

MEDICAID PROVIDER BULLETIN

May 2017

Claim denial — Z21 provider type

Effective December 2, 2016, Anthem Blue Cross and Blue Shield Medicaid turned on an edit that requires providers who bill on a *CMS-1500* form with a rendering provider to bill with the appropriate provider type based on how the NPI is registered with the Department for Medicaid Services (DMS). Claims billed incorrectly will be denied with the code "Z21 — Billing/Rendering Provider Type Combo Invalid."

Billing guidance examples:

- Physician assistant claim:
 - When the physician assistant (provider type 95) is tied to a *physician assistant* group (provider type 959), claims must be billed with a billing NPI registered with DMS that has a group provider type 95.
- Physician claim:
 - When the physician (provider type 64) is tied to a *physician group* (provider type 659), claims must be billed with a billing NPI registered with DMS that has a group provider type 65.
- Advanced practice registered nurse (APRN) claim:
 - When the APRN (provider type 78) is tied to an *APRN group* (provider type 789), claims must be billed with a billing NPI registered with DMS that has a group provider type 78.
- Licensed professional clinical counselor (LPCC):
 - When the LPCC (provider type 81) is tied to an LPCC group (provider type 819), claims must be billed with a billing NPI registered with DMS that has a group provider type 81.

For a list of all provider types, please access this link: http://chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm.

If you have questions about this communication, please contact Provider Services at **1-855-661-2028** or your Provider Relations representative.