

Department: Business Information  
Systems

Policy No: BIS 1

1. Dictionary 3 = Provider (ADD/EDIT)

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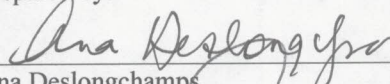
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO  
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date: 01/06/2020

Effective Date: 01/31/2020

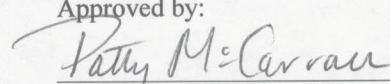
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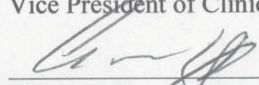
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Department: **BIS-Business Information Services**

TITLE: **GE Centricity Business (CB) Dictionary 3 = Provider (ADD/EDIT)**

Policy#: **BIS 1**

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**Policy:** The purpose of this policy is to document the guidelines to maintain dictionaries in the GECB practice management system.

**Procedure:**

- 1) The Information Management Systems Department and MPIP are jointly responsible for the maintenance of Dictionary 3 (D3) in the GECB practice management system. The access to dictionary editing is limited to the campus analyst security profile. This dictionary can be edited directly by the campus analyst.
- 2) Requests for dictionary updates are posted in the MPIP SharePoint site under the Dictionary Request section.
- 3) Add/Update requests may be submitted by clinical staff or Credentialing department and the campus analyst will evaluate each request for accuracy prior to making any changes to dictionary content.
- 4) Before adding a new Provider, D3 must be retrieved to prevent duplicated entries.
- 5) Prior to assigning a billing number the following items must be received: 1. Memo with eRaider and Individual NPI number from department (clinic), 2. Email from the Credentialing department containing the provider information once the Medicare application has been sent out.
- 6) To select and assign the appropriate provider number, access the Provider Billing Numbers document on the MPIP shared drive (S:\MPIP System\EP Analyst\Copy of Provider Billing numbers).
- 7) Request an example of a provider that can be copied from the clinical department.
- 8) Access Dictionary 3 and bring up the provider name and use ACTION K – Copy and specify the date on which new entry will become active Effective Date: T = today and FILE . The fields in **BOLD** need to be overwritten with information from the NEW provider.



- 9) The following fields must be populated when requests to add new providers are made from the credentialing or clinical departments:

• <b>Name:</b>	(Last name MD, First name)
• <b>Numeric Code:</b>	6 digits (excel spreadsheet)
• <b>Mnemonic:</b>	number (3) with last name
• <b>Provider Compliance Indicator:</b>	answer Y if provider has met compliance
• <b>Taxonomy:</b>	alpha/numeric 10 digits
• <b>Individual Blue Shield ID #:</b>	PENDING
• <b>Blue Shield Tape Billing Code:</b>	PENDING
• <b>Individual Medicare ID #:</b>	PENDING
• <b>Medicare Tape Billing Code:</b>	PENDING
• <b>State License NO.:</b>	PENDING
• <b>License Type Code:</b>	MD, DO, CRNA, etc.
• <b>Social Security Number:</b>	9 digits
• <b>New Mexico Medicaid Individual #:</b>	PENDING
• <b>First Line Street Address:</b>	needs to be BLANK
• <b>City, State Zip:</b>	needs to be BLANK
• <b>UPIN #:</b>	OTH000
• <b>NPI number:</b>	numeric 10 digits
• <b>HMO Blue Provider #:</b>	PENDING
• <b>RR Med Prov#:</b>	PENDING
• <b>TPI Medicaid Individual Prov #:</b>	PENDING
• <b>TPI CIDC Individual Provider #:</b>	PENDING
• <b>TTPA INDIVIDUAL TPI:</b>	needs to be BLANK
• <b>EL PASO FIRST MEDICAID DEPT:</b>	enter TT and name of department
• <b>TTU EMR User ID:</b>	eraider (lower case)

After the information has been entered, SAVE the information.

- 10) After the billing number has been created in D3, notify the clinical department Lead Coder or Unit Manager, the Lead Specialist for Clinical Affairs, and the Unit Manager for Compliance. The reply with the billing number will take place from the email received from Credentialing.
- 11) A referring number must be created in D123 for all NEW providers with the exception of Anesthesia. The referring numbers will be the same as in D3 with the exception of the PEDIATRICS department.
- 12) The updates for Medicare, Medicaid, and CSHCN are submitted by the Lead Specialists in the Credentialing Department. After the system is updated, a notification is sent to the clinical department Lead Coder or Unit Manager and the MPIP Sr. Director for Billing and Collections.
- 13) When editing the MEDICARE, BCBS, MEDICAID, CSHCN, EL PASO FIRST fields, access D3 as follows:

- Add the first two letters of the last name before the MEDICARE #.

**INDIVIDUAL MEDICARE ID #:** AB08L1498  
**MEDICARE TAPE BILLING CODE:** AB08L1498

- Add the first two letters of the last name and a zero before the BCBS #'s.

Tax ID# - 75-2668018

**INDIVIDUAL BLUE SHIELD ID #:** AB08BM140  
**BLUE SHIELD TAPE BILLING CODE:** AB08BM140

Tax ID# - 75-2674893

**HMO BLUE PROVIDER #:** AB08BM141

- Add the attested address for MEDICAID/CSHCN fields and Individual TPI.

**FIRST LINE STREET ADDRESS:** 4800 Alberta  
**CITY,STATE ZIP:** El Paso,TX 799052709  
**TPI MEDICAID INDIVIDUAL PROV #:** 197931201  
**TPI CIDC INDIVIDUAL PROVIDER #:** 197931202

- Add the MEDICAID Individual TPI.

**TTPA INDIVIDUAL TPI:** 197931201

- Add the MEDICAID TPI to the referring name in D123.

**TPI MEDICAID INDIVIDUAL PROV #:** 197931201