

**Fee-for-Service Medicare NPI Q&A Common Billing Error Conference Call**  
**Moderator: Nicole Cooney**  
**August 2, 2007**  
**2:00 pm ET**

Operator: Good afternoon. My name is Jean and I will be your conference operator today. At this time I would like to welcome everyone to the Fee-for-Service Medicare NPI Q&A Common Billing Error Conference Call. All lines have been placed on mute to prevent any background noise.

After the speaker's remarks there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you. Miss Cooney, you may begin your conference.

Nicole Cooney: Good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group at CMS. I'd like to welcome you to the 25th HIPAA roundtable conference call. This is the sixth roundtable specifically dedicated to NPI -- the National Provider Identifier. CMS appreciates your participation in today's call and we are once again looking forward to a very informative session this afternoon.

The purpose of today's call is to address questions related to Fee-for-Service Medicare and billing with the NPI. We have no information to share with you today regarding Data Dissemination. Before we begin, there are several important items that I would like to mention.

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. Secondly, group practices that bill Medicare electronically are covered providers and are required by regulation to obtain and use NPIs to identify themselves as the billing and pay-to providers in Medicare claims.

Medicare requires that providers who are identified as rendering providers in Medicare claims be identified by NPIs whether or not they are covered providers. Therefore, group practices that are enrolled in Medicare will want to ensure that their members, physicians, or other practitioners obtain NPIs in order to ensure payment to the group practices by Medicare.

And third, it has come to CMS' attention that some clearinghouses are stripping the NPI off the claim prior to its submission to Medicare. This could adversely affect Medicare providers in two ways. First, providers may be under the false impression that their claims are being successfully submitted to Medicare through their clearinghouse using an NPI. Second, without the NPI, these claims will not count toward PQRI participation for eligible professionals.

Stripping of NPIs may also be occurring even though the NPI appears on remittance advice because some clearinghouses are adding the NPI to the remittance prior to sending it to the provider. CMS urges Medicare providers that use clearinghouses to check with their clearinghouses to assure NPIs are not being stripped from claims. If the provider determines that their clearinghouse is stripping NPIs from the claim, the provider may wish to consider other billing options.

The format for today's call is a little different. We will not have an opening presentation and instead we'll jump directly into the question and answer session. I have several subject matter experts here today from throughout the agency to answer your questions related to Fee-for-Service Medicare and

billing with the NPI. First, Marlene Biggs, the Medicare Fee-for-Service NPI lead, will provide a few opening remarks.

Marlene Biggs: Thank you, Nicole, and thank you all for joining us today for the Medicare Fee-for-Service NPI Q&A session on common billing errors. I'll keep my comments brief so we have more time for answering questions. Seventy-seven percent of Medicare claims received today have either an NPI or an NPI legacy pair. One of the most frequent Medicare claims billing errors received today is group billing providers incorrectly sending their NPI and legacy provider number combination.

Here's an example. A group bills Medicare with their group NPI and the rendering or individual provider's legacy ID in the billing field. Or here's another, the group bills the individual NPI and the group legacy number in the rendering field. If you are billing Part A institutional claims today and you're incorrect provider combinations, your claims are being returned as unprocessable because Medicare cannot locate the combination you're sending on the crosswalk.

If you're billing Part B professional claims incorrectly, you'll receive an informational edit. The reason your Part B claims are not rejecting today is because Medicare claims processing systems are using bypass logic that does not validate the NPI legacy pair against the Medicare crosswalk. It is our plan to have Medicare Part B contractors turn off this bypass logic and edit those pairs in a staggered schedule between the dates of September 3 and October 29.

All Medicare Part B providers' Carriers are sending informational edits back to either your clearinghouse or directly to you, the provider. CMS has received unconfirmed reports that clearinghouses are not sending these

informational edits back to you. If you suspect this is happening, you should contact your clearinghouse. Thank you again. I will now turn the presentation back to Nicole.

Nicole Cooney: Before we begin, I just wanted to go over a few points so that we can maximize our time here today and answer as many questions as possible related to the topic at hand. Due to our limited time today, we ask that callers please limit themselves to one question. When you're asking a question, please remember that there are others who have questions as well, so kindly be concise and specific.

After you've asked your question, there may be a brief pause while we prepare our response. This call is intended to address questions from Fee-for-Service Medicare providers. Medicare Carriers, FIs or MACs should not use this forum to get technical direction. Contractors should use the established protocol for communication with CMS.

As I stated at the beginning of the call, we do not have any information to share with you today on Data Dissemination. As soon as we have more information, this will be posted on the CMS NPI website. Now we would like to start our questions and answer session. Once your line is open, please state your name and the organization that you work for. Operator, we're ready to take our first caller, please.

Operator: And at this time I would like to remind everyone, if you would like to ask a question, please press star one. And your first question comes from Samantha Lambert.

Samantha Lambert: Hi, my name is Samantha Lambert. I work for (Pro) Physical Therapy, and my question today is that we have some providers who have more than one

provider number due to being in multiple states. We only operate under one tax ID, so we've only applied for one NPI. They are stating that since we are in different states we should have multiple NPI numbers. Is this correct?

