering provider NPI/taxonomy that is different from the billing provider. The claims processing system uses both the billing (pay-to) provider and the rendering provider, so providers must be extremely careful to use the correct numbers in these fields to avoid claims processing problems. Billing (pay-to) provider is used to route payment while the rendering provider is used to identify who provided the service.

Only the provider types listed below should bill one NPI/taxonomy as the pay-to (billing) provider and a different NPI/taxonomy as the rendering (attending) provider. If you are not one of the provider types below, you are considered both the pay-to (billing) provider *and* the rendering provider. If you are an individual provider who has not enrolled as a clinic, you must bill your NPI/taxonomy as the pay-to only. You are not required to indicate rendering on your claim.

- Podiatry Clinic
- Physical Therapist Clinic
- Speech Therapist Clinic
- Occupational Therapist Clinic
- Dental Clinic
- Physician Clinic
- Dedicated Emergency Department
- General Group or Clinic
- Provider Based Clinics
- Hospitals
- IDTF

Montana's Healthcare Programs now allow clinics to enroll and submit claims as the billing/pay-to providers but must include the rendering (attending) provider(s) as well.

Below are some tips for specific provider types concerning rendering provider information on their claims. Please follow these guidelines to avoid claim denials:

- **Federally Qualified Health Centers (FQHC).** Services provided by FQHC physicians in another setting, e.g. hospital, cannot be billed by the FQHC. The physician should bill these services as both the billing and attending provider.
- **Ambulance providers.** The ambulance provider rendered the emergency transportation services and is, therefore, the rendering provider. Do not indicate the physician who gave orders for the patient or requested the patient be transported via ambulance as the rendering provider.
- **DME providers.** The DME provider who dispensed the equipment to the patient is considered the rendering provider and do not need to indicate a rendering provider on the claim. Do not indicate the physician who wrote the orders for DME equipment as the rendering provider.
- **Ambulatory Surgical Centers.** The ASC is providing the facility and equipment and is considered to be the rendering provider. Do not indicate the physician who performed the surgery as the rendering provider. The physician will separately bill for the surgical services rendered.
- **Nursing Facility providers.** Nursing facilities may reenroll as physical, occupational and speech therapy providers and as a pharmacy provider, if they provide those services, using the same NPI as the nursing facility but with different taxonomies.

Do not bill for therapy services using the nursing facility NPI and taxonomy and the therapist as the rendering provider. The nursing facility will bill the NPI and taxonomy from the reenrollment for the service being billed as the billing provider. Individual therapists should be enrolled using their own NPI and taxonomy and be submitted as the rendering provider on the detail line.

#### **Attending Provider on the UB-04**

Many provider types that bill Montana's Healthcare Programs on the UB-04 or 837I will be required to include the valid NPI and taxonomy of the attending provider on the claim form. These program types include:

- Inpatient Hospital
- Outpatient Hospital
- Freestanding Dialysis Clinics
- Rural Health Clinics
- Federally Qualified Health Centers
- Indian Health Services.

These provider types should ensure that their attending providers obtained their own NPI. Attending providers may or may not be enrolled in Montana Healthcare Programs. This will not result in a denial to you if the attending is not enrolled with Montana Healthcare Programs, as long as the attending has a valid NPI.

## **Credit Balances**

It is possible for the old legacy provider numbers to move in and out of a credit balance based on the outcome of individual adjustments or mass adjustments completed for claims billed with the legacy number. The following are options providers may pursue:

- Allow normal processes to occur and at the end of a year past NPI implementation, a reconciliation of all old legacy numbers will be completed for any in a credit balance. Providers will be notified of the amount they must reimburse to the Department to zero out this balance.
- Providers can request that a credit balance be transferred to an NPI for the same tax ID group by sending a request in writing to ACS, including the provider number in a credit balance and the NPI to which the credit should be transferred.
- Providers can send a refund check in the amount of the credit balance according to instructions in the provider manual, understanding that as adjustments are completed, that credit may either increase or decrease in any given payment cycle.

## **Checking Eligibility With AVR, FaxBack and the Web Portal**

At this time, AVR and FaxBack are not able to determine if a provider is active for those providers who reenrolled with one NPI for multiple lines of business, meaning those who completed multiple reenrollments with the same NPI but different taxonomy codes. An enhancement is in process to accommodate these providers.

Beginning January 1, 2008, institutional providers must use their NPI to check eligibility on the web portal. All old institutional provider numbers are no longer valid to check eligibility. These numbers can still be used to check claim status. If providers do not see their NPI numbers in their drop-down box on the web portal, they will need to e-mail the submitter number and NPI numbers to [MTPRHelpdesk@acs-inc.com](mailto:MTPRHelpdesk@acs-inc.com).

## **Frequently Asked Questions**

*How will I know that my enrollment is complete?*

You will receive a welcome letter from ACS indicating your NPI and taxonomy have been approved.

*How long should I wait before contacting ACS if I haven't received my letter?*

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

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

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

*What number do I use for a clinic that is part of a hospital?*

Facilities that are provider-based clinics do not have to obtain a separate clinic NPI number to bill professional services. You can use the hospital NPI and the appropriate taxonomy as the pay-to provider.

*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 billing NPI and taxonomy as well as the rendering NPI and taxonomy.

*What about claims I submitted to Medicare before January 1?*

If you submitted a claim to Medicare prior to January 1, please resubmit the claim to Montana's Healthcare Programs electronically with the Medicare information in the proper loop and segment. Please refer to the Implementation and Companion Guides, available at [www.mtmedicaid.org](http://www.mtmedicaid.org) by clicking on Electronic Billing Implementation Guide or Electronic Billing Companion Guide in the left column navigation bar.

*Why am I not getting my 835s?*

If your 835 is not being delivered to the expected submitter for pickup, providers should verify the submitter number sent on their 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 under the number it was originally submitted under. These claims will show up under that same number until 365 days have passed and no other claims billed with your old number are being adjusted.

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.

*When should I start billing with my NPI and taxonomy?*

If you have already obtained your NPI and reenrolled with Montana's Healthcare Programs, we encourage you to begin 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) will be required to use their NPI and taxonomy on March 1, 2008. Pharmacies will be required to use their NPI and taxonomy on May 24, 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. For example, 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 billing provider. The individual therapist's NPI and taxonomy will be submitted as the rendering provider on the detail line.

*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. For crossover claims, mental health centers will need to bill using their mental health center NPI and taxonomy as the billing provider. Claims billed with the mental health center NPI and taxonomy of a practitioner (e.g. social worker, licensed professional counselor) as a pay-to (billing provider) will deny because the practitioner is considered an individual even though the NPI is for the mental health center.

## **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](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**