



Oregon

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To: All Covered Entities

From: Patricia Krewson NPI Project Manager

Subject: NPI and Taxonomy Code Requirements



I am providing the following information in response to two questions that came out of the SW Washington and Oregon HIPAA TCS Forum meeting of August 2007.

Question 1: Will DHS require taxonomy codes?

Answer 1: First, if providers have identified and enumerated with a taxonomy code(s), use that taxonomy code(s) whenever submitting an electronic claim to DHS.

Secondly, there is no simple Yes or No response to this question. The answer depends on two primary elements:

1. How a provider has chosen to enumerate himself, AND
2. How DHS has enrolled the provider.

When a one-to-one match can be achieved between the provider's NPI and the DHS provider number, no taxonomy code or other secondary identifier is needed. However, if the provider's self-NPI enumeration and the DHS provider enumeration are different, we need taxonomy codes and other identifiers. In most of these cases, DHS informs the providers so they will know to always use their taxonomy code(s).

When these two identifiers are not sufficient to reach a one-to-one match, DHS goes through an internal process to identify the provider submitting the claim using other data elements available within the claims transaction such as name, street address, city, ZIP code, etc. This typically requires no additional work on the provider's part and is intended to be transparent, whenever possible, for the provider. For the sake of consistency of claims processing, DHS staff expects to find matching information. For

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example, if the provider name is “Providence Medical Group-Milwaukee,” we want to see the billing provider name submitted this way every time.

In a very small number of situations, the information available in the electronic claims transactions is not sufficient to get to the unique match. In these cases, DHS has developed internal reports to identify these providers so staff can work with them individually to develop a resolution.

In other situations, most particularly with a few of the Addictions and Mental Health Division’s (AMH) providers who are paid at different rates, other resources have been enlisted (*e.g.*, procedure codes and modifiers). As these mechanisms are finalized, AMH and the NPI Project staff will distribute instructional materials to the affected providers indicating what information we need to process their claims for payment.

For managed care organizations (MCO) needing to encounter services provided by these shared providers, the information within the claim from the provider to the MCO should remain intact, as always, when it is converted to an electronic encounter claim. DHS uses the same FFS processing logic for encounter claims. Additionally, DHS continues to provide the bi-weekly NPI Provider Match file for the MCOs (which includes all associated NPIs and taxonomy codes).

Question 2: Will taxonomy codes be required for the referring provider?

Answer 2: An individual provider should only have one NPI, so the NPI in this case should be sufficient for DHS to gain a one-to-one match; however, it is always safer to include a taxonomy code where one has been identified in the NPI enumeration process. If the claim is denied for a referring provider reason, the provider should work with DMAP’s Provider Services Unit to determine the cause of the denial, as it may be unrelated to the NPI.

For more information on the DHS implementation of the NPI standard, contact DHS EDI Support Services at 888-690-9888 or DHS.EDIsupport@state.or.us.

For concerns on specific claims, contact DMAP Provider Services at 800-336-6016 or DMAP.providerservices@state.or.us.

Thank you for your continued support of the Oregon Health Plan.