

Ordering/Referring/Prescribing Provider

Early Intervention Claim Documentation Training April 2018

The Patient Protection and Affordable Care Act (ACA) added requirements for provider screening and enrollment, including a requirement that states require physicians and other practitioners who order, refer or prescribe items or services for Medical Assistance (MA) beneficiaries to enroll as MA providers.

- Medical Assistance Bulletin 99-17-02 :Submission of Claims that Require the National Provider Identifier (NPI) of a Medical Assistance enrolled Ordering, Referring or Prescribing Provider
- The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_257246.pdf

What's happening now?

- Through either the service coordination entity and/or the IFSP services provider, physician authorization is being obtained for Early Intervention services. This includes both evaluation and IFSP services.
- Written authorization is being maintained in either the child's paper file with the County or evaluation/IFSP provider agency
- The 10-digit National Provider Identifier (NPI) is being requested as part of the written authorization

What's coming up?

- Selected Early Intervention claims will be subject to additional editing/auditing to ensure the NPI of the Ordering/Referring/Prescribing provider is included on a claim and that the authorizing physician is registered in PROMISE™

Claims with a
Date of
Service prior
to 4/30/18

- ORP* Documentation Required
- Edits will pay if Missing ORP* data

Claims with a
Date of
Service
on/after
4/30/18

- ORP* Documentation Required
- ORP* Edits will Deny on Errors

*Ordering/Referring/Prescribing

Impacted Provider Types

Claims submitted by the following provider types and specialties must include the NPI of an MA enrolled Ordering/Referring/Prescribing provider when billing the following procedure codes for children eligible for Medicaid.

Provider Type	Provider Specialty	Procedure Codes	ORP Required
16	572	T1001, G0299, G0300, S9470	Yes
17	176	97162, 97110	Yes
17	177	97166, 97530	Yes
17	178	92523, 92507	Yes
19	572	96150, 96152	Yes
20	572	V5008, V5299	Yes
21	216	T1027, 99366	Yes

Written
Physician
Authorization

NPI* of the
authorizing
Physician

Document
Physician
Authorization
in PELICAN-
EI

*Some claiming formats will require the provider's professional license

How to obtain the National Provider Identifier (NPI)

National Provider Identifier (NPI) of the Ordering/Referring/Prescribing provider must be included on selected Early Intervention claims.

Early Intervention providers and/or Service Coordination entities can look-up the Ordering/Referring/Prescribing provider's NPI and Professional License at the NPES NPI Registry.

- <https://npiregistry.cms.hhs.gov>

Search NPI Records

NPI Number <input type="text"/>	NPI Type Any <input type="button" value="v"/>	Taxonomy Description <input type="text"/>
for individuals	for organizations	
First Name <input type="text"/>	Last Name <input type="text"/>	Organization Name <input type="text"/>
City <input type="text"/>	State Any <input type="button" value="v"/>	Country Any <input type="button" value="v"/>
	Postal Code <input type="text"/>	Address Type Any <input type="button" value="v"/>
<input type="button" value="Clear"/>	<input type="button" value="Search"/>	