Pat Peyton: This is Pat Peyton. That's a Subpart issue. The provider needs to determine for itself whether it wants NPIs for each of its different locations. You don't have to do that. I don't know what more I can say about it right now. The decision is up to the provider, not up to the health plan. The only exceptions are Medicare DME suppliers: They do need a unique NPI for every location.

Samantha Lambert: Great. Thank you for your help.

Operator: Your next question comes from Laurie Pace.

Laurie Pace: Yes this is Laurie Pace from Mountain Health Care in Salt Lake City. We're getting Medicare entity rejections on our sample submissions and we've tried everything we know to fix this and we don't know exactly what that means, so we're getting things as just called "This is entity rejection." And I don't know how to fix this error or even what it means.

Marlene Biggs: This is Marlene Biggs. What is the rejection number?

(Laurie Pace): Okay I'm looking at this huge file. What - where will that be?

Marlene Biggs: It may be a five-digit number? It depends. Are you billing Part A or Part B?

Laurie Pace: Part B.

Marlene Biggs: Okay. Do you have...

Laurie Pace: Is that a logical file number, a log in (TP) ID, external file name, batch number, a provider ID in the NPI for the claim because it's invalid entity number value five code NB010. Is that it?

Marlene Biggs: It doesn't sound familiar. Have you contacted your contractor that you send your claims to?

Laurie Pace: Yes. They're not able to tell us what the errors are. The claims are being rejected.

Marlene Biggs: Could it be an error out of your software?

Laurie Pace: I don't know. We were hoping you could give us some clues. We're trying all different sorts of things. We're not getting an easy resolution to it and we're just looking for whatever help we can find.

Marlene Biggs: It doesn't sound like it's a Medicare error. It sounds either a transmission error or an error with your software. I would suggest you contact your vendor.

Laurie Pace: Okay. Thank you.

Marlene Biggs: You're welcome.

Nicole Cooney: Next question, please?

Operator: Your next question comes from Brad Campbell. Mr. Campbell, your line is open.

Operator: Your next question comes from Cathy Irving.

Cathy Irving: Yes this is Cathy at Calais Regional Hospital in Calais, Maine. And my question is, the doctors in Canada -- how would they go about - would they be able to get, without a license in this country, an NPI number?

Pat Peyton: If they're physicians they are not going to be able to get an NPI without a license number.

Cathy Irving: Correct.

Pat Peyton: The answer is no.

Cathy Irving: The answer is no. I've talked to some people and they think there must be a way that they can do this. And I'm thinking no they've got to have a license in this country. Because I was looking at some of the old information - I think it was at your May meeting, and there was an (Elizabeth) that said we have a couple of Canadian providers who don't have them. And so I guess I should just direct them back to the website.

And then the woman - whoever the woman was that was answering directed them then to the NPPES website. And there was a note on there like Pat Peyton had mentioned. You don't have to be in the United States to be eligible for an NPI. They can apply for an NPI. But the thing is, they have got to have a license in this country, right?

Pat Peyton: Well they - yes they have to have a license. The license issue didn't come up at that roundtable.

Cathy Irving: Okay. So if they don't have a license in this country - I've talked to one of the docs and she said, "No it's too expensive to get a license in this country," so,

you know, and they order things like outpatient services. So the answer is no.  
Thank you very much.

Pat Peyton: You're welcome.

Operator: Your next question comes from Penny Thatcher.

Penny Thatcher: Physical therapy-related -- if a patient is referred for outpatient physical therapy from a physician who does not have an NPI due to the fact that they are changing to a cash only basis, how do we bill this service?

Marlene Biggs: The physician would need to have an NPI for you to bill Medicare.

Penny Thatcher: So in other words, if we wish to treat that patient who is coming with a referral from a physician in -- I'm in Northern California, sorry -- we will be billing - we still need to submit a bill for that patient because we are a Medicare provider and that would be with the GY modifier. Is that correct?

Marlene Biggs: I'm not sure about the modifier.

Claudette Sikora: Well we could look into it but if they're a physical therapist, in independent practice, they can bill Medicare and then that's a referring/ordering situation that we would have. And I'd have to look back over what we decided on what they can put in for a referring ordering physician who is not - doesn't have an NPI and doesn't deal with us. And that's the situation. It's...

Penny Thatcher: That is exactly it.



Penny Thatcher: ...in the past, the physician did have a provider ID number because at that point they were participating with Medicare when they obtained that number. They have since decided -- and this has happened recently with five different physicians -- that they no longer wish to participate. And so now it's cash only if the patient wishes to go to them. But the patient is...

Marlene Biggs: But as long as they still have a license, they could still get an NPI. It doesn't cost anything. There's no reason they couldn't...

Penny Thatcher: I don't know why they do not wish to get an NPI. I mean actually that's not something I can get into with that physician's office, but what I do have to deal with is they're fairly popular physicians. And as such, patients will go on a cash basis. And they are coming to our clinic to receive physical therapy. We wish to bill it correctly.

Pat Peyton: Just because those physicians aren't participating doesn't mean they're not still enrolled in Medicare. And eventually they will have to get an NPI if they're enrolled in Medicare.

Claudette Sikora: Right. I mean do they have to get an NPI if they're not enrolled in Medicare.

Pat Peyton: Yes.

Claudette Sikora: You're saying they do.

Pat Peyton: Yes. Eventually, ordering and referring providers on Medicare claims are going to have to have NPIs but we're not...

