
Released 10/24/2007

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

As we get closer to May 23, 2008, be sure to pay attention to information from Medicare and other health plans regarding NPI implementation timelines.

Important Message for Residents at Teaching Hospitals and Academic Medical Centers: Why get your NPI now?

- If the hospitals' residents want to enroll in Medicare, you will need to obtain NPIs before applying (enrolling) as a Medicare provider.
- Other health plans may require you to obtain NPIs as a condition of enrollment.
- If you prescribe medication, the pharmacies may need to know your NPI before dispensing the medications and submitting claims to health plans.
- If you order or refer services, your NPI may be required on the claims from providers who actually furnished the services.
- Future employers may require you to obtain NPIs as a condition of employment.

Important Information for Medicare Providers

Summary of Key Medicare Dates:

October 29, 2007 - By this date, all carriers, A/B MACs and DME MACs will be rejecting claims where the NPI/legacy identifier combination used in claims cannot be validated against the NPI crosswalk. Informational edits will no longer be issued once this happens, but will be replaced by reject reports that will assist providers in determining why the claim is being rejected.

January 1, 2008 - As of this date, 837I electronic claims and UB04 paper claims without an NPI in fields identifying the primary provider (billing and pay-to) will be rejected. Legacy identifiers paired with NPIs in the primary provider fields on the claim will still be acceptable as will legacy-only numbers in secondary provider fields (see clarification below).

CMS has not yet announced the date by which an NPI will be required for primary provider fields on 837 professional electronic claims and 1500 paper claims processed by carriers, A/B MACs and DME MACs. This will occur prior to May 23, 2008; a specific date will be announced once available.

May 23, 2008 - In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that only the NPI will be accepted on all HIPAA electronic transactions (837I, 837P, NCPDP, 276/277, 270/271 and 835), paper claims and SPR remittance advice. This also includes all secondary provider fields on the 837P and 837I. The reporting of legacy identifiers will result in the rejection of the transaction. CMS will also stop sending legacy identifiers on COB crossover claims at this time.

Common Claims Problems/Errors Causing Rejections

The following problems/errors are due to providers billing with incompatible NPI/legacy pairs:

- The type of NPI you use (Entity Type 1 or Entity Type 2) must match your Medicare enrollment PIN (individual or organization). When compatible NPI/legacy pairs are submitted on a claim, there is a much higher success rate for finding a match on the NPI crosswalk, thus further ensuring timely and accurate processing of your claim.
- Those who are enrolled with Medicare as individuals but obtained an Organization (Entity type 2) NPI through NPPES (or vice versa) need to ensure their enrollment records are correct and their NPIs were obtained appropriately.
- On professional claims (837P and CMS-1500), the NPI/PIN combination should identify the Billing, Pay-to, and Rendering Provider (the Pay-to Provider is identified only if it is

different from the Billing Provider). This includes claims that are submitted by corporations that physicians and non-physician practitioners have formed or by physicians and non-physician practitioners who bill Medicare directly. For more information, please refer to MLN Matters article SE0744 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0744.pdf> on the CMS website.

Other problems identified include:

- Providers are not taking proactive action based on the Part B informational edits and reject reports, despite extensive outreach and educational activities designed to make providers aware of the need to take action. Don't let this happen to you. Pay attention to the informational edits prior to October 30 and the reject messages thereafter.
- CMS has received reports of clearinghouses and billing services that may be stripping the NPI from the claim and later adding the NPI back on the remittance advice. Make sure this is not unknowingly happening to your claims. If you suspect that your clearinghouse or billing service is stripping your NPI from claims, please contact your contractor to confirm that an NPI was not received.

Clarification: NPI Requirement on Medicare Institutional Claims for 1/1/08

At the beginning of October, CMS issued a notice that referred to institutional claims. We are further clarifying that effective 1/1/08, NPIs will be required to identify the primary providers (the Billing and Pay-to Providers) in Medicare electronic and paper institutional claims (i.e. 837I and UB-04 claims). You may continue to use the legacy identifier in these fields as long as you also use the NPI in these fields. This means that 837I and UB-04 claims with ONLY legacy identifiers in the Billing and Pay-to Provider fields will be rejected starting on 1/1/08. (Pay-to Provider is identified only if it is different from the Billing Provider.)

You may continue to use only legacy identifiers for the secondary provider fields in the 837I and UB-04 claims, until 5/23/08, if you choose.

Test Your Claims Now!

Medicare encourages submitters to send a small number of claims using NPIs only (no legacy identifiers). If no claims are rejected, the submitter may gradually increase the volume. And remember, Medicare will require the NPI on paper claims – be sure to begin the testing process now even if you bill paper!

Upcoming WEDI NPI Audiocast on Using the NPI Registry and the NPPES Downloadable File

The Workgroup for Electronic Data Interchange will host an NPI audiocast on October 31st. Visit <http://www.wedi.org/npioi/index.shtml> on the WEDI website to learn more. Please note that there is a cost to participate in WEDI events.

Still Confused?

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.

Getting an NPI is free - not having one can be costly.

