

Billing, Claims & Member Eligibility Validation

PRISM frequently asked questions for providers

Q: Is my Medicaid billing provider number changing?

A: Only if you are an atypical provider* and have been billing with a 12-digit Medicaid provider number or an atypical provider identifier. Atypical providers were sent an email with their new billing provider number. If you have been billing with their National Provider Identifier (NPI) you will continue to bill with this number.

**An atypical provider is a provider that do not provide health care. A Health care provider is defined under HIPAA in Federal regulations at 45 CFR § 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical services.*

Q: Should I submit a new claim if the previous claim was denied at the header level?

A: Yes. A provider should submit a new claim.

Q: When is an Ordering or Referring provider NPI required to be submitted with my claim?

A: Fee for Service and Encounter claims for home health, durable medical equipment, lab and x-ray require an ordering or referring NPI to be submitted on your claim. Both the ordering and referring NPI must also be associated to a provider that is enrolled with Medicaid.

Note: When a service is referred or ordered by another practitioner, a valid NPI is required and must be reported. Your claims will be denied if the NPI is required and is missing, invalid or submitted in the wrong field.

Q: Can I make adjustments to my claim?

A: Yes. As a provider, you can perform adjustments on your own claims submitted through PRISM when the claim is in a "Paid" or "RA Generated Status." Adjustments may include corrections to billing errors or other data modification of a claim for reimbursement.

Q: Why can't I adjust a denied claim?

A: PRISM only allows adjustments to a paid claim. If an adjustment needs to be done on a denied claim, a new claim must be submitted with the updated information.

Q: When I am entering an ambulance claim through Direct Data Entry (DDE) in PRISM, I am getting an error when I use modifier RH?

A: When entering an ambulance claim through Direct Data Entry (DDE) in PRISM you will need to enter your RH modifier as two separate modifiers. Enter 'R' in the modifier one field and 'H' in the second modifier field.

Q: When should I check a Medicaid member eligibility?

A: Medicaid provides month to month coverage. You should always check a member's eligibility using the [Eligibility Lookup Tool](#) in the same month of the scheduled service date.