PROVIDER ALERT

IMPORTANT INFORMATION IMPACTING CLAIMS PAYMENT

Dear Provider:

If your claims are not submitted following the guidelines below or if information is incomplete, you run the risk of receiving claim denials. In the event of such a denial you should resubmit the claim to include all required information.

Your CMS-1500 claim form should include the following information exactly as it appears on the agency roster that you supplied during the credentialing process.

Box 24J: Enter the rendering provider’s name (may be non-licensed) in the shaded portion, and the NPI number of the independently licensed supervising clinician in the non-shaded portion.

Box 31: Enter the name and licensure of the independently licensed clinician who is supervising delivery of services or directly rendering the services; the name and license should be the same as it appears on the agency roster.

Only independently licensed clinicians should appear in Box 31.

Box 33: Agency name, address, and phone number.

Box 33a: Agency NPI number.

PLEASE NOTE: In addition, it is important to bill with the CPT codes shown on the agency fee schedule in order for claims to be processed and paid correctly. It is essential that you include the rendering provider’s name exactly as it appears on the group/agency roster. Only independently licensed clinicians should appear in Box 31.