



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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NPI TRANSITION PLAN – PHASE 2

**AUDIOLOGIST, HEARING AID SPECIALIST, NURSE MIDWIFE,
PODIATRIST, OPTOMETRIST, OCCUPATIONAL THERAPIST, PHYSICAL
THERAPIST, SPEECH THERAPIST, PSYCHOLOGIST, LICENSED CLINICAL
SOCIAL WORKER, LICENSED PROFESSIONAL COUNSELOR, DISEASE
MANAGEMENT AND QMB-ONLY**

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NATIONAL PROVIDER IDENTIFIER

Information regarding implementation of the National Provider Identifier (NPI) Transition Plan may be reviewed in the following bulletins for previously released:

- [NPI Transition Plan, Volume 28, Number 50](#), dated 5/18/2006
- [National Provider Identifier \(NPI\) Bulletin, Volume 28, Number 21](#), dated 11/01/2005

NPI TRANSITION PLAN – PHASE 2

Missouri Medicaid's NPI Transition Plan is being implemented in several phases. NPI - Phase 2 will be effective January 1, 2007, for the following provider types.

- 25 – Nurse Midwife
- 30 – Podiatrist
- 31 – Optometrist
- 33 – Audiologist/Hearing Aid Specialist
- 35 – Disease Management Provider
- 46 – Speech Therapist
- 47 – Occupational Therapist
- 48 – Physical Therapist
- 49 – Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor
- 75 – QMB Only Services

ENROLLMENT AND BILLING POLICY CHANGES

In the past, provider types (first two digits of provider number- abbreviated as PT herein) listed above were assigned more than one Missouri Medicaid provider number if the provider had more than one practice location, either a private practice, a practice affiliated with a clinic/group, or a combination of both. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) standards for NPI limit an individual provider to only one NPI number.

With the implementation of Missouri Medicaid's NPI - Phase 2, policy changes for the enrollment of certain provider types and their billing processes will occur.

INDEPENDENT CLINIC/GROUP (PT 50)

Clinic/group practices for Phase 2 individual providers who were not previously permitted to enroll as a clinic/group with Missouri Medicaid, will be required to do so prior to January 1, 2007, in order to ensure proper payment of services. Clinic/group practices must enroll if they have individual providers that practice for multiple clinic/groups or if the clinic/group has a clinic/group Medicare number. Clinic/groups must enroll online using a [Clinic \(PT 50\)](#) enrollment application. Providers are also required to submit a copy of their clinic/group and performing provider Medicare approval letter(s) so claims can crossover automatically from Medicare.

Beginning January 1, 2007, services rendered by any individual provider practicing with a clinic/group must be billed as the performing provider on the claim and the clinic/group number must be utilized as the billing provider, regardless of the date of service.

Clinic/group providers must apply for an NPI.

OPTICAL (PT 53) & PODIATRY (PT 36) CLINIC/GROUP

Prior to the implementation of NPI Phase 2, Optometrists practicing at an Optical Clinic (PT 53) could bill as the performing provider of the Optical Clinic only, not as performing provider

of a medical Independent Clinic/Group or Federally Qualified Health Center (FQHC) (PT 50), Teaching Institution Department (PT 54), or Teaching Institution (PT 55).

In addition, Podiatrists practicing at a Podiatry Clinic (PT 36) could bill as the performing provider of the Podiatry Clinic only, not as performing provider of a medical Independent Clinic/Group or FQHC (PT 50), Teaching Institution Department (PT 54), or Teaching Institution (PT 55).

Beginning January 1, 2007, services rendered by Optometrists and Podiatrists practicing at an Optical Clinic, Podiatry Clinic, Medical Independent Clinic/Group or FQHC, Teaching Institution Department or Teaching Institution must be billed as the performing provider and the clinic/group number must be utilized as the billing provider, regardless of the date of service.

All currently active Optometry Clinic (PT 53) and Podiatry Clinic (PT 36) numbers will be converted to Independent Clinic/Group numbers (PT 50). Written notification will be sent to the current clinic/group practice location address reflected on the Provider Enrollment Master File.

SCHOOL DISTRICTS

Currently active School District therapy provider numbers will be consolidated to one Independent Clinic/Group number (PT 50) for each School District. The School District must bill using the clinic/group provider number in the billing field and the performing provider number in the performing provider field. Written notification will be sent to the current address listed on the Provider Enrollment Master File.

The School District must bill using the Independent Clinic/Group provider number in the billing provider field and the performing therapist's provider number in the performing provider field.

PHASE 2 – ALL INDIVIDUAL PROVIDER TYPES

All Phase 2 individual providers who have multiple Missouri Medicaid provider numbers will be consolidated to one provider number. All Phase 2 providers will receive written notification advising which provider number will remain active, which provider numbers are being deactivated and the effective date of the changes. The notice will be sent to the current practice location address reflected on the Provider Enrollment Master File.

The effective date of all enrollment and billing policy changes is January 1, 2007. Services rendered by any individual provider practicing with an Independent Clinic/Group or FQHC (PT 50), Public Health Department Clinic (PT 51), Planned Parenthood (PT 52), Teaching Institution Department (PT 54), Teaching Institution (PT 55), or Community Mental health Center (PT 56) must be billed as the performing provider on the claim and the appropriate clinic/group number must be utilized as the billing provider, regardless of the date of service.

INDIVIDUAL PROVIDER PROGRAM SPECIFIC INFORMATION:**Disease Management (PT 35)**

Disease Management provider clinic/group affiliation is limited to performing provider for an Independent Clinic/Group or FQHC (PT 50), Public Health Department Clinic (PT 51), Teaching Institution Department (PT 54) and Teaching Institution (PT 55).

Practice locations with multiple Medicaid enrolled providers **must** enroll as an Independent Clinic/Group provider (PT 50).

