



National Provider Identifier (NPI) News – Medicare is now asking that submitters send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. Additional information can be found at the CMS NPI website at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProidentStand/index.html> on the CMS website.

MLN Matters Number: SE0725

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Note: This article was updated on September 5, 2012, to reflect current Web addresses. All other information is the same.

Important Information for Providers/Suppliers Regarding National Plan and Provider Enumeration System (NPPES) Errors, Using the NPI on Medicare Claims and 835 Remittance Advice Changes

Provider Types Affected

Physicians, providers, and suppliers who submit claims to Medicare fee-for-service contractors (Carriers, Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment Medicare Administrative Contractors (DME MACs))

Provider Action Needed

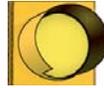


STOP – Impact to You

Certain information you enter into the National Plan and Provider Enumeration System (NPPES) in order to obtain and maintain your National Provider Identifier (NPI) is used by Medicare in processing claims.

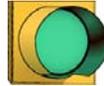
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CAUTION – What You Need to Know

If the information you entered in NPPES is not correct, your claims may reject. It is important to verify that information was entered correctly. Other guidance in this article will also help assure your claims are processed timely and correctly.



GO – What You Need to Do

The Centers for Medicare & Medicaid Services (CMS) recommends that physicians, providers, and suppliers validate their NPPES data and be sure their staff are aware of the key elements that need to be correct as explained in this article. Also, you may want to be sure your staff are aware of the important billing tips in this article.

Background

As Medicare begins to implement the NPI into its systems, several enumeration and billing errors have been identified that may result in claim rejections.

Common Enumeration Errors in NPPES

Below are some of the more frequent errors providers have been making when applying for NPIs:

- **Errors in Employer Identification Number (EIN):** As a reminder, providers that are organizations are required to report the EIN when they apply for an NPI (on-line, paper, and electronic file interchange (EFI)). That EIN may also be the Taxpayer Identification Number (TIN). With the revised NPI Application/Update Form (CMS-10114) (to be used beginning July 10, 2007, for on-line, paper, and EFI), organizations that are subparts will be required to report the legal business name (LBN) of their “parent” and the “parent’s” TIN. The applicant will continue to be required to report its EIN. **If the EIN error is on the Medicare provider enrollment record, the provider should submit a CMS-855 to the Medicare contractor to correct it.**
- **Invalid or incomplete data within the ‘Other Provider Identifiers’ section of the NPPES online application, such as:**
 - The absence of the Medicare legacy number,
 - Not having the ‘Type’ listed as Medicare for a Medicare provider number, and/or
 - Reporting Medicare provider numbers that do not belong to the provider applying for the NPI and, therefore, should not be linked to the assigned NPI.

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- **Reporting an Incomplete Identifier:** Medicare providers/suppliers need to ensure that, if reporting their Medicare legacy identifiers to NPPES, they report the full identifier. This means that suffixes to the OSCAR/Certification Numbers are to be reported. If the full identifier is not reported, it will be impossible for Medicare to establish the linkage from the NPI to that particular Medicare legacy identifier when using NPPES data and the NPI crosswalk.
- **Having More than the Allowable Number of Legacy Numbers:** At the present time, the NPPES can capture a grand total of 20 “Other Provider Identification Numbers.” While this adequately accommodates the majority of providers/suppliers, it does not accommodate all of them. NPPES will be expanded to capture more than 20 “Other Provider Identification Numbers” at a future date. Medicare providers/suppliers who have more than 20 Medicare legacy identifiers that need to be linked directly to the NPI to be assigned should contact their Medicare fee-for-service contractors to determine how best to inform those contractors of all of the Medicare legacy identifiers.
- **Listing Legacy Numbers that Do Not Belong to the Applicant:** The provider/supplier should make sure that any Medicare legacy identifier(s) (OSCAR/Certification Number, Provider Identification Number (PIN), Unique Physician Identification Number (UPIN), and National Supplier Clearinghouse (NSC) Number) entered in that field in NPPES are those that will need to be linked directly to the NPI to be assigned. That is, do not list in the “Other Provider Identification Numbers” section identifiers that belong to providers other than the one that is applying for the NPI. Specific examples follow in the “Do’s and Don’ts” section below.

