

From: Magellan Healthcare

Subject: Update: Billing requirements for supervisory protocol claims

## **Attention: Update to claims submission formatting**

### **Overview**

On September 24, Magellan sent a communication to providers regarding billing requirements for services under supervisory protocol. There has been an update to the billing guidance in that communication regarding Box 33. Please submit claims using the accurate format below. This updated information will be reflected in the next version of the IBHP Provider Handbook Supplement. We apologize for any confusion this may have caused.

#### 1. Claim submission format

When billing for services delivered by a supervised practitioner, the following fields are required:

- **Box 19:** Name of the supervised provider (paraprofessional): on the CMS1500
  - o **In Availity,** this box is also titled, "Additional Claim Information"
- 24J: Supervising provider's individual National Provider Identifier (NPI)
- Box 31: Supervisor's Signature and Date
- Box 32: The Billing Group or Organization Name and Address for the location where the services were rendered.
- **Box 32a**: The Billing Group or Organization NPI for the location where services were rendered, if different than 33a.
- **Box 33:** Billing Group or Organization Name and Billing Address which MUST be a physical location, not a P.O. Box.
- Box 33a: Billing Group or Organization's NPI

#### For Example:

Billing Group/Org, NPI, Address: ABC Therapy

NPI: 123456789

123 Alphabet Street, Boise, ID 83701

Supervisor's Name, NPI, Bert Richard NPI: 234567891

Supervisee's Name, NPI, Rendering Address:

## Ernie Smith NPI: 456789123

345 Main Street, Boise, ID 83701 (\*this location has the same NPI as 123 Alphabet St)

		TOTAL SECTION OF THE	
	14. DATE OF CURRENT ILLNESS, INJURY, or PREGNAL MM   DD   YY QUAL	NCY (LMP) 15. OTHER DATE   MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  MM   DD   YY  FROM   DD   YY
	17. NAME OF REFERRING PROVIDER OR OTHER SOU	IRCE 17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
	!		MM DD YY MM DD YY
		17b NPI	FROM TO
	19. ADDITIONAL CLAIM INFORMATION (Designated by I		20. OUTSIDE LAB? \$ CHARGES
	Ernie Smith NPI 456789123 (Supervisoree's	s Name and NPI if applicable)	YES NO
	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY I	Relate A-L to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
	A B	C D	
	E F	g н	23. PRIOR AUTHORIZATION NUMBER
	1.1	v I	
		C. D. PROCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. <b>Z</b>
	From To PLACE 0F   MM DD YY SERVICE   E	(Explain Unusual Circumstances) DIAGNOSIS MG CPT/HCPCS   MODIFIER POINTER	S CHARGES UNITS PRODUCTION ID. RENDERING PROVIDER ID. # NPI 234567891 (Sup NPI)
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١,			NPI 234567891 (Sup NPI)
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	25 55550 1 717 10 10 10 10 10 10 10 10 10 10 10 10 10	07 40000 40000 4000	NPI NPI
	25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	29. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd.for NUCC Use
		YES NO	\$ 0.00 \$
	31. SIGNATURE OF PHYSICIAN OR SUPPLIER	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
	INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse	ABC Therapy (Billing Group/Org Name)	ABC Therapy (Billing Group/Org Name)
		345 Main Street (Where services were rendered)	123 Alphabet Street (Physical Billing Address)
	Bert Richard (Supervisors Name)	Boise, ID 83701	Boise, ID 83701 (Billing Group/Org NPI in Box a.)
	SIGNED DATE	a. *not required b.	a. 123456789 b.
	NUCC Instruction Manual available at: www.	nucc.org PLEASE PRINT OR TYPE	APPROVED OMB-0938-1197 FORM 1500 (02-12)

# **Questions?**

Please contact Magellan at  $\underline{IdahoProvider@MagellanHealth.com}.$