



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Medicaid Advisory Letter (MAL) No. 622

DATE: May 1, 2018

TO: Eligible Medicaid Providers of Ambulatory Health Care Clinics (AHCCs), Federally Qualified Health Centers (FQHCs), Freestanding Birth Centers (FBCs), Outpatient Health Facilities (OHFs), and Rural Health Clinics (RHCs)
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: **New Requirement to Report Individual Practitioners' NPIs in the Rendering Fields of AHCC, FQHC, FBC, OHF, and RHC Claims Starting July 1, 2018**

This MAL is intended for AHCC (provider type 50), FQHC (provider type 12), FBC (provider type 11), OHF (provider type 4), and RHC (provider type 5) providers submitting claims for rendered services to the Ohio Department of Medicaid (ODM) and to Medicaid managed care plans.

In order to comply with federal law and regulations codified in Section 1902(a)(27) of the Social Security Act and 42 CFR 431.107(b)(5), ODM is adding system functionality to its claims payment system that will require AHCC, FQHC, FBC, OHF, and RHC provider types to report individual practitioners' National Provider Identifiers (NPIs) in the rendering provider fields next to the procedure code in the detail lines of claims. Starting July 1, 2018, a provider who is enrolled in Medicaid must report its individual NPI as well as the individual NPI of any other provider or supplier who is required to be identified in those claims on any electronic claims the provider submits to Medicaid. For EDI submissions, the individual rendering providers' NPIs will be reported in the 2310B Rendering Provider loop. Claims will be rejected if they do not include the individual practitioner's NPI.

Currently, no individual rendering provider information is submitted on the 837P or the MITS portal professional claim form in the rendering field of the detail lines of claims. Instead rendering provider fields are not sent (EDI) or filled in (portal) and MITS copies the organizational/billing provider NPIs reported at the header into the detail rendering fields.

Starting July 1, 2018, modifiers must also be used with the individual practitioners reported in the rendering fields of claims. Modifiers are two-character codes used along with a service or supply procedure code to provide additional information about the service or supply rendered. ODM accepts many, but not all, modifiers recognized by the American Medical Association, the Centers for Medicare and Medicaid Services, and the American Society of Anesthesiologists. A complete list of modifiers recognized by ODM can be found at: <http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#161541-provider-billing-instructions>.

This change also means individual practitioners must enroll as Medicaid providers, if they haven't already. The enrollment process is through Medicaid Provider Enrollment at: <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment.aspx>. Individual practitioners must also affiliate to the entity where they are employed, and then they must be listed as the rendering provider in the detail lines of the claim when they render a service.

The only exception for this new requirement is for mid-level health care workers (e.g., registered nurses) and unlicensed dependent practitioners (i.e., behavioral health trainees) who are currently unable to enroll in Medicaid. Their services should be reported under their overseeing practitioner's NPI.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

The Medicaid managed care plans (MCPs) are also required to update their payment systems to accommodate for this federal requirement. Please contact the MCPs for their specific claim submission requirements.

Questions

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

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