

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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**Attention:
All Providers**

Changes to Implementation Date for Affiliation Claim Edit and Rendering Service Location Claim Edit

Affiliation Claim Edit

One of the requirements associated with NCTracks is the attending/rendering providers must be affiliated with the billing providers who are submitting claims on their behalf. Currently, the disposition of the edit is set to “pay and report.” The “pay and report” disposition means that claims where the attending/rendering provider is **not** affiliated with the billing provider will **not** deny, but Explanation of Benefit (EOB) 07025 will post on the provider's Remittance Advice (RA).

EOB 07025 informs providers that:

THE RENDERING PROVIDER IS NOT AFFILIATED WITH YOUR PROVIDER GROUP. CONTACT THE RENDERING PROVIDER AND ASK THEM TO COMPLETE A MANAGED CHANGE REQUEST ADDING YOUR PROVIDER GROUP NPI ON THE AFFILIATED PROVIDER PAGE WITHIN THE NEXT FOUR WEEKS TO PREVENT CLAIMS BEING DENIED.

The intent was to alert providers to situations in which the affiliation relationship does not exist. This allows the attending/rendering provider to initiate a Manage Change Request (MCR) to add the affiliation to the provider record.

It was previously announced that as of Feb. 5, 2017, the disposition of the edit would change to “pend” the claim while the provider submits an MCR to update the provider record. However, the N.C. Division of Medical Assistance (DMA) has decided to delay the disposition change to **May 1, 2017**. **Effective May 1, 2017, the claim edit disposition will change from “pay and report” to “pend.”** Once the disposition is changed, a claim failing the edit will pend for 60 days. Providers will continue to receive EOB 07025.

If the affiliation relationship is not established within 60 days, the claim will be denied. Providers must correct any affiliation issues immediately to continue to bill claims to NCTracks.

Note: Providers are encouraged to take advantage of this extension to submit MCRs that are needed to ensure the attending/rendering provider are affiliated to the billing provider. The MCR to establish or change a provider affiliation must be initiated by the office administrator (OA) of the individual attending/rendering provider. A group or hospital that acts as a billing provider cannot alter affiliations in NCTracks.

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 (phone); 1-855-710-1965 (fax) or NCTracksprovider@nctracks.com (email).

Claim Edit for Rendering Provider Service Location

Rendering providers must list the addresses of all facilities where they perform services as provider service locations under their National Provider Identifiers (NPIs) in NCTracks. This claim edit has been in place since March 2, 2015, but has been set to “pay and report” to alert providers to update the rendering provider location on the provider record.

An Informational (pay and report) Edit 04528 RENDERING PROVIDER LOCATION CODE SET BASED ON TAXONOMY has been posted with Explanation of Benefits (EOB) 04528 on the Remittance Advice (RA). This edit alerts providers to take action to update the rendering provider location on the provider record.

EOB 04528 informs providers that:

UNABLE TO DETERMINE RENDERING PROVIDER LOCATION CODE BASED ON THE SUBMITTED ADDRESS. LOCATION CODE HAS BEEN SET BASED ON THE RENDERING PROVIDER TAXONOMY ONLY. CONTACT THE RENDERING PROVIDER AND ASK THEM TO COMPLETE A MANAGED CHANGE REQUEST ADDING THE SERVICE FACILITY ON THIS CLAIM AS AN ACTIVE SERVICE LOCATION

It had previously been announced that as of Feb. 5, 2017, the disposition of the edit would change to “pend” the claim while the provider submits an MCR to update the provider record. However, to help prevent a possible disruption in provider payments due to claims pended for Rendering Provider Service Location, the N.C. Division of Medical Assistance (DMA) has decided to delay the disposition change to **May 1, 2017**.

Effective May 1, 2017, the claim edit disposition will change from “pay and report” to “pend.” This will allow providers additional time to complete all of the MCRs needed to update the Rendering Provider Service Location(s) on their provider record in NCTracks.

Providers are encouraged to take advantage of this extension to submit additional MCRs that are needed to ensure the Rendering Provider record includes all service locations where the provider renders services billed. Note that this change to the provider record in NCTracks must be made by the OA or Enrollment Specialist for the Rendering Provider. A single MCR can be submitted to add service locations and affiliate to a group or hospital.

A new Job Aid, “*How to Submit a Manage Change Request adding a Service Location and Affiliate an Individual Provider Record to a Group/Organization in NCTracks*”, has been posted under the heading “Provider Record Maintenance” on the [Provider User Guides and Training Page](#) of the NCTracks provider portal.

For more information regarding how to correct these pended claims, see the [May 27, 2014 announcement](#) on the NCTracks Provider Portal.

Note: When adding a new service location, the application also will require that taxonomies and applicable accreditations be added to the new service location. The pending claims are recycled periodically and will recognize changes in the provider record that alleviate Edit 04526. The provider does not need to resubmit the claim.

When updating a provider record in NCTracks, the MCR will assign a default effective date of the current date to most changes. **This is important because the system will edit subsequent transactions against the effective dates in the provider record.** For example, claims are edited against the effective date of the taxonomy codes on the provider record. **The claim will deny if a provider bills for a service rendered prior to the effective date of the relevant taxonomy code on the provider record.**

Some effective dates can be changed from the default date. When providers add or reinstate a health plan, service location or taxonomy code, the effective dates can be changed from the default date. However, the effective date must be changed **before** the MCR is submitted. (The effective date cannot precede the enrollment date or the date associated with the relevant credential or license and cannot be older than 365 days.)

Note: Claims with invalid billing or attending provider locations will continue to pend.

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 (phone); 1-855-710-1965 (fax) or NCTracksProvider@nctracks.com (email).

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