Dos and Don’ts When Reporting “Other Provider Identification Numbers” in NPPES

- **For a Medicare physician or other practitioner applying for an NPI:** DO include your UPIN (if one was assigned) and your PIN when applying for an NPI. DO NOT include the PIN of your group practice or clinic if you are affiliated with a group practice or clinic.
- **For a Medicare group practice or clinic applying for an NPI:** DO include your PIN. DO NOT include the PINs or UPINs of any of the members of the group practice or clinic.
- **For a Medicare pharmacy that is enrolled as both a pharmacy and a DME supplier that is applying for an NPI as a pharmacy/DME supplier:** DO include both NSC Numbers (pharmacy and DME supplier).
- **For a Medicare pharmacy that is enrolled as both a pharmacy and a DME supplier that is applying for an NPI as a pharmacy:** DO include the NSC number assigned to the pharmacy, but DO NOT include the NSC number assigned to the DME supplier.

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- For a Medicare pharmacy that is applying for an NPI as a DME supplier: DO include the NSC Number assigned to the DME supplier. DO NOT include the NSC Number assigned to the pharmacy.
- For a Medicare hospital swing bed unit that is applying for an NPI as a swing bed unit: DO include the OSCAR/Certification Number assigned to the swing bed unit. DO NOT include the OSCAR/Certification Number assigned to the hospital.
- **For a Medicare hospital that is applying for an NPI but does not want swing bed units or rehabilitation units (if they have these units) to have their own NPIs:** DO include the OSCAR/Certification number assigned to the hospital and the OSCAR/Certification Numbers assigned to both the swing bed unit and the rehabilitation unit.

If Medicare providers/suppliers determine that they should make changes to their NPPEs records, they may do so by going to NPPEs at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> at any time and updating their information. Or, if they prefer, they may send updates on the paper NPI Application/Update Form (CMS-10114). Forms may be requested by calling the NPI Enumerator at their toll-free number, which is 1-800-465-3203, TTY 1-800-692-2326. The revised CMS-10114 is to be used beginning July 10, 2007. These forms can be obtained from the Enumerator, as outlined above, or you may download the form from the CMS Forms page at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/index.html> on the CMS website.

CMS recommends that Medicare providers/suppliers make a copy of their NPPEs information by doing a "print screen" of their NPPEs record or make a photocopy of the completed paper NPI Application/Update form and keep it on hand for reference if they encounter problems.

Common Error in Reporting Change of Ownership to Medicare Delays in reporting Change of Ownership: Whenever there is a change of ownership, the provider is responsible for reporting that change to the appropriate Medicare contractor within 30 days. Providers are supposed to report that change on the CMS-855.

How to Use Your NPI When Billing Medicare Part A (Institutional) Claims to a Fiscal Intermediary (FI) or A/B MAC

For providers who submit electronic Part A institutional claims to Medicare FIs or A/B MACs, a high volume of claims have been received where the NPI/legacy identifier combinations cannot be validated by the Medicare NPI crosswalk.

Failure to properly submit the NPI in the correct loops may cause the claim to reject. Organization providers should utilize their NPI in the 2010AA or 2010AB loop. The attending, operating or other physicians should be identified in the

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2310A, B and C loops respectively. If 2420A loop is used, the Attending Physician NPI must be submitted.

Below is a guide to use when submitting primary NPI's:

Name/Loop	Legacy Information	NPI Information
Billing Provider 2010AA Loop	OSCAR	Provider NPI
Pay to Provider 2010AB Loop	OSCAR	Provider NPI
Attending Physician 2310A Loop	PIN, UPIN	Physician NPI
Operating Physician 2310B Loop	PIN, UPIN	Physician NPI
Other Physician 2310C	PIN, UPIN	Physician NPI
Attending Physician 2420A	PIN, UPIN	Physician NPI

Some Medicare FIs and A/B MACs have developed front-end reason codes that will return claims to the providers when the NPI and Legacy combination submitted does not match the NPI crosswalk.

If a reject or RTP (Return to Provider) is received, **providers are encouraged to verify that their NPI/Legacy combination is valid in NPPES first at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>** on the CMS website.

