Indiana | Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect, and Indiana PathWays for
Aging

Billing with NPI Appropriately

2025 Indiana Health Coverage
Programs (IHCP) Annual Works
Seminar

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Agenda

- Abbreviations

- Provider Classifications

- Service Locations

- Atypical Providers

- Billing Considerations

- NPI Validation

- Provider Revalidation

- Common Denials

- Resolution

- Provider Resources

- Customer Service

- Questions

Abbreviations

- CPT: Current Procedural Terminology
- DME: Durable Medical Equipment
- HCPCS: Healthcare Common Procedure Coding System
- HIPAA: Health Insurance Portability and Accountability Act
- IHCP: Indiana Health Coverage Programs (commonly referred to as Indiana Medicaid)
- NPI: National Provider Identifier
- LPI: Legacy Provider Identifier (also referred to as Medicaid Provider ID)
- OPR: Ordering, Prescribing, Referring
- *CMS-1500*: Professional claim form used for billing non-facility services
- *UB-04*: Facility claim form used for billing facility services
- 837I: Electronic *UB-04* in approved HIPAA format
- 837P: Electronic *CMS-1500* in approved HIPAA format

Provider Classifications

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Provider Classifications – Billing and Group Providers

All providers, including Atypical Providers, are enrolled as one of the following classifications:

- **Billing Provider:** An entity such as a hospital, nursing facility, DME supplier or solo-practice practitioner. Billing providers do NOT have rendering providers linked to them:

  - Must enroll each location at which services will be provided.

- **Group Provider:** A business or practice. Groups must have rendering providers linked to them:

  - Must enroll each location at which services will be provided. Groups are also responsible for enrolling and linking rendering providers to the locations at which they will provide services to members.

  - Exception: Not required to enroll each hospital, nursing home, or non-office location where a member may receive services as they are not "office-based" service locations.

Provider Classifications – Rendering and Ordering/Prescribing/ Referring Providers

- **Rendering Provider:** A practitioner, such as a physician or nurse practitioner. Rendering providers must be linked to a group:

  – Are enrolled by the group and linked to the locations at which they will provide services to members. Rendering providers do not have their own unique effective/end dates. These dates are determined based on the effective/end date of the linkage to the group location.

- **Ordering/Prescribing/Referring (OPR):** An organization or practitioner, who does not plan to bill the IHCP for reimbursement of services rendered, but who may occasionally see an individual who is an IHCP member and who needs an order, prescription or referral for additional services or supplies that will be covered by the Medicaid program:

  – Are enrolled in a limited capacity and do not bill for services. OPR providers have individual effective/end dates. An OPR provider may convert to a Rendering Provider at any time by enrolling as a solo practitioner (Billing Provider) or joining a Group.

Service Locations

- Each service location is assigned a unique Medicaid Provider ID also referred to as an LPI.

- Providers may enroll more than one service location with the same NPI; however, they may not enroll more than one NPI at a single service location concurrently:

    - Example:

        - 123 Broadway Street – NPI 1234567879 ✅

        - 987 Medicaid Rd – NPI 123456789 ✅

        - 999 Anthem Street – NPI 123456789 and 456789123 ❌

- The NPI to LPI match is validated during claims processing.

Atypical Providers

- Atypical Providers:

  - Atypical Waiver providers may also have a separate enrollment with a different Provider Type linked to their NPI, e.g., home health:

    - Waiver services must be submitted with the provider's LPI

    - Non-waiver services, such as home health, must be billed with the provider's NPI. If billed with an LPI, the claim will be denied.

  - Atypical providers rendering atypical services (waiver/non-ambulance transportation services) must submit claims using only the Medicaid Provider ID (LPI). These services may NOT be submitted with an NPI.

  - PathWays Waiver services are identified by the CPT/HCPCS code plus the U7 modifier (see PathWays Waiver Rates Table 1 of the Home- and Community-Based Services: Indiana PathWays for Aging Waiver Provider reference module).

  - Claims billed with PathWays waiver procedure codes must contain the Medicaid Provider ID (LPI) or the claim will be denied (see IHCP *Bulletin* BT202509).

