

New Claims Platform Implementation 2024 Frequently Asked Questions (FAQs)

Last Revised 4/24/2024

How do we submit claims with NPI and Taxonomy codes for billing in our EHR if the billing form does not have an area to enter these built into the software?

You will need to connect with your software company on getting a field opened up for the taxonomy code.

Will claims deny if your billing provider taxonomy (not rendering) do not match the NPPI system?

The claim may not deny but you may not be paid the correct rate since taxonomy codes are specific to the services you providers, so do try to obtain the correct taxonomy code.

Are hospices required to submit a taxonomy code?

Yes hospice providers to need to add a taxonomy code.

Can you explain for Skilled Nursing or LTC facilities what type of Taxonomy code is required?

A taxonomy code is specific for facilities, if you go to the NPPES website using your billing NPI it will show your facility taxonomy code that is required.

MediCare does not require taxonomy codes so when cross over claims come to Partnership they will not show the taxonomy code. Will cross over claims be denied?

At this point, those claims should process without requiring manual intervention from the provider to add a taxonomy code. We are working through testing that and if anything changes from that, we will definitely let our network know.

If we end up sending paper claims until our EHR supports the taxonomy code, do we have to send you Red and White UB-04?

You will want to bill with the appropriate claim forms, the most updated. They do not have to be red and white. You can use the black and white UB-04, it's not absolutely required that they're red and white.

Are taxonomy codes the only major changes for claims?

There are no additional changes. Please refer to all other resources and the webinar presentation for all changes.

Can I submit a PDR/CIF on the portal for a claim being denied for medical necessity?

Yes, you can submit a PDR/CIF for a denied claim for medical necessity.

Will BHT codes change from HCPCS to CPT codes?

No this will not change. However, you will be required to bill a taxonomy code with your billing and rendering taxonomy codes.

Will there be any changes to Indian Health Facilities claim processing with these updates?

All providers are required to bill the billing and rendering Taxonomy Codes, other than testing this should be the only change.

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Is it correct some rendering taxonomy will not be needed on UB-04?

That is correct. For institutional files, the rendering taxonomy cannot be sent in the electronic 837 institutional claims. On institutional claims the rendering provider name and NPI is only sent when rendering provider is different than the attending provider reported in loop 2310A and when it is, only the name and NPI are sent (rendering taxonomy or rendering provider specialty is not sent on 837 institutional claims).

For Institutional Claims, the Billing Provider Taxonomy should always be sent. When there is an Attending Physician, the attending provider taxonomy should be sent. Currently, EDI rejects institutional 837 HRP claims if the **Billing Provider Taxonomy** is missing.

Please explain how hospitals are to bill for anesthesia charges now?

We will only accept them in minutes and you no longer have to bill the units for the 15-minute increments.

Are Medicare crossover claims going to be processed by the new system?

Yes, we are currently conducting testing on this but they will be crossed over to the new system.

When do these changes take effect?

Summer 2024

How will codes being converted to the national rate affect reimbursement if we currently have a contract in place for a different rate?

The contracted rate will remain the same.

Where should the Taxonomy code be placed?

For paper CMS1500, the taxonomy code should be placed in the shaded portion of Box 24J for the rendering and in Box 33b for the billing provider.

For electronic:

Data Element	Loop	Segment ID	Example for Electronic 837 Professional Claims
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*207Q00000X~
Billing Provider NPI	2010AA	NM109	NM1*85*2*Dr. Mickey Mouse*****XX*1234567890~
Rendering NPI	2310B	NM109	NM1*82*1*TURTLE*TINA*M*****XX*1234567810~
Rendering Taxonomy	2310B	PRV03	PRV*PE*PXC*1223G0001X~

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For **paper UB04 institutional claims**, the taxonomy code should be placed in Box 81c.

For electronic:

Data Element	Loop	Segment ID	Example for Electronic 937 Institutional Claims
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*282NR1301X~
Billing Provider NPI	2010AA	NM109	NM1*85*2*Dr. Mickey Mouse*****XX*1234567890~
Attending NPI	2310A	NM109	NM1*71*1*OWL*OLIVER*****XX*1234567891~
Attending Taxonomy	2310A	PRV03	PRV*AT*PXC*208D00000X~

We submit our electronic claim file batches using eSolutions ClaimRemedi. Will I still need to do a test file with the EDI department for HRP?

The changes will only affect the Trading Partner/Clearing house. If the provider is submitting through a clearinghouse such as ClaimRemedi, they will not need to test. The clearinghouse would be the one who would go through the testing process.

Can you enroll for EDI and not enroll for ERA? I would like to send a claim electronically but I want to receive the EOB in the mail, is this possible?

