
Issued 4/28/2008

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

Important Information for Medicare FFS Providers

May 7 is “Legacy Free” Day – An opportunity to check your NPI readiness!

CMS, in collaboration with the Healthcare Information and Management Systems Society (HIMSS), has requested clearinghouses that submit claims to FFS Medicare to participate in a **one day NPI preparation exercise**. Specifically, on Wednesday, May 7, 2008, **participating** clearinghouses should submit Medicare claims with NPI-only in all provider identifier fields for which a provider uses NPI/legacy pairs. On May 8th, **participating** clearinghouses will revert back to sending Medicare NPI/legacy pairs as received from the providers.

Through its monthly NPI messages, CMS has been requesting providers to begin testing NPI-only by sending a group of claims with NPI alone in primary provider fields. This “exercise” will result in feedback from your Medicare contractor on your readiness as it pertains to your National Provider Identifiers.

On May 7, 2008, **participating** clearinghouses will send Medicare claims with NPI-only in provider fields which originally contain NPI/legacy pairs from the provider. In other words, clearinghouses will strip the legacy identifiers when they are submitted as part of an NPI/legacy pair. Of course, fields already containing NPI-only will be sent to Medicare, as usual, and secondary provider identifier fields containing legacy-only will be sent to Medicare, as usual.

This exercise will help Medicare providers evaluate their NPI readiness prior to the May 23, 2008 deadline.

The outcomes of this exercise are described below:

- Claims are processed and paid by Medicare. Under this scenario, the provider can feel confident that their cash flow will not be affected by the May 23rd implementation date.

Or

- Claims are rejected or suspended. Under this scenario, the provider will know in advance that there are problems that must be resolved prior to May 23rd. Resolution might include changes to the NPES data or to the 855 enrollment record.

Again, on May 8, 2008, **participating** clearinghouses will revert back to sending Medicare NPI/legacy pairs, if sent to them by the provider.

Participating clearinghouses will be soon notifying provider clients about details so pay close attention to Clearinghouse communications.

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.

Issued 4/25/2008

**URGENT MESSAGE FOR ALL MEDICARE FEE-FOR-SERVICE
INSTITUTIONAL
PROVIDERS THAT HAVE SUBPARTS**

It has come to our attention that our message of April 3, 2008, concerning the use of taxonomy codes to facilitate NPI matching with the Medicare NPI Crosswalk, has caused both confusion and consternation. We regret this unintended consequence. We believe that your claims will be successfully processed using your NPI, regardless of whether you enumerate your subparts with NPIs. We continue to encourage you to test NPI-only claims before the May 23, 2008, deadline.

Since February 2006, we have been encouraging providers with subparts (with separate OSCAR numbers attached to those subparts) to enumerate those subparts with an NPI. We believed then and now that such enumeration of subparts may be helpful towards ensuring Medicare crosswalk matches. This recommendation was not a mandated requirement nor is it mandated now (as some have assumed with the April 3, 2008, message).

In addition, while we originally thought that the taxonomy code would help facilitate matching a provider's NPI to the appropriate subpart's OSCAR number, experience has shown that other data elements on the claim did a much better job of achieving this match. To be clear, this successful matching using claims data rather than the taxonomy code is working for those providers that did not enumerate their subparts.

In summary, providers with subparts do not need to do anything new or different as a result of the April 3, 2008, message. We continue to encourage you to enumerate your subparts, but we believe the data coming in on your claim will enable successful matches to the crosswalk, as is currently happening in most cases. While Medicare may not be using the taxonomy code, we will pass it on to our trading partners on crossover claims, in the event they use it.

We hope this clarification eases some of the concerns we are hearing. Again, you do not need to change your systems nor do anything new or different.

Issued 4/24/2008

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.

Issued 4/3/2008

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

Information for all Health Care Providers Medicare & Non-Medicare

CMS encourages all health care providers to ensure they understand the readiness of other health plans with which they interact, especially if those health plans may be primary or secondary to Medicare. Medicare will only accept/send NPI-only transactions beginning May 23rd and providers need to understand from these other plans what will happen if they are unable to send/receive NPI-only transactions.