Billing Considerations

Billing Considerations – *CMS-1500*/837P – Referring & Rendering

Providers should select the correct location based on whether the service is Waiver or non-Waiver.

- Ordering/Prescribing/Referring Provider – Field

| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | G2 | Waiver-Provider ID/LP. |
| | 17b. | NPI | NPI – non-Waiver services. |

- Rendering Provider[+]

I. ID. QUAL.	J. RENDERING PROVIDER ID. #
G2	Waiver-Provider ID/LPI
NPI	NPI – Non-Waiver Services

[+]Must be linked to the Billing Provider's Service Location identified in Field 33

Billing Considerations – *CMS-1500*/837P - Billing

Providers should select the correct location based on whether the service is Waiver or non-Waiver.

- Billing Provider*

32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
X	Provider Name and service location address where services were actually rendered*
a. NPI b.	a. NPI Non-Waiver b. ZZ/PXC + Taxonomy Code OR G2 + Waiver-Provider ID

*Must match one of the provider's enrolled service locations. Do NOT use PO Box/Lock Box or Remit Address

Billing Considerations – *UB-04/837I* - Billing

- Billing Provider

1		
Provider Name and address where services were actually rendered. Must match an enrolled service location. Required.		

55 EST. AMOUNT DUE	56 NPI	NPI
	57	
	OTHER	
	PRV ID	

- Waiver providers do not submit claims on the *UB-04/837*

Billing Considerations – *UB-04*/837I - Other

- *UB-04*/837I (cont.)

  - Attending Provider

  - Operating Provider

  - Ordering/Prescribing/Referring Provider

- Other

  * Services should be submitted with the provider's NPI, Last and First name.

- Taxonomy Code

76 ATTENDING	NPI	NPI		QUAL		
LAST				FIRST		
77 OPERATING	NPI			QUAL		
LAST				FIRST		
78 OTHER		NPI		QUAL		
LAST				FIRST		
79 OTHER		NPI		QUAL		
LAST				FIRST		

81CC a	B3	Taxonomy Code

Billing Considerations – Electronic Claims

- Electronic Claims: 837P & 837I:
  - Billing Provider/Group NPI: Loop 2010AA NM109
    - NM1*85*2*PROVIDERNAME*****XX*0000000000~
  - Taxonomy Code (if sent): Loop 2000A PRV03
    - PRV*BI*PXC*251E00000X~
  - Billing Provider Service Location Zip Code: Loop 2010AA N403
    - N4*CITY*ST*000000000~
  - Atypical Providers-LPI: 837P
    - Billing Provider/Group: Loop 2010BB
      - REF01*G2*0000000000~

NPI Validation

NPI Validation - One-to-One Match

- Validation Process
- Waiver Provider, Type 32, the LPI is active on the DOS
- Non-Waiver services:
  - NPI only: If NPI is registered to more than one Medicaid Provider ID (LPI), next...
    - Taxonomy Code and Zip Code are used as "tie breakers" to try to make a one-to-one match between the NPI and Medicaid Provider ID (LPI)
  - NPI + Taxonomy Code: If matches more than one Medicaid Provider ID (LPI) or is not present, next...
    - Providers using the generic Taxonomy Code 193200000X for multiple service locations may create a conflict in making a match.
    - Providers using the same taxonomy code for multiple service locations that have the same 9-digit zip code may create a conflict in making a match.
  - NPI + Taxonomy Code (if present) + 9-Digit Zip Code: If matches more than one Medicaid Provider ID (LPI), next...
  - NPI + Taxonomy Code (if present) + 5-Digit Zip Code: If matches more than one Medicaid Provider ID (LPI), Deny claim
  - The Zip code is pulled from Field 33 of the *CMS-1500* or Field 1 of the *UB-04*

NPI Validation – Providers

- Anthem follows the IHCP NPI billing requirements found in the <u>IHCP Claims Submission and Processing Provider reference module</u>.

