



PROVIDER REIMBURSEMENT GUIDANCE			
Ordering Provider NPI (National Provider Identifiers)			
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
02/10/2022	04/01/2022	04/01/2022	04/25/2024
Scope: Commonwealth Care Alliance (CCA) Product Lines <input checked="" type="checkbox"/> Senior Care Options MA <input checked="" type="checkbox"/> One Care MA <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* <input checked="" type="checkbox"/> Medicare Premier – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*			

PAYMENT POLICY SUMMARY:

The following policy states Commonwealth Care Alliance’s (CCA) guidelines for submission of claims for services which require the inclusion of National Provider Identifiers (NPIs) for the provider.

AUTHORIZATION REQUIREMENTS:

Applicable CCA notification and authorization policies and procedures may apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

In accordance with the Centers for Medicare & Medicaid Services (CMS) and MassHealth guidelines, all claims for the service types including but not limited to those listed below must include the NPI of the provider who ordered or the service(s):

Adult Day Health	Medication
Adult Foster Care	Orthotics
Durable Medical Equipment and Supplies (DME)	Oxygen/Respiratory Equipment
Eyeglasses	Prosthetics
Group Adult Foster Care	Psychological Testing
Home Health	Therapy (PT, OT, ST)
Independent Nurse	Lab and Diagnostic Tests

Base requirements:

- All submitted claims must include the NPI of the ordering provider
 - The NPI should be included in box 17b on the 1500 claim form or box 78 or 79 of the UB 04 claim form.
- Claim submissions from providers who are ineligible to order may result in a claim resubmission or denial
- The NPI included must be for an individual practitioner and not an organizational NPI number

BILLING and CODING GUIDELINES:

N/A



RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any contracted provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- [CCA Website](#)
- [CMS Billing Guides](#)
- [CMS Sample Health Insurance Claim form 1500](#)
- National Physician Fee Schedule Relative Value File
- Clinical Laboratory Fes Schedule
- Payment Policies: [Massachusetts](#) / [Rhode Island](#)
- Provider Manuals: [Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms: [Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective: February 2022
2. Revision: June 2022, updated formatting
3. Revision: November 2022, add Medicare Premier – (PPO) MA* product
4. Revision: April 2024, removed referring indication throughout the payment policy