
**Western Highlands Network
Reimbursement Business Practice Modifications
and
Medicaid Direct Enrolled Provider Registration**

Under the auspice of provider direct enrollment, differential rate payments, and revised billing requirements, Western Highlands Network (WHN) LME must modify business practices to meet new Medicaid and IPRS requirements.

The changes consist of provider registration, reimbursement rates, and claims submission. Each one is outlined below. Requirements are effective with dates of service September 1, 2005.

Provider Registration:

All Medicaid directly enrolled providers seeking reimbursement for mental health service from Western Highlands Network must register. Claims adjudication will consist of a registration audit confirming your entitlement to bill through the LME. If you are not registered the claim will deny.

You may register by completing the attached form or an internal report, provided all the required information is provided. Either method is acceptable for initial registration or any subsequent registration for new employees.

Reimbursement Rates:

Qualified providers of outpatient mental health therapy/counseling services will be reimbursed at a differential rate based on provider credentials and licensure. Please see attached *Medicaid/IPRS Outpatient Therapy Differential Rate Matrix*, which represents those procedure codes reimbursed at a differential rate.

Claim Submission:

Services submitted on a *CMS 1500, Health Insurance Claim Form*, must include the direct enrolled provider's individual Medicaid identification number in Block 33, next to "PIN#". Specific guidance can be found in *February 2005, Basic Medicaid Billing Guide*.

Services submitted on an ANSI X 12N 837 transaction set must include Loop 2310B – Rendering Provider, NM101 through NM109. For those providers without a Medicaid identification number submit their agency identification number with related agency information. For example a direct enrolled provider would submit their Medicaid identification number with their last name, first name, and Tax ID. A non-direct enrolled provider would submit their agency identification number, agency name, and employer's Tax ID.

Services submitted on a *Service Activity Log* or an *Extended Service Activity Log* must include the provider's individual Medicaid identification number.

Please contact Reimbursement at 258-2800 ext. 2146 for assistance

**Western Highlands Network
Medicaid Direct Enrolled Provider Billing Registration Application**

Name of Individual Provider: _____

Provider's Individual Medicaid Number: _____

National Provider Identification: _____ (Include NPPES certification)

Provider's Individual Social Security Number: _____ - _____ - _____

Employer's Tax Identification Number: _____

Division of Facility Services License Number: _____ Check if N/A ____

Name of Agency: _____

Physical Address:

Street _____
City & State Zip Code _____ County: _____

Payment/Mailing Address:

Street or POB _____
City & State Zip Code _____

Telephone Number:

(_____) _____ - _____ Fax Number: (_____) _____ - _____
Area Code Area Code

Email Address: _____

Specialty: (Check One)

- Psychiatrist (026)
- Licensed Psychologist (109)
- Licensed Psychological Associate (128)
- Psychiatric Nurse Practitioner (112)
- Nurse Specialist (111)
- Licensed Professional Counselor (110)
- Licensed Clinical Social Worker (110)
- Licensed Marriage and Family Therapist (110)
- Certified Clinical Supervisor/Addiction Specialist (129)

Signature Authorization Required

I certify that the above information is true and correct.

Signature of Individual Provider or Authorized Agent Date

Printed Name and Title of Individual Applicant or Authorized Agent

REGISTRATION REFERENCE GUIDE

Name of Individual Provider: Name of **person** providing the Mental Health service
Provider Medicaid Number: Personal individual direct enrolled Medicaid number
National Provider Identification: Number assigned by the National Plan and Provider Enumeration System
Provider's Social Security Number: Individual nine-digit Social Security number
Employer Tax Number: A nine-digit number assigned to sole proprietor, corporation, partnership, estate, trust, and other entities for tax filing and reporting purposes
Division of Facility Services: Licensure under G.S. 122C for substance abuse services or facilities
Name of Agency: Name of Agency you're employed with to provide Mental Health service
Physical Address: Physical facility location where medical records are stored or care is coordinated
Payment Address: Mailing and or payment address if different from physical address
County: County in which site is located
Phone Number: Telephone number including area code
Fax Number: Facsimile number including area code
E-mail: E-mail address of provider, agency or contact person
Contact Name: Name of an authorized person who can provide information on behalf of the provider or agency
Specialty: Classification of provider

Submission Instructions

Mail registration to: **356 Biltmore Avenue**
 Attn: Reimbursement
 Asheville, NC 28801

Or

Fax registration to: (828) 258-1225

For assistance contact Reimbursement at (828) 225-2785 ext. 2191.