Marlene Biggs: Every provider field in the claim must contain an NPI...

Pat Peyton: Yes. Eventually.

Marlene Biggs: You were using a legacy number or a UPIN before.

Penny Thatcher: Well. Okay I'm not sure I understand the answer to my situation.

Marlene Biggs: The provider would need to get an NPI.

Penny Thatcher: So in other words, if we wish to treat this patient and they do - and that physician, for whatever reason is choosing at this moment in time, to not have an NPI, if we treat that patient, then we have to bill it as if they were not referred from a physician.

Marlene Biggs: Right now?

Penny Thatcher: Right now.

Marlene Biggs: ... Right now, he does not have to have an NPI. Does he have a legacy number?

Penny Thatcher: Well, he does have a legacy number.

Marlene Biggs: Then you can bill with the legacy number.

Penny Thatcher: And up until what point may we do that?

Marlene Biggs: 5/23/08.

Penny Thatcher: Oh, I'm sorry. Okay.

Marlene Biggs: You can bill legacy, NPI, or NPI/legacy pair for secondary providers until 5/23/08. Medicare has not changed their stand on that.

Penny Thatcher: Okay. Because it does seem to me that I have billed for a couple different referring providers that have referred for physical therapy. I did have their NPI. And for whatever reason, we did not have their PIN -- their original legacy number. And those claims were definitely rejected by Medicare when we submitted only with an NPI for the referring physician.

Marlene Biggs: Well, if they rejected, it was for what reason. What was the error message that you received back?

Penny Thatcher: And I'm sorry I'm not...

Marlene Biggs: I would suggest you call your contractor and discuss the error message that you received and ask them why the NPI was rejected or why the claim was rejected due to the referring NPI.

Penny Thatcher: I mean it was as if we don't have both. One only was - is not acceptable. And I'm asking this question because you're telling me that I could submit only with the legacy number.

Marlene Biggs: For NPI.

Penny Thatcher: Right. So in other words this is a question for NHIC.

Marlene Biggs: Right. Okay.

Penny Thatcher: So you're saying until 5/23/08 we can submit, even if the referring physician does not have an NPI.

Marlene Biggs: That's correct.

(Penny Thacher): And is there somewhere that I may reference that to my local - to the California Carrier?

Marlene Biggs: CR 5529.

Penny Thatcher: 5529? Yes. Okay, thank you so much. I appreciate it.

Marlene Biggs: You're welcome.

Operator: Your next question comes from Terry Smith.

Terry Smith: Yes, we're a durable medical equipment company (KCI) in Houston Texas. We are billing Medicare with an NPI number. And when we receive payment we are sometimes receiving payment on a different NPI number, which is our corporate NPI. And I wondered if we were filing something wrong or why we might be getting that payment.

Marlene Biggs: Are you a group?

Wanda Sigman: We are a group.

Marlene Biggs: The NPI number that you're using in your billing field is the same as what you're using in your pay to?

Wanda Sigman: Yes.

Marlene Biggs: Okay. And you're getting payment on another NPI?

Wanda Sigman: Yes.

Marlene Biggs: I'll have to get your name and number and who your contractor is. Could you give me your name?

Wanda Sigman: Yes. It's Wanda Sigman.

Marlene Biggs: Can you spell your last name?

Wanda Sigman: S as in (Sam) I G M A N.

Marlene Biggs: Your number?

Wanda Sigman: XXX-XXX-XXXX.

Marlene Biggs: And who is your contractor? Who do you send your claims to?

Wanda Sigman: We send to all four DMACs to Noridian, NHIC, NGS and CIGNA.

Marlene Biggs: Do you know which one you're having problems with, or is it happening at all four?

Wanda Sigman: It's happening in all four.

Marlene Biggs: Okay. I will get back to you.

Wanda Sigman: Okay. I appreciate it.

**[CMS is currently working with this participant to determine the cause of this particular problem.]**

Operator: Your next question comes from Bonnie Elder.

Bonnie Elder: Yes, I have a question regarding Medicare crossover claims to First Health. We're having problems with First Health stating that they're not getting the correct NPI and legacy numbers when crossing over claims.

Marlene Biggs: When they say it is incorrect, is it what you're sending us?

Bonnie Elder: No. What we're sending you is correctly. You're paying us fine on the primary claim. On the secondary claims with First Health, we're getting "unable to match provider Medicare number" explanation back from Medicaid. We have called them and they're telling us that it's during the crossover. And I'm having to do (total 18s) on every single one of these claims and it's not a few claims. It's right many and they're claiming it's Medicare's crossover glitch.

Marlene Biggs: And is the problem with secondaries or is it the secondary payer having problems matching the Medicare number to the NPI or to the Medicaid?

Bonnie Elder: It's Medicaid having a problem with the crossover of Medicare primary. They are the secondary insurer.

Marlene Biggs: But are they having problems with the NPI or the legacy?

Bonnie Elder: They're saying that they're having problems with the NPI and legacy number. It's crossing over incorrectly. They're not getting it. It says unable to match.

Marlene Biggs: Okay, you saying they're not receiving anything?

Bonnie Elder: They're receiving the file. They're receiving your crossover claims, but they're saying once they get them, they're unable to match the NPI legacy numbers with our practice.