How to document in PELICAN-EI

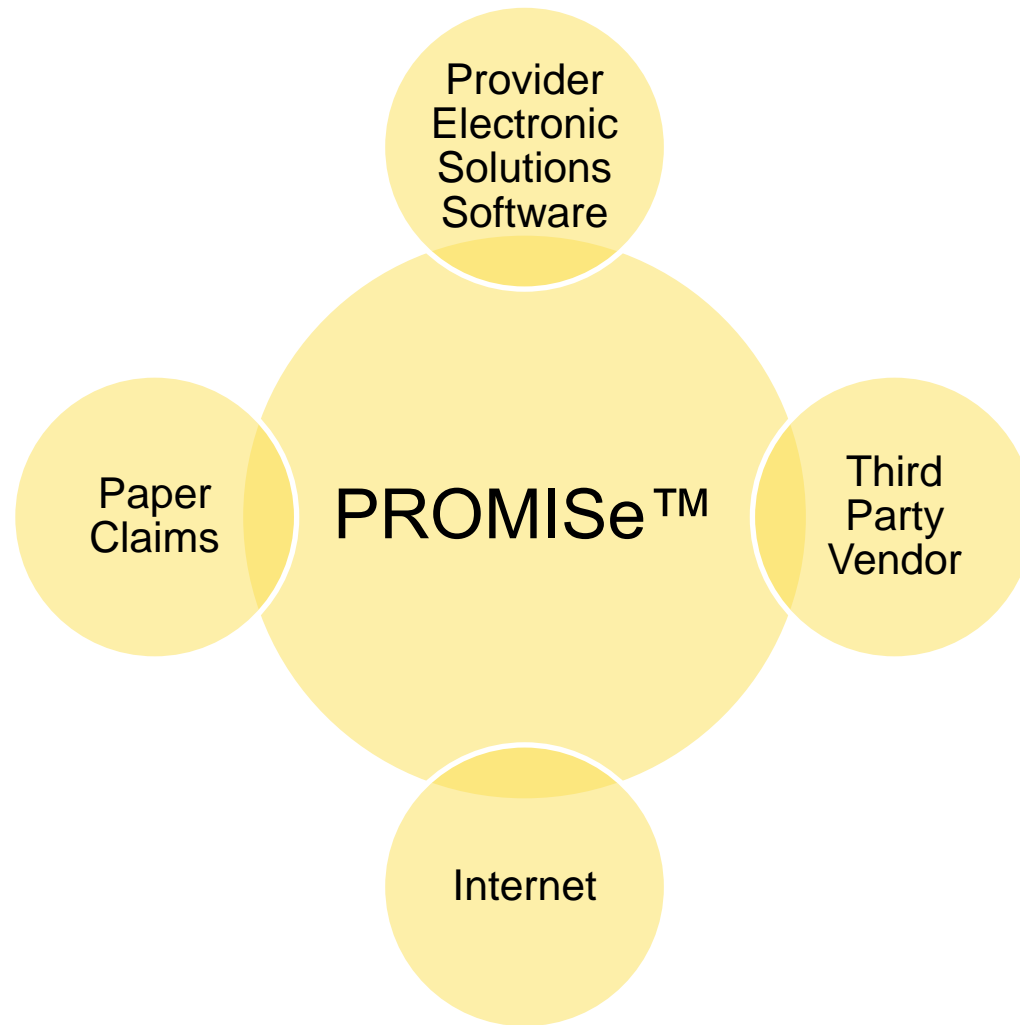
In addition to maintaining the written physician authorization, the response to the authorization **MUST** be recorded on the PELICAN-EI screen (Medicaid). The response options include; Yes, No or Blank.

pennsylvania *Pennsylvania's Enterprise to Link Information for Children Across Networks*
PELICAN
Early Intervention

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Demographics | PUNS | PPI | Eligibility | Activity | Evaluation | Mass Funding Source U
Alt ID | Demo. | Address | Ins | Medicaid | Diagnosis | Contacts | Pre-Screening | Referral

Individual - Demographics - Medicaid - Medicaid

Medicaid Details	
Medicaid (MA) Number:	
Provider:	
Provider Type:	
Provider Policy Number:	
Assistance was provided in applying for MA?:	
Medicaid Eligibility Effective Begin Date (MM/DD/YYYY):	*
Medicaid Eligibility Effective End Date (MM/DD/YYYY):	
Has Medical Necessity been obtained and have parents approved billing of Medical Assistance?	*
Recording Worker (Program Office):	
Date Stamp:	



Provider Billing Documentation Options – CMS1500



14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
17b. NPI					19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		PHYSICIAN OR SUPPLIER INFORMATION					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCCPS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	
1														
2														
3														
4														
5														
6														
25. FEDERAL TAX I.D. NUMBER			SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (if gov't. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH # ()				
SIGNED			DATE		a. NPI		b. NPI		a. NPI		b. NPI			

NUCC Instruction Manual available at: www.nucc.org
Item 019-9042/12716 Patterson Office Supplies 1.800.637.1140

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Provider Billing Documentation Options – PES

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | **Hdr 4** | Hdr 5 | Srv 1 | Srv 2 | Srv 3

Referring Provider

Provider ID Location Code NPI

Last/Org Name First Name MI

Rendering Provider

Provider ID Location Code NPI

Last/Org Name First Name MI

Service Facility Location

Facility ID Location Code NPI

Facility Name

Recipient ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Add
Copy
Delete
Undo All
Save
Find...
Print
Close

Provider Billing Documentation Options – Internet

Service Information:

Rendering Provider ID:	<input type="text"/>	NPI:	<input type="text"/>	Release of Medical Data:	<input type="text"/>
	Taxonomy:	Zip:			
Tax ID:	<input type="text"/>			Benefits Assignment:	<input type="text"/>
Referring Provider ID:	<input type="text"/>	NPI:	<input type="text"/>	Patient Signature:	<input type="text"/>
	Taxonomy:	Zip:			
Referral Code:	<input type="text"/>			Pregnancy Indicator:	<input type="text"/>
Place of Service:	<input type="text"/>				
Facility ID:	<input type="text"/>	NPI:	<input type="text"/>		
Facility Name:	<input type="text"/>				
Admission Date:	<input type="text"/>	(MM/DD/YYYY)		Contract Type:	<input type="text"/>
Discharge Date:	<input type="text"/>	(MM/DD/YYYY)		Contract Code:	<input type="text"/>
Special Program Code:	<input type="text"/>				
Billing Note:	<input type="text"/>				

Both the provider's professional license (8 or 9 character) and the NPI are required for Internet claiming.