Yes, you can enroll for 837 electronic claims without having to enroll for 835 electronic remittance advice. If only doing 837 then you would only submit an 837-agreement form (you do not need to submit the 835-agreement form). Blank copies can be found on our website here:

<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/HIPAAEDI-Publications.aspx>

Are we testing directly with PHC or with PHC via our Clearing House or both?

Testing is only with Trading Partners/Clearing houses. HRP testing will affect the way PHC receives and sends data, so we will be testing directly with the Clearing House/Trading Partners as they are the ones directly submitting/receiving data with PHC and they may need to update/change their system in some way.

If we are currently billing electronic claims, does the HRP program require any new set-up changes?

No the 837 file format is a standard format, so you would submit as you normally do.

Will we be able to bill the Medicare co-insurance electronically?

This is still a moving part that is being tested. More information to come.

Where on the website will the webinar that is recorded be posted?

<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx>

Are payments available for EFT or just paper checks?

EFT and paper checks will continue to be an option.

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Can we include taxonomy on claims prior to Summer 2024?

Yes, you can include taxonomy on claims prior to Summer 2024.

We currently use the 25-1 form for LTC Medicare co-insurance. Will you provide direction on how to bill on UB-04.

Yes we can assist you in that process. If you already bill commercial insurance than the process would be the same. You can reach out to your PHC Claims Resolution Coordinator for guidance.

Will the 25-1 forms still be accepted for Medicare co-insurance claims?

No, the 25-1 will not be accepted. All the claims need to be billed using the UB-04.

What bill type do we use for LTC ancillary charges, if we have to bill on UB form, instead of 25-1?

The TOB is based on the MediCal guidelines. Please MediCal for additional information

Will the Q & A be accessible to print out?

Yes the FAQs are posted on our website: <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx>

Will corrected claims affect the appeal process?

No, appeals will still be accepted as a second level CIF to a claim.

How will this affect CCS claims?

There is no effect on CCS claims process or payment.

How will corrected claims eliminate the need for eCIFs?

Refer to the presentation for examples of when to submit a corrected claim instead of an eCIF:

When to eCIF	When to send corrected claim
Claim was billed correctly, but was underpaid	Adding or deleting claim lines
Claim was priced incorrectly	Correcting/changing billed charges
Retro-eligibility	Correcting/changing service codes, diagnosis codes, units or quantity
Authorization updated retroactively	Correcting/changing service dates

Will there be new Member ID numbers for billing claims in the new claim system?

No, the member's CIN and MEDS ID numbers will not change.

Are there changes to the authorization requirements after go-live?

No, not at this time. Refer to RAF and TAR policies on the Partnership website partnershiphp.org.

Will I see changes on my 835/Evidence of Payment (EOP)?

Please refer to the additional resources which was shared Trading Partners regarding expected 835 changes and reminders.

Will all claim information still be provided in the portal, even after go live?

Yes, all claim information, including claims processed in HRP, will be available under the Claims module of the provider portal.

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Where can I find my Taxonomy Code?

Taxonomy Codes are a national code set and maintained by the National Uniform Claim Committee. You can access Taxonomy Code sets on NUCC.org then go to Code Sets in the menu.

Is there a Taxonomy Code for a Medical Group as that would be the billing provider in my case?

Yes, there is a Taxonomy Code for Medical Groups that can also be located on NUCC.org.

What happens if I do not bill with my Taxonomy Code?

Claims billed without a Taxonomy Code will be rejected. Billing with the correct Taxonomy Code ensures accurate payments.

Can I still submit primary payments on my electronic claims?

Yes, this process is not changing.

What are the ways I can submit COB information?

You can still submit these on paper or via electronic submission.

How can I get the fastest payment?

If you bill electronically using the rendering provider NPI and Taxonomy, you will get faster reimbursement.

Will I have to correct my TARs with the correct National Codes before go live?

The TARs will be auto-converted with the correct National Codes.

How do I submit a LTC claim?

A LTC claim should be submitted electronically using the X12N 837I or on the paper UB-04 claim form. Providers should retire the Payment Request for Long Term Care (25-1) form effective February 1, 2024.

Since you are no longer sending out Spreadsheets for LTC Rate Increases, do I have to approve a new billed amount?

No, you will not have to approve a new billed charge. The new system will automatically increase the billed amount to the rate increase amount and will automatically adjust.

How can I sign-up for the provider portal?

You can sign-up for access by contacting you e-Admin or by going to the website and entering the required information.

Where can I find Partnership's TAR requirements?

<http://www.partnershiphp.org/Providers/HealthServices/Documents/MCTARRequirements.pdf>