

## **NPI: Info Regarding Data Dissemination, Testing Medicare Claims & More**

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

Approximately 98% of the estimated 2.3 million covered health care providers now have NPIs. Health plans, health care clearinghouses, and health care providers are now transitioning to the implementation phase for NPI compliance.

### **CMS Delays Dissemination of National Plan and Provider Enumeration System (NPPES) Data**

The NPPES Data Dissemination Notice (CMS-6060-N) was published on May 30, 2007. NPPES health care provider data that are required to be disclosed under the Freedom of Information Act (FOIA) will be made publicly available. The FOIA-disclosable data will be made available in an initial file downloadable from the Internet, with monthly update files also downloadable from the Internet, and in a query-only database (the NPI Registry) whereby users can query by NPI or provider name. The Notice stated that these data will be available 30 days after the publication date, and CMS had previously stated that they would be available on June 28, 2007.

CMS believes that health care providers need additional time, beyond what was afforded in the Data Dissemination Notice, in which to view their FOIA-disclosable NPPES data and make any updates or deletions (where permitted) that they feel are necessary. **Therefore, CMS has decided to delay the dissemination of FOIA-disclosable NPPES health care provider data until August 1, 2007, 60 days after the publication date of the Notice.**

CMS will provide additional information in the near future with respect to the date by which changes would have to be submitted in order to be reflected in the initial downloadable file. CMS understands that the health care industry is in urgent need of the FOIA-disclosable NPPES health care provider data; however, CMS believes it is in the best interests of the industry, and the health care providers in particular, that the NPPES data we will be disclosing be as accurate as possible.

For the latest information on Data Dissemination, as well as a list of the FOIA-disclosable data elements, visit

[http://www.cms.hhs.gov/NationalProvdentStand/06a\\_DataDissemination.asp](http://www.cms.hhs.gov/NationalProvdentStand/06a_DataDissemination.asp) on the NPI Website.

### **Revised NPI Application/Update Form**

The NPI Application/Update Form (CMS-10114, 05-07) has been revised and is now available for download on the CMS Website. More information on the revisions to the form, as well as a link to the revised form, is available at

[http://www.cms.hhs.gov/NationalProvdentStand/Downloads/Announcement\\_for\\_Revision\\_NPI\\_Application\\_form.pdf](http://www.cms.hhs.gov/NationalProvdentStand/Downloads/Announcement_for_Revision_NPI_Application_form.pdf) on the CMS NPI Website.

### **The Importance of Up-to-Date Billing Software**

Providers that use billing software should make sure they are using the most current version. Software vendors have made changes to accommodate the NPI. Running an outdated software version could contribute to claim rejections or the inability to send your NPI.

## **National Uniform Billing Committee (NUBC) Response Regarding Printing Problems with the UB-04 Form**

It has come to the attention of the NUBC that some laser printers are having difficulty meeting the print specification of the UB-04 form. The UB-04 form and the UB-92 contain identical margin specifications. Both forms are 82 characters across. To accommodate the 80 character limitation of some laser printers, many users of the UB-92 form developed workarounds that basically “cheated” on the printing layout. This was commonly accomplished by starting in the second position and ending in the 80th position, basically ignoring the first column on the left and the last column on the right. The UB-92 had no critical data elements in these fields. In order to meet the UB-04 print specifications, users should utilize laser printers that have “edge-to-edge” print capability (4 mm margins on the left and right) or wide carriage impact printers (dot-matrix or line printers).

More information can be found at [http://www.nubc.org/UB-04\\_Printing\\_Requirements.pdf](http://www.nubc.org/UB-04_Printing_Requirements.pdf) on the NUBC Website.

### ***Important Information for Medicare Providers***

#### **Testing Your NPI on Medicare Claims**

To date, Medicare has encouraged providers to submit both an NPI and a legacy identifier on claims.

At this time, only Fiscal Intermediaries and the CIGNA Idaho and Tennessee carrier are editing the NPI against the Medicare NPI Crosswalk file when the NPI/legacy identifier is submitted. If you are billing these contractors and claims are not rejecting, your reporting of the NPI is successful.