. The following is a listing of Front-end Processing Reason Codes:

Code	Description
32000	This claim has been rejected because the intermediary has no record of the Medicare provider number submitted.
32102	The claim contains an NPI but the first digit of the NPI is not equal to "1", "2", "3", "4" or the 10 th digit of the NPI does not follow the check digit validation routine. Please verify billing and, if appropriate, correct. **Online providers – press PF9 to store the claim. **Other providers – return to the intermediary.
32103	NPI/OSCAR pair on the claim is not present in the Medicare NPI Crosswalk File. This edit applies to the NPI associated with the OSCAR number. Please verify provider billing number and, if appropriate, please correct either NPPES or your CMS-855 information. Please verify all of your information in NPPES. You should validate that the NPI/OSCAR pair you are using on the claim

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Code	Description
	<p>reflects the OSCAR number that you reported to NPPES. You may view/correct your NPPES information by going to https://nppes.cms.hhs.gov/NPPES/Welcome.do on the CMS website.</p> <p>If your NPPES information is correct, and you have included all Medicare legacy identifiers (OSCARS) in NPPES, but you are still experiencing problems with your claims that contain a valid NPI, you may need to submit a Medicare enrollment application (i.e. – the CMS 855). Please contact your contractor prior to submitting a CMS-855 form.</p>
32104	<p>The NPI and the legacy (OSCAR) number are present on the claim and the NPI is present in the Crosswalk File, but the associated legacy (OSCAR) number in the Crosswalk file does not match the legacy (OSCAR) number on the claim. Please verify billing number and, if appropriate, correct.</p> <p>***Online providers – Press PF9 to store the claim. ***Other Providers – Return to the intermediary.</p>
32105	<p>The NPI is present in the Crosswalk File but the NPI corresponds to more than one legacy (OSCAR) number. Enter the OSCAR number associated with the NPI submitted. Please verify billing number and, if appropriate, correct.</p> <p>***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.</p>
32107	<p>The NPI for the attending physician on the claim is not present in the Crosswalk File. Please verify billing number and, if appropriate, correct.</p> <p>***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.</p>
32108	<p>The attending physician’s NPI and UPIN are present on the claim and the attending physician’s NPI is present in the Crosswalk File, but the attending physician’s UPIN in the Crosswalk File does not match the attending physician’s UPIN on the claim. Please verify the UPIN and, if appropriate, correct.</p> <p>***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.</p>
32109	<p>The operating physician’s NPI on the claim is not present in the Crosswalk File. Please verify billing number and, if appropriate, correct.</p> <p>***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.</p>

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Code	Description
32110	The operating physician's NPI and UPIN are present on the claim and the operating physician's NPI is present in the Crosswalk File, but the operating physician's UPIN in the Crosswalk File does not match the operating physician's UPIN on the claim. Please verify the UPIN and, if appropriate, correct. ***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.
32111	The other physician NPI on the claim is not present in the Crosswalk File. Please verify the billing number and, if appropriate, correct. ***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.
32112	The other physician's NPI and UPIN are present on the claim and the other physician's NPI is present in the Crosswalk File, but the other physician's UPIN in the Crosswalk File does not match the other physician's UPIN on the claim. Please verify the UPIN and, if appropriate, correct. ***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.
32113	The taxonomy code entered is invalid. Or, a taxonomy code is required when the NPI is present in the Crosswalk File and the NPI corresponds to more than one legacy (OSCAR) number. Please verify the billing number and, if appropriate, correct. ***Online providers – Press PF9 to store the claim. ***Other providers – Return to the intermediary.

If your FI or A/B MAC is using the MEDATRAN claims translator, below is a list of EDI Inbound Reject codes you may receive:

Edit Number	Loop	Edit Description
99	2010AA	The NPI/Legacy combination does not match the NPI crosswalk.
99	2010AB	The NPI/Legacy combination does not match the NPI crosswalk
99	2310A,B,C	The NPI/Legacy combination does not match the NPI crosswalk.
99	2420A	The NPI/Legacy combination does not match the NPI crosswalk.

