



Provider Notice

This communication serves as a reminder for organizational providers submitting claims and requirements for reporting the rendering service location. Magellan defines organizations as entities that provide inpatient, residential and/or non-traditional services including hospitals, Federally Qualified Health Centers (FQHCs), Community Services Boards (CSBs) and other providers licensed by the Department of Behavioral Health and Developmental Services (DBHDS) or the Department of Social Services (DSS).

Magellan requires providers to bill the rendering service location on all claims. The rendering location is the location where the actual billed service occurred. For billable services that are performed in the home, the rendering location submitted on the claim should reflect the licensed site for that service and not the member's home address. Virginia state law prohibits a provider who does not have a license for a specific service to treat any person § 37.2-405 and 12 VAC 35-105-30.

The following information can be helpful to you when submitting paper or electronic claims to include the rendering provider information:

Pay to/Billing TIN Owner Name:

- CMS-1500 form – Box 33
- UB-04 form (HCFA 1450) – Box 1
- Magellan Claims Courier
- Electronic billing instructions (837P):
 - Loop 2010AA (NM1*85)
 - N3 Billing Provider's Address
 - N4 City/State/ZIP Code
 - NM109 Billing NPI

Contracted Organizational Site Address where the Service was Rendered (for home-based services, the site address would reflect the office address licensed for the service)

(The facility name and NPI is considered the rendering provider)

- CMS-1500 form – Box 32
- UB-04 form (HCFA 1450) – Box 1
- Magellan Claims Courier
- Electronic billing instructions (837P):
 - Loop 2310C (NM1*77)
 - N3 Service Facility Location Address
 - N4 Service Facility City/State/ZIP Code
 - NM109 Facility NPI

Services/Procedure Codes/Modifiers/Rates

Magellan of Virginia providers should refer to their provider agreement for their contracted services, procedure codes, modifiers (if applicable) and rates.

- [Virginia DMAS Medicaid Reimbursement Schedule](#) (posted on Magellan of Virginia.com in the For Providers section, under Claims/Eligibility/Auths/Rates)
- [License Level Modifiers for Outpatient Therapy Claims](#) (posted on Magellan of Virginia.com in the For Providers section, under [2015 Communications](#) titled: Using License-level Modifiers on Outpatient Therapy Services Claims)

Providers also can refer to the DMAS Medicaid website to verify services, procedure codes, modifiers (if applicable) and rates: <http://dmasva.dmas.virginia.gov/Content/pgs/pr-rsetting.aspx>

For additional information on claim submission requirements, including training webinars, please go to our website: www.MagellanofVirginia.com