Providers who submit claims using 3rd party software will need to adjust the information submitted in the 837 transaction. The following Loop and Segment data is required to be compliant with documentation of the Ordering/Referring/Prescribing.

ANSI 837 Loop and Segment
2310A NM109

Information about certification of the 837 transaction can be found:
<http://www.dhs.pa.gov/provider/promise/certification/>

Expected Funding for EI Claims

Is the child Medicaid eligible?	Is the service Medicaid eligible?	Response to Medical Necessity Question	Expected Funding for Claim
Yes	Yes	Yes	EI MA (WAV15)
Yes	No	Yes	EI Maintenance (WAV16)
Yes	Yes	No/Blank	EI Maintenance (WAV16)
Yes	No	No/Blank	EI Maintenance (WAV16)
No	Yes	Yes	EI Maintenance (WAV16)
No	No	Yes	EI Maintenance (WAV16)
No	Yes	No/Blank	EI Maintenance (WAV16)
No	No	No/Blank	EI Maintenance (WAV16)

Error Status Codes

ESC	DESCRIPTION	CAUSE	ACTION
920	PARENTS DECLINE MA BILLING	PELICAN-EI record is marked “No” or “Blank” in the field “Has Medical Necessity been obtained and have parents approved billing of Medical Assistance?”	<ul style="list-style-type: none"> Review the PELCIAN-EI field to determine accuracy of the response. Modify the response to “Yes” if documentation is available
1248	REFERRING PROVIDER REQUIRED FOR WAV - DTL	The provider NPI is missing for a service that requires Order/Referring/Prescribing provider information	<ul style="list-style-type: none"> Submit the claim again using the NPI of the Ordering/Referring/Prescribing provider
1230	REFERRING PROVIDER'S NPI NUMBER NOT ON FILE	The provider NPI entered on the claim is not an enrolled Pennsylvania Medicaid provider	<ul style="list-style-type: none"> Request the Ordering/Referring/Prescribing provider to complete a Pennsylvania Medicaid Enrollment application using the online portal
1247	REFERRING PROVIDER MAY NOT BE CHIP ONLY	The provider NPI entered on the claim is enrolled, but only as a CHIP provider	<ul style="list-style-type: none"> Request the Ordering/Referring/Prescribing provider to complete a Pennsylvania Medicaid Enrollment application using the online portal
1249	REFERRING PROV MUST BE AN INDIVIDUAL FOR WAV - DTL	The provider NPI included on the claim represents an office or practice, and not the individual person who is Ordering/Referring/Prescribing	<ul style="list-style-type: none"> Submit the claim again using the NPI of the individual person who is Ordering/Referring/Prescribing

Provider Quick Tip 155, titled “Announcing the New Medical Assistance (MA) Enrolled Provider Portal Lookup Function.”

- Quick Tip Link:

http://www.dhs.state.pa.us/cs/groups/webcontent/documents/communication/p_034770.pdf.

- Provider Portal Look-up Link:

<https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

Providers are now able to enroll through the electronic provider enrollment application. The benefits of using the secure online portal are:

- Allowing documents, that previously had to be mailed or faxed, to be uploaded directly to the portal
- Permitting providers see the status of their submission
- Decreasing wait time to review applications

Electronic Enrollment Application Link:

<http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm>

COMPASS is an online tool for Pennsylvanians to apply for benefits
<https://www.compass.state.pa.us/compass.web/Public/CMPHome>

- Providers can enroll in COMPASS as a business partner and will be able to provide assistance to families with the enrollment process to become eligible for Medical Assistance.

CMS-1500 Billing Guide for PROMISe™

- MA Early Intervention (EI), EI Maintenance & Infants, Toddlers, & Families (ITF) Waiver Providers
- http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_208850.pdf

DHS Provider Inquiry Unit

- 1-800-537-8862

Provider Assistance Center (PAC)

- 1-800-248-2152
 - For Provider Electronic Solutions software and electronic technical submission questions only