Marlene Biggs: The legacy and NPI numbers are on the claims, correct?

Bonnie Elder: That's correct and you all haven't had a problem paying us with what we have on there -- our NPIs and legacy numbers.

Marlene Biggs: And you're saying the pair that's sent to them is different than the pair you sent to us?

Bonnie Elder: No - well actually Medicaid is saying that they don't match. They're incorrect.

Marlene Biggs: Has someone talked to Medicaid and asked them what PIN number and what NPI they're receiving? And if - have you compared that to what you're sending us?

Bonnie Elder: We have talked to them and they're saying that it's during the crossover. Something is getting switched during the crossover.

Marlene Biggs: I'm not aware of any problem on the crossover.

Bonnie Elder: I have a whole list of patients here, you know, that you all have actually paid us, processed it, and paid on. I have a remit date, but I guess that probably won't help you on that remit that they have problems with. I mean it's just an example of the 15/20 pages that I have in there.

Operator: Your next question comes from Cindy Alexander.

Cindy Alexander: Hi. This is Cindy Alexander with (Compunet Clinical Laboratories). We have a physician who's provided to us an organizational NPI, and she states that she will not be obtaining an individual NPI because her organization is an LLC that is a sole proprietorship. It is appropriate for us to place an organizational NPI in the referring physician field?

Pat Peyton: This is Pat Peyton. If she says she's a sole proprietor, then she doesn't have an LLC, because that's a corporation. So I think she needs to get an NPI and her corporation apparently already has one.

Cindy Alexander: Okay. Thank you very much.

Operator: Your next question comes from Jennifer Hetzbo.

Jennifer Hetzbo: Hello. I want to go back to the referring physician question in terms of - out of - let's see -- specifically the Canada physicians. We do have a lot of Medicare patients here in Rochester, New York, that live up in Canada so may get referred to us. How do we then commit - submit the claims if those Canada physicians do not have an NPI?

At the time, NPI is required for referring physicians. How do we police that?

Pat Peyton: Well we'll have to issue instructions down the road on that.

Operator: Your next question comes from Vicki Newhouse.

Vicki Newhouse: Yes, I was wondering, we've had our NPI number like when they first came out and we've had them on - in our system. Has Medicare been looking at them all along or is it something that they are just now looking at?



Marlene Biggs: When you're saying looking at, are you sending NPI only on your claims?

Vicki Newhouse: No, we've had - all the numbers on there also, but I was just wondering if there would be a problem with NPI number if we would have known it by now.

Marlene Biggs: Are you billing Part A or Part B?

Vicki Newhouse: Part B.

Marlene Biggs: If you're sending your NPI and legacy pair, your Medicare contractor is not validating that that pair is on our crosswalk. So you would received informational edits if there was a problem. Are you using a clearinghouse?

Vicki Newhouse: No. We were doing that ourselves.

Marlene Biggs: Okay. If there was a problem with your payer, you should have received informational edits.

Vicki Newhouse: Okay. Now what about a (sole proprietor)?

Marlene Biggs: Well I'm not sure I understand the question.

Vicki Newhouse: When we have (unintelligible) to bring on a new physician with our process and I just want to (unintelligible) coming in with a UPIN and an NPI or will I just have to worry about an NPI and not the legacy number?

Marlene Biggs: UPINs are no longer being issued, so they wouldn't have a UPIN number if they're a new physician. You could just send their NPI.

Operator: Your next question comes from Sandra Slater.

Sandra Slater: Hi. This is Sandy from Cincinnati Ear, Nose, and Throat in Ohio. You've covered this quite extensively. My question is, we get a lot of patients in the hospital who are referred to us by resident doctor. When the information is made public on your website where we can check for UPINs or for NPI numbers, will residents be included on that website?

Marlene Biggs: Will residents be included in the data dissemination?

Pat Peyton: If they have NPIs.

Sandra Slater: Okay. And I believe you answered this earlier, but if there is no NPI, you will give us instructions after the cutoff date as to what we need to do to bill.

Marlene Biggs: Well we were actually speaking about foreign doctors.

Sandra Slater: Okay.

Marlene Biggs: Yes you will get instructions – Are you asking what will happen on 5/23, and what will be expected on your claim.

Sandra Slater: Yes.

Marlene Biggs: Yes we will provide instructions.

Operator: Your next question comes from Patrill Sonjet.

Patrill Sonjet: Hi. I just need some clarification. If a physician's a solo physician, but has a tax ID, he has one legacy provider number but we applied for two NPIs --one organizational and one individual -- do we have to go and apply for a legacy group number with CMS with our contractor so we can do the crosswalk?

Marlene Biggs: Yes.

Patrill Sonjet: Okay. Thank you.

Operator: And it's Bonnie Elder...

Bonnie Elder: I'm the one with the crossover problem.

Marlene Biggs: Bonnie, can you give me your phone number?

Marlene Biggs: I will give you a call. I'll put you in contact with someone who may be able to answer your COB question.

Bonnie Elder: Okay, great. It's XXX-XXX-XXXX, Extension 643  
**[CMS is trying to get in touch with this participant to address her question.]**

Operator: Your next question comes from Cathy Irving.

Cathy Irving: Sorry to bother you again, but I did want to clarify that you will be addressing the foreign docs prior to the May 23 date of 2008?