Important Information for Medicare FFS Providers

CMS is pleased to announce that Medicare is receiving more than 98% of claims with an NPI. The next milestone - May 23rd - requires providers to take the next step so they do not risk disruption in cash flow. Begin billing with **NPI-only** now to test how May 23rd will impact you.

CMS is concerned that the percentage of Medicare claims with **NPI-only** is not growing fast enough.

Steps to Facilitate a Smooth Transition to NPI-Only

- 1) Bill with Medicare legacy ID & NPI
 - Once claims are successfully processed, move to Step 2.
- 2) Bill with NPI –Only
 - Start with a small batch of claims. If, or when, the results are positive, begin sending a greater volume and move to Step 3.

- Billing with NPI-only also tests the ability to receive the NPI on 835 transactions.
- 3) Test NPI-Only on Other HIPAA Transactions
- CMS will require use of the NPI on the 270/271, 276/277 and NCPDP transactions. Providers should begin testing the use of the NPI on these transactions, in small quantities, prior to May 23rd to ensure a smooth transition. Also, be prepared to accept the NPI-only on the 835 remittance advice transaction.

Institutional Providers Submitting Taxonomy Codes to Identify Subparts - UPDATE: Medicare is using Alternative Data to Obtain NPI/OSCAR Match

On January 1, 2007, Medicare implemented change request (CR) 5243, which required the submission of taxonomy codes all claims submitted by institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.).

The intent of CR 5243 was to enable Medicare to appropriately crosswalk a provider NPI to each of the provider's subparts through the reporting of taxonomy codes in the claims. Medicare has found that using taxonomy codes has been unsuccessful in obtaining a one-to-one match on the crosswalk for those providers having one NPI tied to multiple OSCAR/Certification numbers. As a result, the taxonomy code is no longer used as part of the crosswalk criteria that are used to attempt to match an NPI with an OSCAR/Certification Number. Currently, the fiscal intermediary shared system (FISS) uses these matching criteria to obtain a one-to-one match between an institutional Medicare provider's NPI and its OSCAR/Certification Number:

- First level of match: **Type of bill (TOB) to OSCAR/Certification Number** If the system is unable to identify a valid match, the search will continue with the next level of match.
- Second level of match: **Revenue code to OSCAR/Certification Number** If the system is unable to identify a valid match, the search will continue with the next level of match.
- Third and final level of match: **Facility ZIP code on the claim** This final level prompts the systems logic to limit the list of appropriate OSCAR numbers by matching the facility ZIP code on the claim against the ZIP code of the master address in the FISS provider address file.

Note: If the system is unable to make a valid match, the claim will suspend with reason code 32105, and the provider will receive an additional development letter (ADR) requesting the OSCAR number.

Action Required by Institutional Providers with Subparts

Providers are strongly encouraged to enumerate their subparts. The following documents may assist providers in answering additional questions on this subject.

- CMS Medicare Subpart Expectations paper may be accessed on the CMS Web site at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>
- Read NPI Fact Sheet titled "For Health Care Providers Who are Organizations" at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Provi_web_07-03-07.pdf
- Review the article titled "Information Regarding National Plan and Provider Enumeration System Errors, Using the NPI on Medicare Claims and 835 Remittance Advice Changes" available in the August 2007 Medicare A Bulletin at http://www.floridamedicare.com/Part_A/Medicare_A_Bulletins/Archive/110043.pdf
- Review Special Edition article <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0608.pdf>
- National Plan and Provider Enumeration System (NPES) <https://npes.cms.hhs.gov/NPPES>.

Encourage Clearinghouses to Allow Testing of NPI-Only

It has come to CMS' attention that some clearinghouses may not allow important NPI-only testing prior to May 23rd. CMS encourages Medicare providers to work with their clearinghouses to allow use of the NPI-only to facilitate this testing. If you do not test, you will not be aware, in advance, of any problems that could prohibit Medicare from processing and paying claims.

Registration Available for NPI Roundtable

CMS subject matter experts will be available to address questions from the provider community on **April 17, 2008 from 2-3:30PM ET**. Participants are able to submit questions using the online registration system for this call. To register, visit http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_4-10-08_call.pdf on the CMS website.

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.