





ATTN: LA MEDICAID PROVIDERS

New MEDPM Ordering/Referring Provider *Default* Enhancements for Electronic Claims (EMC) only

Effective 04/01/2017, LA Medicaid (Traditional/Fee for Service) introduced a policy indicating that an Ordering Provider must be on the claim for certain services; however, they could not provide a list.

MEDDATA Service Bureau has identified the following CPT codes as receiving this denial:

73030	92551	93010	93970	97530
73130	92552	93015	94640	99173
73502	92555	93298	95024	
73630	92556	93299	95115	
74000	92567	93306	95117	
92508	93000	93455	95165	

Attention Professional Services Providers:

ACA Requirement to Enter Ordering Provider on Medicaid Claims

Effective for claims with dates of services on or after April 1, 2017, the NPI of the ordering provider must be entered in the appropriate location on Professional claims submitted to Louisiana Medicaid, and that provider must be enrolled with Louisiana Medicaid. Claim records where the ordering provider NPI is missing; is inaccurate; is not enrolled; or is not on file as of the date of service will **deny**. If a referring provider NPI is submitted on a claim, they also must be enrolled with Louisiana Medicaid or the claim will deny.

The NPI of the billing provider and the ordering provider may not be the same NPI, except in cases where an independently practicing professional provider (physician, APRN, optometrist, podiatrist, etc.) is the billing provider and the ordering provider.

Claims editing related to the above changes will be reflected as educational on RA's prior to the April 1, 2017 implementation date.

If the Ordering Provider is invalid, Medicaid will issue ANSI Legacy RA Standard Paper Format (SPF) denial codes:
 WF047: INVALID OR MISSING ORDERING PROVIDER
 CARC: 16 CLAIM/SVC LACKS INFO+
 RARC: N265 INVLD ORDERING PRIM ID

NOTE: MEDDATA Service Bureau, on occasion, has seen these denials used when an invalid Ordering/Rendering provider is used, i.e., CPT code does not need an Ordering Prv but one was added that was invalid.

NOTE:
 The CMS 1500 Hard Copy claim form uses field (box) 17 for both Referring Provider and Ordering Provider, i.e., only one is allowed on hard copy claims.

- Qualifier:
 DK – Ordering
 DN – Referring

MEDPM is not yet able to accommodate Ordering Provider (DK) on Hard Copy claims.

14. DATE OF OCCURRENCE (ILLNESS, INJURY, OR PREGNANCY, ETC.) MM DD YY		15. OTHER DATE QUAL. MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. ORDERING PROVIDER NPI DN JOHN DOE, MD		17a. REFERRING PROVIDER NPI 1234567890		18. ICD-9-CM PROCEDURE CODES A: G809 B: R252 C: Z451	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES NO		21. CHARGES	
22. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (FROM ALL WORKING DIAGNOSIS) G809 R252 Z451		23. RE submission CODE		24. ORIGINAL REF. NO.	
25. PRIOR AUTHORIZATION NUMBER		26. DATE(S) OF SERVICE MM YY MM DD		27. PROCEDURE, SERVICE, OR SUPPLY (Specify Interval or Circumstances) J0475	
28. FEDERAL TAX ID NUMBER		29. PATIENT'S ACCOUNT NO. 1234		30. ACCEPT ASSIGNMENT? YES NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING COPIES OF CREDENTIALS (copy to the statements on the reverse side of this form and include a scan thereof) JANE DOE, MD		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO'S PH# (800) 233-3333	
34. DATE 9/12/16		35. TOTAL CHARGE 5500.00		36. AMOUNT PAID 123654875	
37. SIGNATURE OF PHYSICIAN OR SUPPLIER		38. BILLING PROVIDER NPI 1326547895		39. ORDERING PROVIDER NPI 1987854	

To enter an Ordering Provider:

At Front Desk Charge Entry screen →

FRONT DESK CHARGE ENTRY				Date: MM/DD/CCYY	
Patient #/Name:	6966 AARON, ESTHER	MDS		Time: 07:45:35	
Ticket #/Date:	135381 10/10/2017			User: ANGELA	
A <u>H900</u> CONDUCTIVE HEA	B <u>Z822</u> FAM HX DEAFNES	C _____	1st 4 Dx Ptrs go to Claim (F4)		
D _____ (F4)	E _____ (F4)	F _____	(F4)		
G _____ (F4)	H _____ (F4)	I _____	(F4)		
J _____ (F4)	K _____ (F4)	L _____	(F4)		
TrnCd	TrnDate	Description	Qty	ChgAmt	Method
92551	10/10/2017	HEARING SCREEN PURE TONE	1	5500	Standard
Dx Ptrs:	A B _____	Prv: <u>RWR REAGAN</u>	Ast: _____	(F4)	
CPT/Mds:	92551	RfSc: <u>MILLER,RAN</u>	(F4)		
PriAuth:	_____ (F4)	Ins: <u>Y</u> A/A: <u>Y Y</u>	H/S: <u>N</u>	H/P: <u>N</u>	
FinCls:	<u>I2</u> ACLA/LACARE (MGD)	POS: <u>OF</u> MEDTRON ME	LOC: <u>01</u>	COVINGTON	
Clm Ref:	_____ (F4)				
Adl Prv:	<u>Y</u> (Y/N)	→			
Allow Amt:	3.60	Co-Pay Information	Prev Bal	---	
Eft Date:	1/01/2017	Type ---> <u>Other</u>	Today's Chgs	---	
Exp Date:	_____	Value - _____	Today's Adjs	---	
		O/R ----> <u>_</u>	Today's Pmts	---	
COPAY IMPACT: MULTI INS			BALANCE	----	
F3=Exit F8=Hist/Demo F9=Upd Pat Info					

