October 14, 2022

Referring Provider NPI submissions via Electronic Data Interchange (EDI)

This memo clarifies technical requirements for submission of electronic claims subject to the Medicaid referring practitioner enrollment requirement and claim edits for professional services. Maryland Medicaid has discovered that many claim denials are due to the billing provider using an incorrect qualifier for the referring provider on electronic claims submissions. Please review the guidance below on how to correct your electronic claims submissions.

Background

Effective September 1, 2022, Maryland Medicaid requires that claims from certain types of billing providers include the NPI of an actively enrolled individual practitioner in the Referring Provider field. For dates of service September 1, 2022 and later, Maryland Medicaid will deny claims (billed via CMS-1500 or 837p) if the referring practitioner is not actively enrolled with Maryland Medicaid on the date of service. This policy applies to claims submitted by the following types of billing providers:

Diagnostic Services (60)

Durable Medical Equipment/Disposable Medical Supply (DME/DMS) (62)

Labs (10)

Portable X-Ray (59)

Private Duty Nursing (53)

EDI Referring Indicator Guidance

In order for Medicaid's Electronic Data Interchange (EDI) system to recognize the NPI of the Referring practitioner, please verify that claims adhere to the following criteria:

1. The claim must include the Referring practitioner NPI in block 17b.

2. The NPI must belong to an individual practitioner who is actively enrolled with Maryland Medicaid.
3. The two-character qualifier preceding block 17 must be set to **DN** to indicate that the NPI in block 17b identifies a "Referring provider" in Medicaid's system.

    - Some systems may have this qualifier set to DK to identify an "Ordering" provider. This qualifier **must be switched to DN** in order for Medicaid's EDI system to recognize the NPI submitted as the referring provider.
    - Medicaid will always deny claims submitted incorrectly with the indicator DK.

4. The Referring provider information in block 17 corresponds to the following data loops in the 837p (professional claim form):

    Claim level: Loop 2310A-Referring Provider Name

    Service Line level: Loop 2420F-Referring Provider Name

5. Medicaid recommends that providers and billing vendors utilize the Claim level loop for all Referring provider submissions to ensure that the provider identified applies to all lines of service.

    - Providers and billing vendors have the option to submit provider information at either the claim level or service line level. At the claim level, the Referring provider information provider information applies to all service lines. If sent at the service line, the provider information overrides the claim level provider information and is only applicable to that service line.

Please ensure your claims meet the criteria above and resubmit any previously denied electronic claims. We anticipate that many claims will pay once providers make this correction.

For any questions or technical concerns with Medicaid's EDI submission process, please contact mdh.ediops@maryland.gov. Visit https://health.maryland.gov/providerinfo or contact mdh.rxenroll@maryland.gov for additional information and resources regarding Ordering, Referring, and Prescribing provider enrollment policies and procedures.