Pat Peyton: Yes.

Cathy Irving: I'm, you know, I'm wondering if there would be anything - I mean the patient shows up, and of course, you know, we don't refuse patients. ABN or would it

be statutorily excluded or will patients be notified somehow? And then the other question I have or concern I have -- you said UPINs are no longer being issued. The state of Maine - the Medicaid systems, they're unable to take any NPIs. And my understanding is it will be like that for the next 2/2 ½ years until we have a new fiscal agent.

I'm wondering - I guess I need to go to them to find out what we're going to put on the bills - on these new docs if we're not getting new UPINs.

Marlene Biggs: We don't have anyone here who can speak to Medicaid issues.

Cathy Irving: Okay. So- but the state of Maine -- they must have some kind of agreement that that's okay that they don't somehow accept the NPI number?

Marlene Biggs: Again, we don't have anyone in the room that can speak to Medicaid.

Cathy Irving: So - but prior to May 23 we'll hear from you people or there'll be a bulletin or something out there about these foreign docs.

Pat Peyton: For Medicare providers, yes, there'll be Medicare instructions.

Cathy Irving: All right. Because we - again, we - like them in New York, we get a lot of people that go to Canada. We're right across the road. So they go over there, you know, on vacation, they live there for the summer and they're all covered by Medicare. And thank you.

Operator: Your next question comes from Nancy Giovanni.

Nancy Giovanni: Hello. Actually I didn't have a question. I wanted to clarify something for a previous caller that has a physician that's only going to take cash. I don't

understand why they don't understand that you have to have an NPI to order prescriptions, to order lab work and to order all sorts of different things. And I hope the callers understand this is not a Medicare-specific issue, this NPI.

Marlene Biggs: Thank you, Nancy.

Operator: Your next question comes from Glorietta Tyson.

Glorietta Tyson: Yes, I just wanted to have a general question. Do we employ therapists working in the subacute facility and home care has to have NPI number since that we are seeing patients?

Claudette Sikora: Well, NPIs are to be used in the electronic claim. So if they personally are identified in the claim -- a Medicare claim -- they would need an NPI.

Operator: Your next question comes from Martin Jensen.

Martin Jensen: Hi. This is Marty Jensen with Health Care IT Transition Group. There was an email that went out from CMS in late July that seems to have redefined what a corporate entity provider is. And I'm hoping that you can clarify that this was perhaps a mistake. I'm quoting now from the email that said that providers employed by a group practice that you previously stated as a covered entity.

The providers employed by the group practice, on the other hand are only furnishing services of the group practice. They are not conducting any of the HIPAA standard transactions such as submitting claims, checking eligibility, and obtaining claim status electronically. Therefore, these employed providers are not covered health care providers and are not required by the NPI Final Rule to obtain NPIs.

However, the language in the regulation is a lot broader than whether those particular providers happen to be conducting an electronic claim. It says in the Final Rule which declares a covered entity provider as a health care provider who transmits any health information in electronic form in connection with a transaction covered by the subchapter, or in other words a standard transaction.

So what you stated in this message to providers was that a physician is not a covered entity but their - but they may be employed by a covered entity. I think it's very misleading. You have no idea whether those physicians have submitted information in electronic format. And I would guess that the vast majority of physicians that touch a computer have at some time satisfied the criteria for a covered entity.

I'm concerned that those cash only doctors are looking at messages like the one you sent out on July 24 and not taking into account the actual language of the regulation which is much, much broader.

Marlene Biggs: Where did you receive the email from?

Martin Jensen: The one that I'm looking at is - was sent to CMS provider resource list.

Pat Peyton: Marty, this is Pat Peyton and I saw your initial posting about that. But generally speaking, a physician employed by a group practice is really not transmitting health data in connection with a HIPAA standard transaction. They're seeing patients, they come in with their papers, they fill out stuff and then they put it on the desk of whoever's going to then send the group's claim in to a health plan.

But generally speaking, those providers are not covered entities in terms of the regulation but the group practice would be. I know there's going to be an exception here or there, but that's going to be pretty unusual.

Martin Jensen: What I'm saying is that the language in the regulation does not actually say submitting to another covered entity. It doesn't say submitting a claim, it doesn't say submitting to a payer, it says quite literally, "transmits any health information in electronic form in connection with a transaction." Much, much broader than being the person who presses the send key on the electronic claim. I'm concerned because we have so many providers who are deciding not to enumerate for various reasons, and I'm talking to some of them, and that this message sends not only the wrong signal, but it actually attempts to redefine the regulation from what it actually says.

We've gotten a lot of resistance out there that's now coming to the surface and you're heading that from your Medicare providers who aren't going to be able to get paid because those people do not consider themselves a covered entity.

Pat Peyton: Well a Medicare provider doesn't have to be a covered entity to have to have an NPI.

Martin Jensen: No, but those referring providers do. And you don't have any control over them and neither do your providers.

Nicole Cooney: This is Nicole Cooney and we do hear your concerns. At this time, I need to remind everyone on the call that the purpose of this call is for Fee-for-Service billing questions. We do have over one hundred people in the queue now waiting to ask a question and so, operator, we would like to move on to the next question at this time.

Operator: And your next question comes from Holly Hearn.