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How to Use Your NPI When Billing Medicare Part B (Professional) Claims to Carriers and A/B MACs

For providers who submit electronic professional claims to Medicare Part B carriers and A/B MACs, CMS test data indicates that a high volume of claims have been received where the NPI/legacy identifier combinations cannot be validated by the Medicare NPI crosswalk.

Even if you have validated your NPPES data, failure to properly submit the NPI in the correct loops may cause the claim to reject. Group providers should utilize the GROUP NPI in the 2010AA or 2010AB loop. The INDIVIDUAL or MEMBER OF GROUP NPI should only be submitted in the 2310B or 2420A loops.

Below is a guide to use when submitting primary NPI's:

Name/Loop	Legacy Information	NPI Information
Billing Provider 2010AA Loop	Group PIN Individual PIN	Group NPI Individual NPI
Pay to Provider 2010AB Loop (this should only be submitted if different from Billing Provider)	Group PIN Individual PIN	Group NPI Individual NPI
Rendering Provider 2310B Loop (this should only be submitted if a group practice)	Individual / Member of Group PIN	Individual / Member of Group NPI
Rendering Provider 2420A Loop (this should only be submitted if a group practice)	Individual / Member of Group PIN	Individual / Member of Group NPI

Some carriers and A/B MACs will return the informational messages or edits below when the NPI and legacy identifier combination submitted does not match the NPI crosswalk. As of the date of this article, claims with NPI/legacy identifiers are not rejecting because Part B contractors (except CIGNA Tennessee and Idaho), have "crosswalk bypass" logic in their system that will allow invalid pairs to process on the legacy number. The informational edits you are receiving are a warning that your claims will reject when the logic is removed. Providers are encouraged to verify that the NPI/legacy identifier combination is valid on NPPES at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> prior to submission of Medicare claims.

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Following is a listing of the edits you may receive when billing Professional Part B claims:

Edit Number	Loop	Edit Description
M340	2010AA	The NPI/Legacy combination does not match the NPI crosswalk.
M341	2010AB	The NPI/Legacy combination does not match the NPI crosswalk.
M343	2310B	The NPI/Legacy combination does not match the NPI crosswalk.
M347	2420A	The NPI/Legacy combination does not match the NPI crosswalk.

Important Reminders Regarding 835 Remittance Advice Changes Effective July 2, 2007 for DME Suppliers Submitting Claims to DME MACS Only.

DME suppliers are reminded that important changes will occur on your electronic remittance advice and your standard paper remittance actions, effective July 2, 2007. As of that date when you have submitted an NPI on your claim, your DME MAC will report on the 835 (or via the Medicare Remit Easy Print (MREP) Software) as follows:

- The billing/pay-to NPI will be reported at the Payee level (Loop 1000B in N104 with the XX qualifier in N103 of the 835),
- The TIN (EIN/SSN) will be reported in the REF segment (Loop 1000B, data field REF 02 with qualifier TJ in REF 01 of the 835) as Payee Additional ID,
- Any relevant Rendering Provider NPI will be reported at the claim level (Loop 2100, data field NM 109 with qualifier XX in NM 108 on the 835) if different from the Payee NPI, and
- Any relevant Rendering NPI(s) will be reported at the service line level (Loop 2110, data field REF 02 with qualifier HPI in REF 01 on the 835) when different from the claim level Rendering NPI.

When you do not report your NPI, but report your legacy National Supplier Clearinghouse (NSC) number on a claim, Medicare will continue to report legacy numbers in generating your remittance advice. Further information regarding the remittance changes may be found in CR5452, which is at

<http://www.cms.gov/Regulations-and->

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[Guidance/Guidance/Transmittals/downloads/R1241CP.pdf](#) or in the related *MLN Matters* article, MM5452, at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5452.pdf> on the CMS website.

Important NOTE: The 835 Remittance Advice changes listed above will be effective for other providers submitting Part A Institutional claims and Part B Professional claims, at a later date. Medicare will notify submitters when a date is determined.

Additional Information

You may also want to review *MLN Matters* article SE0679, which has additional information on the overall NPI activity. This article is at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0679.pdf> on the CMS website. Important information regarding current NPI implementation contingency plan is in article MM5595, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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