

NPI News Update: April 24th, 2008:

The NPI is here. The NPI is now. Are you using it?

Important Information for ALL Providers – Medicare and Non-Medicare

Check with Other Health Plans to Understand May 23rd Expectations

CMS encourages all health care providers to contact other health plans with which you interact in order to ensure you fully understand their expectations for May 23, 2008.

Important Information for Medicare FFS Providers

Clarification of 4/3/2008 Statement “*Institutional Providers Submitting Taxonomy Codes to Identify Subparts – What Medicare is using to Obtain NPI/OSCAR Match*”

Providers who submit Medicare claims may continue to send their Medicare Provider Taxonomy Codes. However, Medicare Fee-For-Service claims processing systems will not use this data to adjudicate claims. The taxonomy codes will be crossed over to the secondary payers as CMS understands that some payers may use this information to adjudicate claims.

When to Update NPPES if an Update to Medicare Enrollment Information is Also Needed

The NPI Final Rule requires covered providers to update their required NPPES data within 30 days of the change. If a Medicare provider needs to update information in NPPES, it will also need to update the corresponding information in its Medicare enrollment record via the CMS-855. Providers should not make updates to NPPES data until after their CMS-855s are processed and those updates are effective in the Medicare enrollment system (PECOS, or the NSC for Medicare DMEPOS suppliers). After the update is effective in PECOS or the NSC (whichever is appropriate), providers have up to 30 days to make the corresponding updates in NPPES. In a change of ownership (CHOW) situation, for example, the new owner would not make changes in the NPPES record of the provider that is being sold until after the CMS-855 is processed and its changes are effective in the Medicare enrollment system. If a new NPI is to be obtained as part of the CHOW and an existing NPI is to be deactivated (those decisions are up to the buyer and the seller), the NPI should not be deactivated until after all claims using that NPI reach final settlement (this could involve health plans in addition to Medicare).

May 23rd is Only 4 Weeks Away, ARE YOU PREPARED?

URGENT: CMS continues to be concerned about the low percentage of claims being submitted with an NPI alone in the primary provider identifier fields. See below for specific steps to begin using the NPI alone in the primary provider identifier fields.

Don't be Surprised on May 23...TRY NPI-ONLY NOW

Now that the NPI is required on all Medicare claims in the primary provider fields, if your claims are being successfully processed with NPI/legacy pairs (and most are) now is the time to begin sending a small batch of claims with NPI alone. If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. You can and should try sending NPI-only now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims reject, go into your NPPES record and validate that the information you are sending on the claim is consistent with the information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3-4 days later. If your claims are still rejecting, you may need to update your Medicare enrollment information to correct this problem. Call the Customer Service Representative at your Medicare carrier, FI, or A/B MACor at your DME MAC to discuss your situation and, if necessary, have it investigated. Have a copy of your NPPES record or your NPI Registry record available. The contractor telephone numbers are likely to be quite busy, so don't wait.

If you bill Medicare using a billing service or clearinghouse, you should work with them to establish a way to try sending NPI-only claims. It may be difficult for some of these 3rd party vendors to send small batches of your NPI-only claims and continue sending NPI and Legacy claims as well, so contact them and develop an alternative solution so you can try NPI-only.

Sending a sample of NPI-only claims will allow time for any needed corrections prior to May 23, 2008, the date when only the NPI will be accepted in all provider fields.

NPIs in Secondary Provider Fields

May 23, 2008, is also the deadline for using the NPI-only in the secondary provider identifier fields on a claim transaction. This includes the prescriber field in a Medicare fee-for-service retail pharmacy drug claim submitted in an NCPDP 5.1

transaction. CMS will be providing guidance with respect to the reporting of NPIs in the Service Facility Location loop in the X12 N 837 claims transactions.

NPIs on ALL HIPAA Standard Transactions

May 23, 2008 is also the deadline for the use of NPI on ALL HIPAA standard transactions (e.g., 837I, 837P, NCPDP, DDE, 276/277, 270/271 and 835).

Need More Information?

Still not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found through the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS webpage.