Holly Hearn: Yes. My name is Holly Hearn. I'm with San Dimas Pain Management, Southern California. And I just want to iterate exactly why - I have two NPIs - - type one, type two -- exactly where these numbers go on the claim form. I understand the individual NPI goes in box 33 and the type 2 would go in the 24K. Is that correct?

Brian Reitz: The claim form has been revised, so your rendering NPI would go in box 24J of the revised 1500 form.

Holly Hearn: On the unshaded portion?

Brian Reitz: The unshaded portion. Correct. And the location for your group NPI is 33A...

Operator: Your next question comes from Rob Basic.

Ginger McAndrew: Hi. Actually this is Ginger McAndrew. My question was regarding the legacy numbers. We have providers that share their practice with a couple hospitals in Maryland, like Hopkins University and Mercy. How are those legacy numbers supposed to get onto your system when only one person has the password?

Now doctors do not load in any of this group information for each of our entities. So how does it - how do you propose it gets loaded on there? And also, you're really going to give our legacy numbers out to everybody out there? Because I just see a lot of fraud happening with that. When we can't even get our current Medicare numbers due to fraud, you're going to list out there for the world to see all our legacy numbers?



Marlene Biggs: Well we can't address data dissemination questions at this time, but as far as - and I think I understand your question -- you're saying loading the providers' individual number

Ginger McAndrew: No. When a provider - for each provider. Let's - take a doctor -- Dr. Smith, works for Mercy Medical Center and we have loaded in his NPI number under our group, set it all up, loaded all our legacy numbers for Medicare, Medicaid, BlueCross, whatever, for that doctor for our group.

Well now that I have his password and everything, how does Hopkins turn around and load their legacy numbers? They don't know who's got his password? How do they get access to that?

Marlene Biggs: They would need to talk to the physician.

Ginger McAndrew: That's not realistic for large hospitals. How are they handling this across the board nationwide? We've got doctors that work at ten different places. I really don't feel comfortable with giving everybody the doctor's password, and neither should the doctor. You actually want the password for every group entity that he works for to be shown in there, don't you?

Pat Peyton: First of all, it is up to that doctor to put his data in NPPES, although we know in the real world other people do it for them, and that the other identifier is optional. NPPES can only take up to 20. It sounds like this doctor must have 150 or so. But, you know, you put in as many as you can put in. But the user ID and the password belong to whoever is putting the information into that doctor's record and it - they can't be shared with anybody else.

Ginger McAndrew: But how's it going to affect processing if we try to add people to groups and whatever and say another hospital has listed that doctor with their group

and I put him in and they say, "Oh well this doesn't match the legacy numbers that we have. You're not going to try to link up to - are you still going to look at tax ids or how are you going to differentiate down the road?"

Marlene Biggs: You should not be putting the individual rendering doctor's PIN number or identifier in the NPI group - in the NPI group number in NPPES. So if you have a group NPI in NPPES, you shouldn't be putting that rendering doctor's legacy number on that file.

Ginger McAndrew: Okay. I also handle the files for 500 doctors -- individual doctors. So I'm adding their individual PIN number that they're, you know, they don't even know what the - they don't know what their Medicare number is for Mercy Hospital. They don't know what their Medicare number is for Hopkins. And I know what the Mercy one is, so I've loaded them in to all my individual doctors. And that's what I'm saying. Nobody else can go in and do that unless they talk to the doctor, he gives them passwords, whatever. But I think that's really going to, you know, then we don't know who's doing what out there to his file.

Marlene Biggs: Is there a question? Do you have a question for Medicare?

Ginger McAndrew: The question is, how do you propose to get all this legacy information there and will it affect any payment or enrollment if the legacies are not there?

Pat Peyton: Are you talking about entering data into NPPES?

Ginger McAndrew: Yes. Entering data into NPPES originally. But also how does the lack of that legacy information affect any future enrollments, reassignments, and payments of claims?

Pat Peyton: The enrollment in Medicare is a whole separate process than just applying for an NPI.

Ginger McAndrew: I know that.

Marlene Biggs: But if the legacy number is not in ...

Ginger McAndrews: Right.

Marlene Biggs: ...NPPES file...

Ginger McAndrew: (Because) it's not under NPPES...

Marlene Biggs: ...he will not get paid.

Ginger McAndrew: ...under his individual. Is that going to in any way affect enrollment or claims processing?

Marlene Biggs: He will not get paid if that legacy number is not in NPPES.

Ginger McAndrew: Now the doctor's legacy number is linked to a specific group or tax ID. It's different each time, so if he reassigns his benefits and there's no legacy number in there to match, and you're enrolling him under a different group, he's not going to have a legacy. That's what I'm saying. Is there going to be a way for you to crosswalk through the doctor through a social?

Ginger McAndrew: When you track the doctor from one group to another...  
...will that affect enrollment and how's it going to affect claim processing?

Pat Peyton: I think we need to get your name and number and talk to you separately, because I'm getting all sorts of things -- enrollment and NPES -- all mixed up. I really am not even sure I understand the issue. Could you give me your phone number?