- NPI/LPI validation: State Assigned Provider ID (SAPI) file. Claim form fields require the following:

  – Billing Provider: Must be a Billing or Group provider - One-to-One Match

  – Rendering Provider: Must be a Rendering provider with active linkage to the Billing provider on the claim, at service location, on DOS

  – Ordering/Prescribing/Referring: Must be an Ordering/Prescribing/Referring provider – must be active on DOS or Rendering provider – must have active linkage to any group on the DOS

  – Attending Provider: Must be an Ordering/Prescribing/Referring provider – must be active on DOS or Rendering provider – must have active linkage to any group on the DOS

  – Operating Provider: Must be a Rendering provider - must have active linkage to any group on the DOS

Provider Revalidation

- <u>Certain providers</u> are required to revalidate their enrollment at specified intervals:

  - Failure to revalidate the group/billing provider timely could result in the issuance of a new Medicaid Provider ID and a gap in provider eligibility.

  - Rendering providers are revalidated through the group revalidation process. Failure to revalidate timely could result in a gap in the rendering provider's eligibility with the group.

Common Denials

Common Denials – ZA6

- ZA6: Billing Provider NPI or Medicaid ID not present:
  - This denial is used on claims identified as Waiver services:
    - Medicaid Provider ID associated with Provider Type 32
    - PathWays Waiver CPT/HCPCS + U7 modifier: identified as a PathWays Waiver Service
  - Medicaid Provider ID is not enrolled on the date of service

ZA6: Billing Provider NPI or Medicaid ID not present:
  - Electronic Claims: 837P & 837I
  - G2 Qualifier: 2010BB REF01
  - Billing Provider State ID (LPI):2010BB REF02:
    - REF*G2*XXXXXX~
  - Common Error: If Loop 2010AA NM108 contains an 'XX' then the Billing Provider Secondary Identification 2010BB REF cannot be present. The 'XX' signifies that an NPI is being used.
        NM1*85*2*PROVIDERNAME*****XX*0000000000~   AND
        REF*G2*XXXXXX~

Common Denials – ZID

- ZID: Waiver providers must bill waiver service claims with IHCP-assigned Provider ID/ LPI:

  - Waiver services, as identified by the CPT/HCPCS + U7 modifier must be billed with the Medicaid Provider ID (LPI)

  - Waiver claims billed with an NPI will be denied

  - Common Error: Waiver provider is also enrolled with a different Provider Type, such as home health. Home health claims must be billed with an NPI while waiver services must be billed with the Medicaid Provider ID (LPI).

Common Denials – ZVW/Z34

- ZVW/Z34: Rendering Provider not linked to Group Provider:

    - Rendering providers must be linked to the group at each service location (Medicaid Provider ID) at which they will provide services to members.

    - NPI in Field 24J of *CMS-1500* is not linked to the group provider NPI/address in Field 33/33a (Medicaid Provider ID from one-to-one match of billing provider):

        - Rendering provider is not linked to the group provider service location (Medicaid Provider ID) identified in Field 33 on the date of service on the claim

            - Common error: Rendering provider is linked to other service locations, but not the location billed on the claim

            - Common error: Rendering provider has a gap in eligibility at the service location due to a delay in revalidation

            - Common error: Rendering provider identified on the claim is only enrolled as an OPR provider.

Common Denials - GBA

- GBA: Resubmit with rendering NPI:

  – A rendering provider NPI is required when services are submitted using a Group NPI in Field 33 of the *CMS-1500* claim form:

    • Most medical services require a rendering provider NPI

  – Services billed with a Billing NPI in Field 33 of the *CMS-1500* do not require a rendering NPI. Billing providers do not have linked rendering providers:

    • DME

    • Labs enrolled as Billing providers

    • Free-standing radiology providers enrolled as Billing providers

Common Denials – Z28

- Z28: Attending NPI is not registered with the state:
  - Inpatient and outpatient claims submitted on a *UB-04* require an attending provider NPI
  - Attending providers may only be enrolled as Rendering or OPR providers:
    - Per IHCP guidelines, Billing providers cannot be attending providers, even if they are solo-practice providers. This is currently under consideration with OMPP.
    - <u>Rendering provider NPI must be actively enrolled with one or more Group providers on the date of service.</u>
    - OPR must be actively enrolled on the date of service
  - Common error: Rendering provider does not have any active Group linkage on the date of service
  - Common error: Attending provider NPI is not found in the SAPI file. This is more common in border counties where an out-of-state provider may be the attending.