Other carriers (including CIGNA North Carolina) and DME MACs are not validating the NPI/legacy pair against the Medicare Crosswalk. If a provider is submitting claims to these contractors your claims have not, and will not, reject because the system is bypassing the NPI Crosswalk validation and simply processing on the legacy provider number. Although carrier submitters may be receiving informational edits when the problem occurs, DME MAC submitters are not.

To fully understand if your provider information is valid on both the Crosswalk and the Contractors provider file, Medicare is now asking providers who submit claims to the other carriers and DME MACs to send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. If any claim is rejected due to provider identifier issues, first verify your NPI to make sure it was entered correctly. If the NPI is correct, then data in either NPPES or Medicare provider files is incorrect. You must check the accuracy of the following fields in your NPPES record and/or 855 provider enrollment record:

- EIN (for organization providers), SSN (for individual providers)
- Other Provider Identification Numbers (in NPPES where type = Medicare. This is where providers, when they apply for their NPIs, may, as an option, list the Medicare legacy identifier(s) that needs to be linked to the NPI.)
- Business Location (Practice Location) Address (from NPPES and provider enrollment records)
- Master Address (from provider enrollment records)
- Other Address (from provider enrollment records)
- Legal Name or Legal Business Name

Once data is corrected, please wait a few days for the systems to update, and test again with a small number of claims. This process will help establish confidence that your claims will be paid. It is critical that you start testing with your NPI now.

Note that for claims submitted with the NPI only (no legacy identifier) to any contractor (carrier, FI, DME MAC); the NPI has been and will be edited against the NPI crosswalk.

While Medicare FFS has announced its contingency plan, it is committed to ending the contingency plan as soon as possible.

### **Common Errors that May Result in Claim Rejections**

- Errors in Employer Identification Number (EIN), or Tax ID (TIN). As a reminder, providers that are organizations are required to report the EIN when they apply for an NPI (on-line, paper, and EFI). That EIN might or might not also be the TIN. With the revised CMS-10114 (to be used beginning July 10, for on-line, paper, and EFI), organizations that are subparts will be required to report the 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 record, the provider should submit a CMS-855 to correct.
- Invalid or incomplete data within the ‘Other Provider Identifiers’ section of the NPPES online application, such as
  - The absence of the Medicare Identification Number/Provider Number,
  - Not having the ‘Type’ listed as Medicare for a Medicare Identification Number/Provider Number, and or
  - Having extra Medicare Identification Numbers/Provider numbers that shouldn't be linked to the NPI of the applicant.
- 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.

CMS is currently working on a special edition **MLN Matters** article regarding verifying NPPES data and correct billing for Medicare claims. This article will be announced as soon as it is available.

### **835 Electronic Remittance Advice Changes Effective on July 2, 2007**

A recent MLN Matters article discusses the changes currently scheduled for the implementation into the Medicare DMERC processing system July 2, 2007. Visit <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5452.pdf> on the CMS Website.

### **How do I Share my NPI with Medicare?**

Please share your NPI with Medicare by submitting it on Medicare claims. Unlike some health plans, there is no fax number, phone number or special website you need to use to communicate your NPI to Medicare. As stated previously, 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.

### **NPIs and the Physician Quality Reporting Initiative (PQRI)**

Please note that individual NPIs will be required on claims from those providers who will be participating in the 2007 PQRI. Please visit <http://www.cms.hhs.gov/pqri> for more details.

### **CMS Discontinues the Assignment of Unique Physician Identification Numbers (UPINs)**

Effective June 29, 2007, CMS will discontinue assigning UPINs to Medicare providers. CMS is considering extending access to the UPIN Registry until 5/23/08. For further details, visit the Change Request on this subject at

<http://www.cms.hhs.gov/transmittals/downloads/R207PI.pdf> and the associated MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5584.pdf> on the CMS Website.

### **Upcoming WEDI NPI Industry Forum**

The Workgroup for Electronic Data Interchange (WEDI) will host its 7th NPI Industry Forum July 18-19, 2007 in Fairfax, VA. Please visit <http://www.wedi.org/npioi/index.shtml> for more details and to register. Please note that there is a charge 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 at the CMS NPI page

<http://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.

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