(Ginger McAndrews): My phone number is XXX-XXX-XXXX, and this is Ginger from Mercy Medical Center in Baltimore

**[It is true that some of these physicians have more than 20 Other Provider Identifiers to report, and NPES cannot, at this time, accommodate all of them. This caller's other concern was the fact that CMS will be disclosing the Other Provider Identifiers that are reported, which could include billing numbers.]**

Operator: Your next question comes from Linda Shark.

Linda Shark: Hi, this is Linda. I'm calling from a chiropractic center in Fayetteville, North Carolina, and I have what I hope is a simple question. In box 32 - we are a group, so we have the name of the group -- Walker Chiropractic -- in the address and our group NPI in 32A. We also - in Box 33 we have the individual doctor's name, which is Richard Walker and the address. We also were told to put our group NPI in 33A. Is that, in fact, correct?

Brian Reitz: Your billing provider is a group?

Linda Shark: That is correct. We have a group NPI number. We also have an individual NPI for each of our doctors. We were told in box 32 to put the name of the group and the group NPI in 32A, then we were told to put in box 33 the individual's name -- the doctor's actual name -- and the group NPI there as well. Is that in fact right?

Brian Reitz: No, that's incorrect.

Brian Reitz: And I'm going to assume we are speaking about a Medicare claim, correct?

Linda Shark: That is correct

Brian Reitz: Okay. Your group NPI number goes in 33A. Your individual rendering NPI goes in 24J in the unshaded portion.

Linda Shark: Does anything need to be in box 32 for chiropractic Medicare claims -- 32 -- service facility location.

Brian Reitz: 32 - you can put in the demographics of where the service was rendered -- name, address, city, state, and zip. You do not have to put it anything in 32A or B.

Linda Shark: No 32A or B but in 33A we have the group. And then the individual NPI in 24J unshaded.

Brian Reitz: Correct.

Linda Shark: Okay. That's all I need to know. All right, thank you.,

Nicole Cooney: This is Nicole Cooney. I just want to alert everyone on the call since we have received a couple of questions similar to this, that we do have a brand new *MLN Matters* Article specifically on guidance on the new CMS 1500 and UB-04 form. It was just posted to the website today and I can give that URL right now. It's [www.cms.hhs.gov/mlnmattersarticles/downloads/SE0729.pdf](http://www.cms.hhs.gov/mlnmattersarticles/downloads/SE0729.pdf) And we'll be adding that to our list of NPI-related *MLN Matters* Articles that's on

the CMS NPI site - that will probably happen tomorrow, but it is at that URL right now on the web. And we'll take our next question.

Operator: Your next question comes from Lori Fontes.

Lori Fontes: Hi, this is Lori. I have two questions, actually. First of all we have patients that see non credentialed Medicare providers and we need to get.....cross over to Mass Health as their secondary. How can we submit the claims that they'll go through you to bypass you to go to Mass Health?

Marlene Biggs: Are you sending the claims to us for the denial?

Lori Fontes: Yes.

Marlene Biggs: It'll reject.

Lori Fontes: What we did before was we would send them over to Medicare...

Marlene Biggs: Yes.

Lori Fontes: ...and they would forward it along saying it's a non-covered provider to Mass Health. What we're doing now is they're - we're getting EOBs with the C016 and Mass Health will not accept that as a denial.

Marlene Biggs: Were you using an EY modifier to get those claims in the system?

Lori Fontes: No.

Marlene Biggs: What was the service?

Lori Fontes: Outpatient therapy, individual therapy. Licensed mental health clinician, which is ineligible for Medicare, so they won't be credentialed, but we're - we can bypass Medicare to get to Mass Health, but we have to hit Medicare first as Medicare is their primary insurance. And Medicare normally denies stating that it, you know - the provider is a noncredentialed provider. And then it gets forwarded to Mass Health and they'll pay the claim.

Marlene Biggs: What were you using before to get those claims through the system?

Lori Fontes: We were able to just put an 01 on the paper claim and we would get the right denial.

Marlene Biggs: What were you using for provider identifiers if they're not credentialed?

Lori Fontes: Well at first we were putting no identifier and we were getting a - like I said, the CO16, and then we put in like all zeros to see if we could get that it was a non-covered provider and that still didn't work. I know on the electronic file they told us to use a code to show that the provider was not Medicare credentialed. And that was an A something, but that doesn't seem to be working anymore.

Claudette Sikora: Were you ever getting the claims with the denial that you wanted?

Lori Fontes: Yes, we were.

Claudette Sikora: Okay. I think what we were trying to figure out is like what you put on the claim- you said what didn't work. What did you do that did work - for a provider number? I mean a claim has to have a provider number on it, okay? So what did you use?

Lori Fontes: We had - there was a bypass that Medicare told us we could use with a provider number. It was like an A -- I'm trying to look that up now. It was a code that they told us they could use, but it doesn't mean - it's not working...

Claudette Sikora: Okay.

Lori Fontes: It's not working anymore. And I don't know if the code has changed...

Claudette Sikora: Okay.

Lori Fontes: ...if there's a new code that we can use to show Medicare that, you know, to bill it to Medicare and get the correct denial that it's a non-covered provider. And that's why we're sending it off to Mass Health. Forwarding it along to Mass Health, I should say.

Claudette Sikora: I think we need to take your name and number and get back to you on that. It sounds like it might be a "dummy number" issue.

Lori Fontes: That's right. I think that's exactly what we used to use.