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Important Information for All Medicare Providers – What to do if Claims Are Rejected

- Check Medicare Reject Report messages.
- If you use billing companies, clearinghouses and administrative staff, check to find out if they have been contacted by Medicare contractors concerning problems in matching NPI/PIN combinations to the Medicare NPI crosswalk.
- Check your information in the NPPES to ensure that the NPI(s) were properly obtained. For example, if you are a sole proprietor, you should have an individual PIN and you should have obtained an NPI as an Individual (Entity type 1), not as an Organization (Entity type 2).
- Ensure that the NPPES data are correct, and that the NPPES record(s) contains the Medicare legacy identifier(s) that was assigned to the provider to whom the NPPES record belongs. For example, a physician/practitioner applying for an NPI would list his/her Medicare PIN in the “Other Provider Identifiers” section of the NPI application, but would not list the PIN of the group in which he/she is a member. Medicare uses this information in building the Medicare NPI crosswalk and incorrect reporting will flow into the NPI crosswalk and cause problems down the road. To view or edit your NPPES record, go to <https://nppes.cms.hhs.gov> on the CMS website. For assistance, call the NPI Enumerator at 1-800-465-3203.
- If the NPI(s) was properly obtained and the NPPES information is correct and you continue to get informational NPI edits:
 - Ensure that your Medicare enrollment information is up to date.
 - If you need to re-enroll or update the enrollment information, ensure that a complete application is submitted.
 - Also, make sure that the Medicare enrollment record reflects the correct Taxpayer Identification Number (TIN) for use by Medicare in reporting your income to the IRS on the 1099 form.

Important NPI and Enrollment Information for Physicians and Non-Physician Practitioners

By October 31, 2007, all Medicare carriers (and A/B MACs that service providers who formerly billed carriers) will be rejecting Part B claims if they are unable to “match” a NPI and a PIN combination submitted on a claim to an NPI/PIN combination in the Medicare NPI crosswalk. The NPI/PIN combination may be used to identify the Billing, Pay-to, or Rendering Provider (the Pay-to Provider is identified only if it is different from the Billing Provider). This applies to claims that are submitted by corporations that physicians and non-physician practitioners have formed, or by physicians and non-physician practitioners who bill Medicare directly. In this article, we refer to these physicians and non-physician practitioners as “physicians/practitioners.”

For more information, please refer to the Special Edition MLN Matters article on this subject.

You can view the article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0744.pdf> on the CMS website.

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Potential Issues Related to Clearinghouse and Billing Service Practices

As part of efforts to fully implement the NPI, Medicare FIs, carriers, and A/B MACs have begun calling providers who are not sending their NPI on claims or are sending incorrect NPI information. It has come to CMS' attention that:

- Some Clearinghouses may be stripping the National Provider Identifier (NPI) off the claim prior to its submission to Medicare for claims processing. Clearinghouses may be adding the NPI back onto the Remittance Advice, so that providers are unaware that NPIs are being removed prior to being sent forward.
- Some billing services (or "key" shops) are not putting the NPI on the claim, contrary to provider instructions.
- Some clearinghouses are not forwarding, to providers, carrier NPI informational claim error messages designed to help the provider understand the problems Medicare is encountering in attempts to crosswalk the NPI to legacy identifiers.

Medicare Contractors are turning on edits to begin validating the NPI/legacy pair against the Medicare NPI Crosswalk. If the pair on the claim is not found on the crosswalk, the claim will reject. Stripping the NPI submitted by a provider from the claim adversely affects Medicare provider incentive cash flow, payers that receive crossover claims, and the efforts of Medicare to fully implement NPI.

If you are a Clearinghouse or billing service that is stripping or not sending the NPI, Medicare would like to better understand the reasons behind this practice as well as the expected timeframe during which this will continue to occur. Therefore, we ask those willing to discuss this problem with CMS staff to please contact Aryeh Langer at Aryeh.langer@cms.hhs.gov or Nicole Cooney at Nicole.cooney@cms.hhs.gov before October 10, 2007.

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This is an important message for institutional providers that bill Medicare fiscal intermediaries (FI's) and A/B Medicare Administrative Contractors (A/B MAC's).

The Centers for Medicare & Medicaid Services (CMS) is pleased to report that the vast majority of institutional provider claims are being sent to Medicare with a National Provider Identifier (NPI). Moreover, the Medicare NPI crosswalk has been in successful operation for all institutional provider claims since June 2007. Given these favorable results, we are taking the next step towards full implementation of the NPI in Medicare.

Effective January 1, 2008, your Medicare fee-for-service claims received must include an NPI in the primary fields on the claim (i.e., the billing and pay-to fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI. Claims with only a Legacy provider identifier for the primary fields will be returned as unprocessable. You may continue to include legacy only for the secondary fields, if you choose. Failure to submit an NPI in the primary fields will result in your claim being returned as unprocessable, beginning January 2, 2008.

In addition, if you already bill using the NPI/legacy pair in the primary fields and your claims are processing correctly, now is a good time to submit to your contractor a small number of claims containing only the NPI. This test will serve to assure your claims will successfully process when only the NPI is mandated on all claims.

Important Information for All Medicare Providers

CMS recently made available a document that will assist physicians and non-physician practitioners in completing form CMS-855I, Medicare Provider Enrollment Application – Physicians and Non-Physician Practitioners. This document contains several enrollment scenarios and indicates where on the CMS-855I the National Provider Identifier (NPI) is to be reported. It also indicates when the CMS-855R and/or the CMS-855B need to be completed. The document is available from

www.cms.hhs.gov/Medicareprovidersupenroll/Downloads/EnrollmentNPI.pdf

Need more Information?

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