



Provider Notice

Effective October 1, 2017, for any claims submitted with revenue code 1001 or 0961 with dates of service October 1, 2017 and later, Magellan of Virginia will require Psychiatric Residential Treatment Facilities (PRTFs) (including EPSDT PRTFs) to submit the referring provider's National Provider Identifier (NPI) on all facility 837I (UB04) claims. PRTFs are the former Level C facilities. This meets the ordering, referring or other professionals (ORP) requirements under the Code of Federal Regulation 455.410(b).

If the member was placed in the PRTF before the IACCT process was implemented on July 1, 2017, and the member is still placed on or after October 1, 2017, the provider **must include the referring physician's NPI or the PRTF's attending physician's NPI on the claim form on claims submitted for dates of service October 1, 2017 and after.**

If the member was placed in the PRTF through IACCT on or after July 1, 2017, the provider **must use the physician from Independent Assessment, Certification, and Coordination Team (IACCT) or the PRTF's physician NPI as the referring provider for dates of service October 1, 2017 and after.**

Physicians must be actively licensed as well as enrolled with Medicaid as an ORP or billing provider at the time of signature of the CON.

The referring NPI (physician) cannot be the same as the rendering/servicing provider NPI on the claim form. Omission of required ORP fields or submission of the same referring and rendering/servicing provider NPIs will result in the claim being rejected. **In addition, the referring NPI submitted on all PRTF and freestanding psychiatric services claims, including professional and facility claims, cannot be the same as the rendering/servicing provider NPI. The referring NPI would be the physician and the rendering/servicing provider NPI would be the facility itself.**

The referring NPI is submitted in box 78 on the UB04 paper claim form or in the referring provider loop 2310F on the 837I. Both must include a "DN" qualifier and the first and last name of the referring provider.

- PRTF services (revenue code 1001 or 0961) should be billed with the **physician from the Independent Assessment, Certification, and Coordination Team (IACCT) or the PRTF's physician** as the referring provider?
- ASAM 3.3 – 3.7 services under the ARTS program (revenue code 1002 billed with procedure codes H0010 TG, H0010 HB, H0010 HA, H2036 HB, or H2036 HA),

should continue to be billed with the **appropriate physician that referred** the member for treatment. If there is no referring physician, the NPI of the billing facility's attending physician is acceptable. The referring provider requirement has applied to ASAM levels 3.3, 3.5 or 3.7 as defined for the ARTS program since April 1, 2017.

- **All ordering, referring or prescribing providers must be actively enrolled with Medicaid.**