

Provider Update

July 21 Update to Requirements for Ordering or Referring Claim Submissions

Summary of change: In May 2013, Amerigroup* notified providers of claim requirements for ordering and/or referring therapy services. Effective July 21, 2014, we are updating those claim requirements to include the ordering/referring physician and national provider identifier (NPI) claim edit when billing for certain services on the CMS 1500, UB-04, or equivalent claim forms. Additionally, we are adding new requirements in compliance with Texas Government Code § 531.024161 and adding ordering/referring requirements for all Durable Medical Equipment, Prosthetic and Supplies (DMEPOS) and laboratory and radiology services.

★ What this means to you:

Effective July 21, 2014, providers must include the ordering/referring claim information for all Durable Medical Equipment, Prosthetic and Supplies (DMEPOS) and laboratory and radiology services. Claims must contain the ordering/referring practitioner NPI. Claims missing this information may be denied or rejected. This claim requirement is applicable for all Medicaid products (STAR and STAR+PLUS) and CHIP. Please inform your claims billing staff of these changes.

Why is this change necessary?

As part of our compliance with Texas Medicaid/CHIP contract requirements, effective September 1, 2013, ordering/referring claim requirements are being applied per Texas Government Code § 531.024161 and Texas Medicaid Provider Procedures Manual sections 6.4.2.3 and 6.4.2.4.

What is the impact of the change?

Claims must include the ordering/referring practitioner NPI on the CMS 1500, UB-04, or equivalent claim form. Claims missing this information are considered unclean claims and may result in claim rejections or denials. Rejected claims are unclean and must be received within 95 days from date of service. Denied claims must be corrected and resubmitted within 120 days from the date of denial. Please refer to the Amerigroup provider manual for corrected claim requirements. This is applicable to all claim form submissions (electronic, paper and web).

Additional claim guidance

(CMS 1500 or equivalent):

- All claims that contain a referring provider (Box 17 on the CMS 1500) are validated against the National Plan & Provider Enumeration System (NPPES).
- If Box 17 is populated with the provider name but the NPI is missing in Box 17B, the claim will reject or deny. Both fields are required.

**In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.*

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- If the referring provider does not have an NPI, the claim will not be paid. To apply for an NPI, please refer to the National Plan and Provider Enumeration System (NPPES) page of the CMS website at <https://nppes.cms.hhs.gov>.
- If the provider name is populated in Box 17 and the NPI is in Box 17B but the NPI does not match NPPES, the claim may be rejected or denied. To verify your NPI, please go to the NPPES website listed above and scroll down and select Search the NPI Registry.

UB-04 billing elements:

All claims that contain referring provider information are validated against NPPES:

- Paper submission: The referring provider information should be entered in form locator (FL) fields 78 and 79 on the UB-04. The provider type qualifier code for the referring provider is **DN**.
- EDI submission: The values on UB-04 would be located in NM101 in loop 2310F for the referring provider. The provider type qualifier code for the referring provider is **DN**.

Provider type qualifier DN is defined as the provider who sends the beneficiary to another provider for services. The referring provider information is not required for UB-04 bill types 11X, 12X, 13X, 14X, 18X, 21X, 22X, 23X, 28X, 83X, and 85X.

Claims for laboratory services billed by a hospital, per the Texas Medicaid Provider Procedures manual Inpatient and Outpatient Hospital Service Handbook Section 4.2.14 Laboratory Services, must include the name and provider identifier of the performing laboratory in Block 80 of the UB-04 (CMS-1450) paper claim form. The performing laboratory's NPI must be entered next to the service provided by the performing laboratory.

We reserve the right to conduct audits on physician orders. During the audit, if we determine the order was incomplete or missing, the entire claim may be subject to recovery or recoupment.

For Early Childhood Intervention providers:

If a parent self-refers to an Early Childhood Intervention (ECI) provider for evaluation or re-evaluation, the ECI facility can enter their information in the claim as the ordering/referring provider. For members referred to an ECI provider by a physician or other practitioner, the referring provider information must be in the claim.

We review all claim payments. If we determine a payment was made in error, we reserve the right to offset the payment.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