ADDITIONAL PROVIDER INFO	
Ordering Prv ---->	<u>SMITH,CA</u> (F4)
Supervising Prv ->	_____ (F4)
Surgeon ----->	_____ (F4)
F3=Exit F12=Prior Screen	

From Patient History, at Line Item Information screen →

If not entered at charge entry

1 - Select charge

F17 - Addl Info

At Ordering Prv field:

F4 to search and select 'Ordering Prv'

Once updated, refile claims electronically

LINE ITEM INFORMATION				Date: MM/DD/CCYY@ 07:57:23
CHARGE	MDS			
Patient # ---->	20924 AARON, JESSICA	Stmt Dte/Cnt ->	_____	
Date of Svc -->	5/19/17	To Date ---->	5/19/17	Time Frm/To --> _____
Process Date -->	5/20/17	CPT Code -->	92551 (F4)	Mod(s) -----> _____
Charge Code -->	92551 HEARING SCREEN PURE TONE	Ticket # ---->	135798	
A <u>H900</u> H90.0-CONDUCTI	B <u>Z822</u> Z82.2-FAM HX D	C _____	(F4)	
D _____ (F4)	E _____ (F4)	F _____	(F4)	
G _____ (F4)	H _____ (F4)	I _____	(F4)	
J _____ (F4)	K _____ (F4)	L _____	(F4)	
F/C -->	7T Pl Svc -> <u>OF</u> Status ---> <u>Y</u>	Ref Src -->	_____	
Loc -->	01 Pri AA -> <u>Y</u> Qty(Units)-> 001	Pri Auth ->	_____	
Prv -->	RWR Sec AA -> <u>Y</u> File Ins -> <u>P</u>	Clm#/Typ ->	000 /	
Asst ->	Hld Stm-> <u>N</u> Global --->	Charge Amount --->	208.00	
Additional Information:				
Clm Info Ref No. ->	_____ (F4)	Purch Svc Code -->	_____ (F4)	
Ordering Prv ----->	<u>SMITH,CY</u> (F4)	Purch Svc Amt --->	_____	
Supervising Prv -->	_____ (F4)	Co-Pay Amt ----->	_____	
Surgeon ----->	_____ (F4)	Co-Pay Bal ----->	_____	
		NDC ----->	_____	
		Transfer Resp --->	4	
F3=Exit F12=Prior Screen F19=Lot #				
DI420C-A				

MEDTRON (MSI) has enhanced MEDPM to accommodate Defaults for EMC claims as listed below:

Fields completed at charge entry:

'Prv' Rendering Provider Box 24J or EMC equivalent	'RfSc' Referral Source Box 17 or EMC equivalent	'Ordering Prv' Ordering Provider EMC Only	MEDPM will Default and send via EMC for: Insurance Type 'W' and/or MCO-BHP based on Elec Id (EID #)
YES	NO	NO	'Prv' as the Ordering Program identifies by EID (see below) (when 'Prv' is not a Chiropractor/Audiologist)
YES	YES	NO	'RfSc' as the Ordering and Referring (when 'RfSc' is not a Chiropractor/Audiologist)

NOTE: If Chiropractor or Audiologist is 'entered' at Charge Entry as an Ordering Prv or updated via F17 as Ordering Prv, MEDPM will send EMC (although LA Medicaid does not recognize as a valid Ordering Provider).

NOTE: For DME claims, MEDPM will default the Rendering Provider as the Ordering Provider on EMC or Hard Copy paper claims for all unless the Ordering Provider was entered at Charge Entry/updated via F17. Refer to User Guide: Transaction Master Updates (DME section).

INSURANCE COMPANY MASTER						Date: 10/25/17
Type Option, Press Enter						Time: 09:07:25
2=Change 3=Copy 4=Delete 5=Display 8=Notes Deleted/Inactive Records Omitted (F13)						
Position						
To --> _____						
Opt	Ins	Company Name	City - State	Elc Ppr	Elec Id	OLE Plan
-	ABH	AETNA BETTER HLTH OF LA	PHOENIX	AZ I	128LA	ABHLA
-	LAC	AMERHLTH CARITAS/LACARE	LONDON	KY I	27357	LCARE
-	AMT	HEALTHY BLUE (AMERGRP) MCO	VIRGINIA BEACH	VA I	27514	AMGRP
-	AMT	HEALTHY BLUE (AMERGRP) MCO	VIRGINIA BEACH	VA I	58532	HBLSA
-	LHC	LA HLTHCARE CONN (MGD-MCD)	FARMINGTON	MO I	68069	CENLA
-	UWF	UNITED HLTHCARE (MGD-MCD)	SALT LAKE CITY	UT I	87726	00112

AMT - New Elec Id (EID) and OLE Plan per Change Healthcare/Emdeon Clearinghouse

More...
F3=Exit F6=Add F7=Sort F9=Criteria F10=Print F11=ChgView PgUp/PgDn
DI200-01

NOTE: On May 2, 2016, DHH announced the "Bayou Health Plan" (BHP) name used for Louisiana Medicaid Managed Care Organizations (MCO) will be phased out and replaced with the name "Healthy Louisiana" to hallmark John Bel Edwards, our new Governor's emphasis on good health! MSI references as MCO-BHP.

Contact Software Support for assistance or any questions via:

From MEDPM or MEDEHR Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609