

Bulletin Number: MSA 13-17

Distribution: All Providers

Issued: June 1, 2013

Subject: Provider Enrollment Application Fees and Ordering/Referring and Attending Provider Requirements

Effective: July 1, 2013

Programs Affected: Adult Benefits Waiver (ABW), Children's Special Health Care Services (CSHCS), Children's Waiver Program (CWP), Medicaid, Medicaid Managed Care, Maternity Outpatient Medical Services (MOMS), Children's Serious Emotional Disturbance Waiver (SED), Plan First!

This bulletin provides additional information about the Michigan Department of Community Health's (MDCH) implementation of Medicaid provider screening and enrollment requirements of Section 6401 of the Affordable Care Act (ACA) and issued in policy bulletin MSA 12-55 on November 1, 2012.

PROVIDER ENROLLMENT APPLICATION FEES

Enrollment application fees are required from all institutional providers, as defined by the Centers for Medicare and Medicaid Services (CMS). Individual physicians and non-physician practitioners are not considered institutional providers and as such are not subject to an application fee. Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program. The fee is not required for revalidation or interim updates to provider enrollment information. The application fee amount is established by CMS and updated annually. For 2013, the application fee is \$532. MDCH will begin collecting enrollment application fees later this year.

ORDERING/REFERRING AND ATTENDING PROVIDER REQUIREMENTS

As outlined in MSA 12-55, claims for services rendered as a result of an order or referral must contain the name and individual National Provider Identifier (NPI) of the practitioner who ordered or referred the items or services. All practitioners who order/refer services for Michigan Medicaid beneficiaries must be enrolled/registered in the Michigan Medicaid program. In addition, for all institutional claims, the attending physician must be Medicaid-enrolled.

Providers who order/refer services for Michigan Medicaid beneficiaries:

- Ordering/referring/attending providers who have not yet enrolled/registered in the Community Health Automated Medicaid Processing System (CHAMPS) are encouraged to do so as soon as possible. All Medicaid Health Plan and Adult Benefits Waiver (ABW) Program County-Administered Plan providers are included in this requirement to register in CHAMPS. This new requirement supersedes policy published in bulletin MSA 12-55.
- Ordering/referring providers are encouraged to share their individual NPIs with rendering providers so they may submit the information required for payment of their claims.

Providers who render services to Michigan Medicaid beneficiaries as a result of an order/referral:

- 1) Claim editing for ordering/referring and attending provider requirements will begin with claims for dates of service (DOS) on and after July 1, 2013. Initially, these edits will result in informational messages only.

Current plans are to implement full claim denial edits beginning October 1, 2013 (for DOS on and after July 1, 2013). At that time, claims that fail the ordering/referring/attending edits will be denied.

- 2) All providers are advised to begin reviewing the informational messages on Medicaid Remittance Advice transactions and take immediate action to resolve any issues before claim denials begin.
- 3) A new CHAMPS Provider Verification screen is available for providers to verify if an ordering/referring provider is enrolled/registered with Michigan Medicaid. MDCH is conducting outreach to the provider community; however, providers may need to personally contact non-enrolled practitioners who order/refer services for their patients in order to obtain the correct/enrolled NPI number.
- 4) Providers are required to ensure billing processes align with the following requirements:
 - a. The name and NPI of the attending physician must be reported on all institutional claims.
 - b. The name and NPI of the ordering/referring or attending provider must be reported on all claims for services rendered as a result of an order/referral. Please refer to the Michigan Medicaid Provider Manual for order/referral requirements for specific services. Examples of services that require an order/referral include, but are not limited to:
 - Ambulance nonemergency transports;
 - Ancillary services for beneficiaries residing in nursing facilities (e.g., chiropractic, dental, podiatry, vision);
 - Childbirth/parenting and diabetes self-management education;
 - Consultations;
 - Diagnostic radiology services, unless rendered by the ordering physician;
 - Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS);
 - Hearing and hearing aid dealer services;
 - Home health services;
 - Hospice services;
 - Laboratory services;
 - Certain mental health and substance abuse children's waiver services;
 - Certain Maternal Infant Health Program (MIHP) services;
 - Pharmacy services;
 - Private duty nursing services;
 - Certain School based services;
 - Therapy services (occupational therapy (OT), physical therapy (PT) and speech); and
 - Certain vision supplies.
 - c. Ordering/referring and attending providers must be enrolled and active in the Michigan Medicaid program on the date the claim is adjudicated.
 - d. Ordering/referring providers must be one of the following practitioner types, acting within their scope of practice under State law and MDCH Medicaid policy requirements: Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife, Dentist, Podiatrist, Optometrist, or Chiropractor (limited to spinal x-rays only).
 - e. The policy also applies to carved-out services paid by fee-for-service (FFS) Medicaid for beneficiaries enrolled in a Medicaid Health Plan or Adult Benefits Waiver County-Administered Plan. All plan providers are required to register in CHAMPS.

- f. Claims for beneficiaries with Medicare or private insurance coverage are not exempt from these claim edits and requirements.
- g. When reporting ordering/referring and attending provider information, use the claim fields outlined below. On EDI professional claims, the ordering/referring provider may be reported in either the referring or ordering provider claim segments. The NPI must be a Type 1 (Individual). Report the name as instructed for the applicable claim type (e.g., TR3, NUBC, NUCC, etc.).

Claim Type	Electronic	Paper Forms
Institutional	837I: Loop 2310A (Attending) Loop 2310F or 2420D (Referring)	UB04: Form locator 76 (Attending) Form locator 78 or 79 (Referring)
Professional	837P: Loop 2310A or 2420F (Referring) Loop 2420E (Ordering)	CMS-1500: Fields 17 and 17b (Ordering or Referring)
Dental	837D: Loop 2310A or 2330C (Referring)	ADA: The ADA form does not contain fields for the ordering/referring provider. Claims that require this information must be submitted via CHAMPS Direct Data Entry (DDE).
Pharmacy	NCPDP Version D.0 NCPDP Version D.0 Field: 411D-B; Prescriber ID	NCPDP Universal Claim Form Field: Provider ID

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. Submitted e-mails must include your name, affiliation, and phone number so you can be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration