

Change is in the Air!

**Get Prepared for Claims Filing
Requirements Effective
January 1st, 2012**



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Policy:

“With the implementation of revised HIPAA claim transactions the placement and content of provider information within the encounter claim transaction is redefined. In the interest of receiving more consistent data we have clarified the previous X12 and NCPDP specifications for reporting provider information. All providers on all claims should be reported in a manner that is compliant with the guidelines provided in this document. TennCare requires complete provider information on the provider file for all required provider types.”

- Bureau of TennCare IS Policy Manual



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Agenda

- Dates
- Definitions, Compliancy Requirements, and Claims Changes Needed to Support Compliancy
- Other General Requirements
- Real Time Claims Adjudication (RTCA) Users
- Staff Roster Field Requirement Changes
- Q & A



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New 5010 Requirement Dates

- VO providers may begin sending claims in the new format as early as December 1st, 2011.
- All providers **MUST** send in the new v5010 format as of January 1st, 2012.
- Please check for future *BlueAlert* articles and website updates regarding 5010 State requirements.



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Definitions



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Billing Provider:

- If the Billing and Rendering Provider are the same, the Rendering (Performing) Provider information should not be reported. This means that if the actual rendering provider is listed as the billing provider, then NO SEPARATE RENDERING PROVIDER should be submitted.

(Billing provider appears in CMS-1500 Block 33/ Loop 2010AA; rendering provider appears in CMS-1500 Block 24J/ Loop 2310B & 2420a.)

- When the Billing Provider is an organization that has enumerated its subparts, then the National Provider Identifier (NPI) reported must represent the most detailed level of enumeration. If you have obtained an NPI for the subparts of your organization, then you MUST use the NPI of the servicing subpart as the Billing provider.

(Billing provider appears in CMS-1500 Block 33/ Loop 2010AA)



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Billing Provider Address:

- The Billing Provider Address must be a street address.
- Post Office Box or Lock Box addresses are to be sent in the Pay-To Address loop, if necessary.
- If the Billing Address is not a street address, Electronic Data Interchange (EDI) will reject the entire claim file for non-compliance.

(This is a 5010 change and will be required for all payers.)



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Billing Provider Taxonomy:

- Taxonomy included should be consistent with NPPES registry record
- Taxonomy is required for Billing Provider reporting except on the National Council for Prescription Drug Programs (NCPDP) form.
- Billing taxonomy code appears in CMS-1500 Block 33B (Use qualifier “ZZ”) / UB-04 FL81 (Use qualifier “B3”) / Loop 2000A.



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Rendering Taxonomy:

- Taxonomy is also required for Rendering Provider Reporting.
- Rendering Taxonomy included should be consistent with NPPES registry record

(Rendering provider is located in CMS-1500 Block 24J / Loop 2310B & 2420A)



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Pay-to Provider:

- Required if the Pay-To address is different than the Billing Provider address.
- The Billing Provider is the Pay-To Provider
- If the pay-to provider and address are the same DO NOT SEND. It is understood that the billing is the pay-to provider.

(This is a 5010 change and will be required for all payers.)



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Rendering Provider:

- Required when the Rendering Provider information is different than that the Billing Provider. If the rendering provider is identical to the billing provider, then DO NOT SEND. It is understood that the billing is the rendering.
(This is a 5010 change and will be required for all payers.)
- The Rendering provider is the person or company (laboratory or other facility) who rendered the care.
- The individual performing the service must be submitted as the rendering provider. **IT IS NO LONGER APPROPRIATE TO LIST THE INSTITUTIONAL NPI AS THE RENDERING.** If the billing and rendering are the same, then the entire claim file will reject for non-compliance.



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Rendering Provider Continued

(Rendering provider appears in CMS-1500 Block 24J / Loop 2310B & 2420a.)

For community mental health centers (CMHC) and other mental health outpatient facilities, this may present a challenge when those performing services under the scope of the facility's license do not have an NPI or Medicaid number. The State is working on a permanent solution, but in the interim an agreement has been made to allow the **Medical Director** or **other supervising professional** to be used as the rendering provider.



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Service Location or Service Facility Location:

- The Service Facility Location must be reported if the address where service(s) were rendered is different than the address of the Billing Provider. The service location should not be used if it is the same as the billing address.
- It is not permissible to report an organization health care provider's NPI as the Service Location if the Service Location is a subpart of the Billing Provider.
- You can no longer submit a subpart's NPI as the billing location. Typically, this would apply to facility (UB-04) claims.

(Service facility location is located in UB-04 FL1 / Loop 2310E).



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Service Location or Service Facility Location Continued

- The purpose of this loop is to identify specifically where the service was rendered. If the Service Facility Location is in an area where there are no street addresses, enter a description of where the service was rendered.
- Examples of no physical address available: “crossroad of State Road 44 and 55” or “Exit near Mile Marker 276 on Interstate 24”.

(Service facility location appears in CMS-1500 Block 32 / Loop 2310C)



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Supervising Provider:

- The Supervising Provider is required when the Rendering Provider is supervised by a physician.
- The Supervising Provider information must be present on the MCC provider file.
- Supervising provider is required to be a person; entities cannot be used.
- For CMHC, it will not be appropriate to duplicate the supervising provider if he/she has already been used as the rendering provider.

(Supervising provider appears in Loop 2420D)



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Attending Physician:

- Taxonomy is required for Attending Provider reporting.
- Attending taxonomy appears in EDI Loop 2310A. However, there is currently no attending taxonomy code qualifier to allow/indicate on the UB-04. This means that the attending taxonomy cannot currently be used on the UB-04. This is being presented to the State for review.



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Other General Requirements



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- Provider name information must be appropriate for the provider loop being reported and must agree with the Provider ID being reported. e.g. It is not appropriate to use the Rendering Provider's name in conjunction with the Billing Provider's NPI.
- Additionally, the NPI and TAX ID must be on file. If the tax ID used is not on file, the file will reject in compliancy.
- It is not appropriate to report a given Provider ID (NPI or Medicaid ID) more than once on a given claim except for on the 837I where the Operating or Other Operating Physician may be the same as the Attending Provider.



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For Real Time Claims Adjudication (RTCA) Users



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- After Rendering Providers are loaded, you will be able to process claims under the individuals within your group.
- Your providers will be associated in our system under your level 2 NPI. You will be responsible for requesting the shared secret for the group. It may be easier to have your office manager request this once and then share it with all of the individuals who will need access.
- If you have questions or problems with BlueAccess or RTCA, please contact eBusiness Service via phone at 423-535-5717 or email at Ecomm_Techsupport@bcbst.com.



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Staff Roster Field Requirement Changes



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Purpose:

- Capture information needed to successfully report rendering provider information to the Bureau of TennCare.
- Enhance referral capabilities.
- Prevent claims from rejecting/denying based on missing data that is required for 5010 Compliancy.
- Bring rendering data available in line with data that is generally available for independently credentialed and contracted practitioners.



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New fields:

- Date of Birth (required)
- Specialty Code 2 (required)
- License State (required)
- Disclosure Date
- Disclosure Effective Date
- Disclosure Expiration Date (3 years from signature date minus 1 day)
- Gender
- Race
- Ethnicity
- Languages Spoken
- Taxonomy (required)
- Hospital Privileges (Y or N)
- Fax Number



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Questions and Answers



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Thank You



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