Common Denials – Z49

- Z49: Operating NPI not registered with the state:

  - Inpatient and outpatient claims containing a surgical service submitted on a *UB-04* require an operating provider NPI

  - Operating providers may only be enrolled as Rendering providers.

    - Per IHCP guidelines, OPR and Billing providers cannot be operating providers, even if they are solo-practice providers. This is currently under consideration with OMPP.

    - <u>Rendering provider NPI must be actively enrolled with one or more Group providers on the date of service</u>.

  - Common error: Rendering provider does not have any active Group linkage on the date of service

  - Common error: Operating provider NPI is not found in the SAPI file. This is more common in border counties where an out-of-state provider may be the operating provider.

Common Denials – Z24

- Z24: Ordering, Prescribing, Referring (OPR) NPI is not registered with the state:

  - Claims for certain services, such as labs, radiology and DME require an ordering, prescribing or referring provider NPI

  - The Ordering, Prescribing, Referring may be a Rendering or OPR provider:

    - <u>Rendering provider NPI must be actively enrolled with one or more Group providers on the date of service.</u>

    - OPR provider must be enrolled on the date of service

  - Common error: Rendering provider does not have any active Group linkage on the date of service

  - Common error: OPR is not active on the date of service

  - Common Error: Ordering, Prescribing, Referring provider NPI is not found in the SAPI file. This is more common in border counties where an out-of-state provider may be the operating provider.

Resolution

- Providers receiving NPI-related denials should first review their claim:
  - Is the billing provider service location address on the claim a P.O. Box, Lock Box or other address not enrolled as a service location?
- Providers should then review their enrollment data using the IHCP Provider Healthcare Portal:
  - Is the billing provider service location enrolled on the date of service?
  - Is the Rendering provider linked to the specific service location billed on the claim?
  - Is the attending provider enrolled, on the date of service, as either a Rendering or Ordering/Prescribing/Referring provider? Does the Rendering provider have an active group linkage on the date of service.
  - Is the operating provider enrolled, on the date of service, as a Rendering provider?
  - Is the Ordering, Prescribing, Referring provider enrolled on the date of service as either an OPR or Rendering provider? Does the Rendering provider have an active group linkage on the date of service?
  - Was the waiver service billed with the Medicaid Provider ID?
  - Was the Medicaid Provider ID located in the correct field on the 837 transaction?

Provider Resources & Customer Service

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Provider Resources

- <u>Availity:</u> Did you know that most questions and issues can be resolved by using the Anthem self-service tools? Please use Availity for inquiries like payment disputes, provider data updates, claims status, member eligibility, etc. You can also live chat with an Anthem associate from within the Availity Portal.

- <u>Automated Emails:</u> Anthem is now sending some bulletins, policy change notifications, prior authorization update information, educational opportunities and more to providers via email. To sign-up, click the link above.

- <u>Anthem's Indiana Medicaid Website</u>: This searchable website provides many valuable resources for providers, such as Prior Authorization Look Up Tool, Provider Manuals and Guides, Training Resources, Reimbursement Policies, Electronic Data Interchange (EDI) resources and Companion Guides, Pharmacy information, and much more.

Customer Service

- Hoosier Healthwise: 866-408-6132: Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time

- Healthy Indiana Plan: 844-533-1995: Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time

- Hoosier Care Connect: 844-284-1798: Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time

- Indiana PathWays for Aging: 833-569-4739: Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time

- Customer Service Fax (all members): 866-406-2803

- EDI Solutions Helpdesk: 800-470-9630: Monday to Friday, 8:00 a.m. – 4:30 p.m. Eastern Time

- <u>Provider Experience Team</u>: For other issues, you can message the Provider Experience team. Your representative will respond within two business days.

Questions?