Audiologist (PT 33) and Hearing Aid Specialist (PT 34)

After consolidation of individual provider numbers, all remaining active Hearing Aid Specialist provider numbers (PT 34) will be converted to provider type 33 (Audiologist) with a Hearing Aid provider specialty.

Hearing Aid provider clinic/group affiliation is limited to performing provider for an Independent Clinic/Group or FQHC (PT 50), Public Health Department Clinic (PT 51), Teaching Institution Department (PT 54), or Teaching Institution (PT 55).

Practice locations with multiple Medicaid enrolled providers **must** enroll as an Independent Clinic/Group provider (PT 50).

The Missouri Medicaid program name will continue as the Hearing Aid Program.

Nurse Midwife (PT 25)

Nurse Midwife clinic/group affiliation is limited to performing provider for an Independent Clinic or FQHC (PT 50), Public Health Department Clinic (PT 51), Planned Parenthood (PT 52), Teaching Institution Department (PT 54), or Teaching Institution (PT 55).

Practice locations with multiple Medicaid enrolled providers **must** enroll as an Independent Clinic/Group provider (PT 50).

Speech Therapist (PT 46)**Occupational Therapist (PT 47)****Physical Therapist (PT 48)**

Therapists' clinic/group affiliation is limited to performing provider for an Independent Clinic/Group, FQHC, or School District (PT 50), Public Health Department Clinic (PT 51), Teaching Institution Department (PT 54), or Teaching Institution (PT 55).

Therapists providing services through School Districts **must** enroll as individual providers if **not** an already enrolled Medicaid provider. Therapists who already have an active provider number **do not** need to enroll again.

Individuals with a Speech and Language Specialist Teacher's Certificate through the Department of Elementary and Special Education **must** enroll for the services provided at a school district. Only services provided at the school district are covered for individuals with a Speech and Language Specialist Teacher's Certificate. The Speech Therapist Enrollment Application (PT 46) must be completed to enroll.

Practice locations with multiple Medicaid enrolled providers **must** enroll as an Independent Clinic/Group provider (PT 50).

Psychologist [PT 49, Provider Specialty (PS) 45]

Licensed or Provisionally Licensed Clinical Social Worker (PT 49, PS A2)

Licensed or Provisionally Licensed Professional Counselor (PT 49 PS A3)

Psychology provider clinic/group affiliation is limited to performing provider for an Independent Clinic/Group, FQHC, or School District (PT 50), Public Health Department Clinic (PT 51), Teaching Institution Department (PT 54), Teaching Institution (PT 55), or Community Mental Health Center (PT56) .

Psychology providers providing services through school districts **must** enroll as individual providers if **not** an already enrolled provider. Psychology providers who already have an active provider number **do not** need to enroll again.

Practice locations with multiple Medicaid enrolled providers **must** enroll as an Independent Clinic/Group provider (PT 50).

QMB-Only Providers (PT 75)

There are two types of QMB-Only providers. Those who **may not** enroll in the Medicaid program except for QMB-Only services and those who **may** enroll in the Medicaid program but **must** have a separate provider number for billing their QMB-Only services.

The QMB-Only provider number(s) will be deactivated and the Medicare number(s) will be moved to the program specific provider type for those providers who have an active provider number within a program specific provider type and also have QMB-Only provider numbers. All QMB-Only edits will still apply.

If a QMB-Only provider does not have a program specific provider number, multiple QMB-Only provider numbers will be consolidated to **one provider number**, all other QMB-Only provider numbers will be deactivated.

- NPI - Phase 2 changes for the program specific provider type will apply.

Points To Remember

Providers should keep the following in mind when billing Missouri Medicaid after the consolidation date:

- For all **private practice claims**, the remaining active (consolidated) provider number may be used as the billing provider number.
- For all **provider affiliated clinic/group claims**, the clinic/group provider number must be used as the billing provider number and the remaining active (consolidated) provider number must be used as the performing provider number.
- Reimbursement is made to the payment address on the Missouri Medicaid Provider Enrollment master file for the **billing provider** for either claim.
- It is the **practitioner's responsibility** to notify their affiliated clinic/groups of their remaining active (consolidated) provider number to be used as performing provider.
- It is the **clinic/group's responsibility** to ensure the individual providers get a copy of their provider number and/or NPI notification if the clinic/group receives it. The clinic/group may not prevent individual providers from receiving their Medicaid provider number or NPI notification.
- **Prior Authorization Requests and attachments** submitted on or after the consolidation date must be submitted using the remaining active (consolidated) provider number.
- Prior Authorization Requests and attachments will process with the original and consolidated Provider Number.
- **Voids, credits or claims affected by timely filing limitations** must be submitted using the provider number submitted on the original claim.
- Questions regarding enrollment should be directed to the Provider Enrollment Unit via E-mail at providerenrollment@dss.mo.gov.

MEDICAID CLAIM BILLING INSTRUCTIONS

Below are specific billing instructions relating to the billing provider and performing provider fields for Medicaid claims. To receive payment for provider services rendered through a clinic/group, claims must be filed using the clinic/group provider number as the billing provider and the individual provider number as the performing provider.

- CMS-1500 Claim Form:
 - Performing Provider Number must be submitted in Field 24K
 - Billing Provider Number must be submitted in Field 33
- Medical (CMS-1500) on Missouri [Medicaid Billing](#) Web site:
 - Performing Provider Number must be entered in the field marked "Performing Provider"
 - Billing Provider Number is the provider number selected from the drop-down box at the top of the EMOMED page
- 837 Professional Health Care Claim:
 - Please refer to the 837 Implementation Guide
- Clearinghouses or Contracted Billers:
 - Please refer to the clearinghouse or contracted billers for instructions

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

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