IHCP *bulletin*

IHCP issues revised guidance regarding NPIs and taxonomy codes on claims

The Indiana Health Coverage Programs (IHCP) is issuing the following clarifications and new guidance regarding claim submission requirements. This guidance applies to both managed care and fee-for-service (FFS) claims, unless otherwise indicated. This billing guidance replaces previously issued guidance.

Institutional claim guidance regarding attending and operating providers

Effective October 29, 2017, the IHCP will not require taxonomy codes for attending and operating providers on institutional claims (*UB-04* claim form, Provider Healthcare Portal institutional claim, or 837I electronic transaction). This change applies to all FFS and managed care institutional claims regardless of the submission format. The change is retroactive to dates of claim submission on or after **February 13, 2017**.

Based on previous State guidance, managed care entities (MCEs) may have denied some institutional claims due to a claim edit requiring a match between the National Provider Identifier (NPI) and the taxonomy code for the attending or operating provider indicated on the claim. MCEs will modify claim edits in their claim processing systems to reflect this policy revision. Updates to the IHCP companion guides and provider reference modules will also be made to reflect this change.

The NPI for attending and operating providers continues to be required on all institutional claims and the NPI indicated must match the NPI on file with the IHCP. The NPI for the attending or operating providers will be used to identify the provider administering care. If a taxonomy code for the attending and operating provider is supplied on the claim, no validation will be performed. Attending and operating providers need to be actively enrolled on the date of service (DOS) on the claim.

Claim guidance for group or billing providers

The group or billing provider's NPI and taxonomy code will continue to be required in the header of FFS and managed care claims – for all claim types, when there are multiple service locations. The following three data elements are used for the standard NPI crosswalk and may be required to make a one-to-one match to identify the proper service location associated with the claim:

- Billing NPI

- Billing taxonomy code (if multiple locations)

- ZIP Code + 4

The crosswalk attempts to establish a one-to-one match using these data elements in the following sequence:

- NPI only

- NPI/taxonomy

- NPI/taxonomy/ZIP Code + 4

- NPI/ZIP Code + 4 (only used if no taxonomy is present)

- NPI default location*
  (*Default location is only applicable for providers with a previously established default location for submitting IHCP claims to DXC Technology for processing.)

The group or billing provider must be actively enrolled on the DOS on the claim.

Claim guidance for rendering providers

A rendering provider must be linked to a group provider. The rendering provider NPI continues to be required on all FFS and managed care claims. If a rendering provider has multiple taxonomies for a service location, the taxonomy may be required for matching purposes.

Newly enrolled rendering providers will not have a taxonomy. The IHCP is researching the historic taxonomy logic for rendering providers. Please watch future publications for further information.

The rendering provider must be actively enrolled on the DOS on the claim.

Guidance regarding reporting OPR information on claims

Effective October 29, the taxonomy code for ordering, prescribing, and referring (OPR) providers will not be required for any claim types. This change applies to all FFS and managed care claims regardless of the submission format. The change is retroactive to dates of claim submission on or after **February 13, 2017**.

The NPI for the OPR provider continues to be required on all claim submissions, if applicable. Any provider that renders services based on an order, prescription, or referral must include the OPR provider's NPI on the claim. All OPR NPIs will be validated. The OPR provider must be actively enrolled on the DOS on the claim.

Additional information regarding OPR providers can be found in Section 7 of the *Claim Submission and Processing* provider reference module.

## Resubmitting claims that denied inappropriately

Beginning October 29, 2017, providers may resubmit FFS claims if they believe their claims were denied inappropriately. Providers may resubmit FFS claims through the IHCP Provider Healthcare Portal, via electronic transmissions, or on paper forms mailed to DXC. Providers should check with the individual MCE for additional information regarding the resubmission or reprocessing of managed care claims. For additional questions, please contact an MCE or DXC Provider Relations field consultant.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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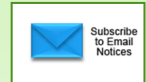
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