Humana Billing Rules for Medicaid, NPI, Taxonomy and Address Validation for Claims

This document provides guidance regarding what is required for Florida Medicaid Claim submissions to Humana. The rules in this document follow the rules as set forth by the Agency for Health Care Administration (AHCA). If you have specific claims questions, please email **FLMedicaidResolution@humana.com** or call Provider Services at **800-477-6931**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Billing a Claim

• You must bill information on your claim as it appears on the AHCA Provider Master List (PML).To review how you are registered or enrolled with AHCA, please refer to **Registration | Florida Medicaid Web Portal (flmmis.com)** on the Florida Medicaid Management Information System (FLMMIS) website.

• To help alleviate claims processing delays, providers need to review their applicable record to validate the information submitted on claims coincides with AHCA's records. Claims may be subject to rejections or recoupments if not submitted accordingly.

AHCA Updates

• Effective October 26, 2023, the following NPI Crosswalk related columns will be removed from the Provider Master List (PM):

– NPI Crosswalk - Taxonomy

– NPI Crosswalk - ZIP Code

– NPI Crosswalk – Date Used for Claims

• Effective October 26, 2023, the following NPI Crosswalk related columns will be removed from the Provider Pending List (PPL):

– NPI Crosswalk - Taxonomy

– NPI Crosswalk - ZIP Code

• Taxonomy Master List (TML) is now available with the following changes:

– The Taxonomy layout resembles the PML layout.

– The name of the document changed from Taxonomy Guide to Taxonomy Master List (TML).

– The TML is downloadable.

– The Provider Type number associated with the provider type description has been added.

– The Specialty Type number associated with the specialty type description has been added.

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There are updated rules to follow for claims on or after a date of service of August1, 2022, so please review the information below. Items to know include:

- Including taxonomy is very important. In most submissions, adjudication will be dependent upon the taxonomy and National Provider Identifier (NPI) combination on the PML.

- Ensuring the address for physician group submissions matches the service address on file withFlorida Medicaid.

- Verifying the billing provider's ZIP+4 matches the service location ZIP code on the PML.

In most submissions for a Detail Level Rendering Provider, adjudication depends on the taxonomy.

Please see the specific instructions below to prevent any claim issues.

Claims with dates of service on and after January 1, 2024

- The fields reviewed for claims will be:
  - NPI
  - NPI Effective Date
  - NPI End Date
  - NPI Status
  - NPI Type
  - Taxonomy Code
  - Service location Address ZIP+4
  - Service location Address Line 1

- Claims should include your NPI and taxonomy appropriate for your specialty type and services billed.

- Claims should be billed with a valid taxonomy associated with your specialty.

- Claims should be billed with the ZIP+4 of your service location.

The hierarchy and rules used to process claims with dates of service January 1,2024, for payment based on NPI, taxonomy and demographic information, include the following:

1. The NPI on the claim is checked against the PML.

   a. If there is only one Medicaid Provider ID for the NPI and it is active within the claim's date of service, claim will continue with validation for the NPI type, taxonomy, zip+4, and address line 1.

      i. Does the billed NPI type, taxonomy, zip+4, and address line 1 match the Medicaid Provider ID PML record?

      ii. If yes, claim will proceed to process and pay, if appropriate.

      iii. If any elements are not a match to the PML record, **the claim will be rejected** with the appropriate reason.

   b. If the billing or rendering NPI submitted on the claim does NOT match any of the NPIs on the PML, **the claim will be rejected**.

2. If there are multiple matches for the NPI submitted on the claim to the PML, the taxonomy is used to attempt to determine the correct Medicaid ID to validate.

    a. If there is a one-to-one match for the NPI and taxonomy, the claim will continue with validation for the NPI type, zip+4, and address line 1.

        i. Does the billed NPI type, zip+4, and address line 1 match the Medicaid Provider ID PML record?

        ii. If yes, claim will proceed to process and pay, if appropriate.

        iii. If any elements are not a match to the PML record, **the claim will be rejected** with the appropriate reason.

    b. If there are no matches to the NPI and taxonomy code billed, **a denial/rejection occur**.

    c. If there are multiple provider IDs for the NPI and taxonomy combination remain, the process will move to Step 3.

3. If there are multiple matches for the NPI and taxonomy submitted on the claim to the PML, the ZIP+4 is used to select the correct Medicaid ID.

    a. If there is a one-to-one match for the NPI, Taxonomy, and ZIP+4 code, the claim will continue with validation for the NPI type and address line 1.

        i. Does the billed NPI type and address line 1 match the Medicaid Provider ID PML record?

        ii. If yes, claim will proceed to process and pay, if appropriate.

        iii. If any elements are not a match to the PML record, **the claim will be rejected** with the appropriate reason.

    b. If there is no match, proceed to Step 4.

    c. If there are multiple matches, proceed to Step 5.

4. Compare the submitted base, five-digit ZIP code to the ZIP code on the PML.

    a. If there is only one match found, the claim processes and pays, if appropriate.

    b. If there is no match, **a denial/rejection occur**.

    c. If there are multiple matches, proceed to Step 5.

5. Compare the submitted address line(s) on the claim to the service location on the PML.

    a. If there is only one match found, then the claim will continue with validation for the NPI type.

        i. Does the billed NPI type match the Medicaid Provider ID PML record?

        ii. If yes, claim will proceed to process and pay, if appropriate.

        iii. If any elements are not a match to the PML record, **the claim will be rejected** with the appropriate reason.

    b. If there is no match, the process ends, and **a denial/rejection occurs**.

    c. If there are multiple matches, proceed to Step 6.

6. The claim defaults to applying the lowest numeric Medicaid ID on the claim and process and pay, if appropriate.

To Update your NPI or Demographics:

- Log in to **Enrollment Forms | Florida Medicaid Web Portal (flmmis.com)** and select the NPI panel under Demographic Maintenance.

The PML File Layout

Field	Field Length	Values	Description
Florida Medicaid Provider ID	9		Provider Medicaid ID
Provider Name	50		Provider Name
DBA Name	50		Doing Business As Name
Provider Type Code	2		Provider Type Code
Provider Specialty Code	3		Provider Specialty Code
Taxonomy Code	10		Provider Taxonomy Code associated with the Provider Specialty Code
Service Location Address 1	60		Provider Service Location Address Line 1
Service Location Address 2	60		Provider Service Location Address Line 2 (Optional)
Service Location Address City	30		Provider Service Location City
Service Location Address State	2		Provider Service Location State
Service Location Address Zip+4	10		Provider Service Location ZIP code
Enrollment Type	10	ENROLLED, LIMITED, REGISTERED, ROPA	Provider Enrollment Type
NPI Type	1	1, 2, or U	The NPI Type values will be: • 1 = Individual; or • 2 = Organization; or • U = Unknown
NPI	10		NPI for the provider

Field	Field Length	Values	Description
NPI Effective Date	10		The effective date of the NPI for the provider
NPI End Date	10		The end date of the NPI for the provider
NPI Status	1	A or I	Status of the NPI value will be: • A = Active; or • I = Inactive
Individual or Organizational Provider	1	I or O	Indicates if the Medicaid provider was enrolled as: • I = Individual • O = Organizational Provider
License	15		Provider License Number
Current Medicaid Enrollment Status	1	A, I, or E	The current enrollment status values: • A = Active • I = Inactive • E = Ineligible
Medicaid Claims Eligibility Effective Date	10		The earliest date a provider was eligible for claims processing
Medicaid Claims Eligibility End Date	10		The last date a provider was eligible for claims processing
Next Revalidation Date	10		Next Medicaid Revalidation date

Questions?

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