

## **Person-Centered Medical Home Initiative (PCMH) Claim Submission Instructions for Primary Care Clinics**

The purpose of this notification is to provide claim submission instructions for Primary Care Clinic providers enrolled in the PCMH initiative. This notification includes important information about professional claim submission and Explanation of Benefit (EOB) codes.

### **Claim Submission Instructions**

PCMH claims for Primary Care Clinic providers must be submitted electronically through a HIPAA compliant 837P format or via the secure Web portal, on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Claims cannot be submitted on paper. The new requirements listed below are needed to identify if the service provided was a qualified primary care service, rendered by a PCMH Primary Care Practitioner (PCP) and at a designated PCMH Primary Care Clinic.

Providers can have sites with various levels of PCMH accreditation. Physicians, physician assistants and nurse practitioners can be enrolled in PCMH as a Primary Care Provider (PCP) at more than one PCMH site. Therefore, PCMH Primary Care Clinic providers are required to submit the service location where services were rendered, in addition to the provider that rendered that service. Providers who have alternate service locations for one AVRS ID may need to make claim submission changes to include the specific site/location where the services were rendered.

### **Service Facility Location**

**The specific site address information on the claim must match the service address stored in the MMIS as a service or alternate service location.**

The service facility address can be submitted as the billing provider address, in the claim header or claim detail, however in some cases the service facility address may be different than the billing address. If the PCMH Primary Care Clinic provider has different sites under one Medicaid AVRS ID they will need to include the specific site information where the PCMH services were rendered.

In order to send this service location address, one of the following loops and segments must be filled in with the appropriate information:

### **LOOP ID - 2310C SERVICE FACILITY LOCATION NAME**

<b>SEGMENT ID</b>	<b>NAME</b>
NM1	Service Facility Location Name
N3	Service Facility Location Address
N4	Service Facility Location City, State, ZIP Code
REF	Service Facility Location Secondary Identification
PER	Service Facility Contact Information



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**If there is a presence in loop ID 2420:**

**LOOP ID - 2420C SERVICE FACILITY LOCATION**

<b>SEGMENT ID</b>	<b>NAME</b>
NM1	Service Facility Location Name
N3	Service Facility Location Address
N4	Service Facility Location City, State, ZIP Code
REF	Service Facility Location Secondary Identification

**Please note that when reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided. This zip code must match the 9 digit zip code on file with the Connecticut Medical Assistance Program.**

**Web Claim Submission**

When a Web claim is submitted via a provider's secure Web portal account for a service provided by physician or APRN that has been enrolled in the PCMH program for a Primary Care Clinic, there is a requirement that a service location be identified in the header of each claim. There is a "Confirm Address" box that must be checked to confirm that the address is the correct service location. The "Change" feature is available which will allow providers to select another service location from the provider's alternate service locations on file.

**Billed Amount used for PCMH Billing**

Please refer to [www.huskyhealthct.org](http://www.huskyhealthct.org) Web site for a list of procedure codes eligible for PCMH Fee Differential reimbursement. The Department of Social Services policy states that providers should always bill their Usual and Customary amount. If the billed amount is lower than the allowed amount, the payment will be cut back to the billed amount.

**Explanation of Benefit (EOB) Codes**

If the claim submitted meets all of the PCMH criteria, then the PCMH Participation Fee Differential will apply to the detailed allowed amount. The following EOB code will be applied to the claim.

**EOB Code 9975** - PCMH percentage rate applied

If the claim submitted meets all of the PCMH criteria but the allowed amount plus the PCMH Participation Fee Differential is greater than billed charges the following EOB code will be applied to the claim.

**EOB Code 9972** - PCMH partial or no percent rate applied

For questions, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