Lori Fontes: The phone number is XXX-XXX-XXXX, extension 423.  
**[CMS called this participant, and is waiting for a return call to address this question.]**

Claudette Sikora: Is that your number or your contractor's number?

Lori Fontes: That's my number.

Claudette Sikora: And who was your contractor that you were sending the claims to.



Lori Fontes: It's Heritage, right? National Heritage?

Marlene Biggs: It's NHIC Massachusetts.

Lori Fontes: Could I ask one more quick question?

Lori Fontes: On older claims -- because we can go back for 18 months for rebilling -- if some of my clinicians have left and they left before they got NPI numbers, how can I get those claims to process through?

Marlene Biggs: You should bill them right away before it's mandatory to have an NPI on all your claims..

Lori Fontes: Okay. So if we bill them - can we bill them on paper or no?

Marlene Biggs: If you are allowed to under ASCA regulations.

Lori Fontes: All right. So as long as we get them billed out before - and it's going into effect when?

Marlene Biggs: Medicare has not determined a date when an NPI is required on all claims.

Lori Fontes: Okay. Because that's our problem is we've already passed, you know, we've already tested and passed (unintelligible) doing that so I'm just going to have to throw these on an old billing form layout. All right, that's fine. Thank you.

Marlene Biggs: Medicare will not accept the paper claim format.

Lori Fontes: So what do I put in it - no I have it - the new paper claims. They have the new HCFA but on - if I'm going to send this electronically, is it going to kick out because it's on - if there's no NPI on it -- not as of yet, correct?

Marlene Biggs: That's correct.

Lori Fontes: Okay, great. Thank you.

Operator: Your next question comes from Lindsey Shippey.

Lindsey Shippey: Hi. This is Lindsey Shippey. I'm with Diagnostic Imaging Services. We are an IDTF. We have four locations and we're having a problem with one of our locations. The claims are denying out with a B7 denial. And when we called up and spoke to both provider - well provider enrollment in EDI, we were told that it was because information that NPI or PIN was appearing in the 2310D loop. And then we received conflicting information, you know, either from our clearinghouse or software vendor or other Medicare reps that we've spoken to. Can you elaborate on that problem at all? Are you familiar with it?

Marlene Biggs: B7?

Lindsey Shippey: Not cleared for procedures. But when we're calling up, there's nothing wrong with our provider status with our, you know, with the contractor. The provider number is showing active. But we've removed the information manually and retransmitted the claims that we were - how we were instructed to and the batch denied again the same B7. And we're just - we're not sure.

And every time we've called, there's nothing like - been posted on the website or anything for, you know, specifically about the claims or the 2310D loop but it's just emailing going around. Cahaba is our contractor, and that's who

we've been dealing with. But this has been going on for, you know, 30 days and one of our centers isn't getting paid and the other three are. And they're all billing the same way, the same form. We just can't figure out why.

Marlene Biggs: The 2310B is the rendering provider number?

Lindsey Shippey: I was under the impression that was the service facility location information. And they were telling us that just the name and the address should be appearing there.

Claudette Sikora: The 2310B. I wasn't clear on what message you're getting back. I'm not familiar with that off the top of my head. What are they telling you is wrong with the claim?

Lindsey Shippey: Like the procedure or the - I think it's specifically the procedures - the provider's not cleared for those procedures or is not cleared as a Medicare provider. And they told us - one representative I talked to said that it was because there were two provider files that were linked to our legacy provider number -- one that's an older file that's inactive and one that's active.

And when there's information appearing in that loop, it's going to the inactive one and kicking the claim out and the system can't make that jump to the one that's active. And that if the information doesn't appear in that loop it just skips over it.

But again it was - our clearinghouse and software vendors don't agree with, you know, agree with that determination. And I don't have anything as print as far as, you know, to specify that. And the *MLN Matters* that have come out, it just - it states, you know, that basically - it doesn't appear on those. It just - so

I guess that's not a required field, but it's just screwing up this one location out of the four.

Claudette Sikora: The procedures are the same for all the claims that you're talking about. I mean is it possible that it's a particular provider for the particular procedure and that that...

Lindsey Shippey: No actually it's all procedures for this one location.

Claudette Sikora: All procedures...

Lindsey Shippey: ...Medicare providers for a long time and we just provide diagnostic testing. They're just simple...CT abdomen pelvis that are very common for us to perform.

Marlene Biggs: Are you sending the NPI and the legacy?

Lindsey Shippey: Both. Yes.

Marlene Biggs: There's no reason that inactive should link. There was an issue or it's still an issue with the MCS system when -it's NPI only for secondary and it was incorrectly trying to match that NPI with an inactive legacy number. Let me get your phone number please?

Lindsey Shippey: XXX-XXX-XXXX

**[The underlying issue was identified and this problem has been corrected.]**

Lindsey Shippey: Thank you.

Operator: Your next question comes from Shirley Sharp.

Shirley Sharp: Yes ma'am. Hi. This is Shirley Sharp with Medical Alternatives in Memphis. And we currently transmit to Jurisdiction C and we have a patient that is in Jurisdiction D with Noridian. We received a letter back from Noridian in regards to this stating, "When submitting a qualifier in item 24I or 33B, the only valid qualifier is 1C. Item 33B must have a space submitted between the qualifier and the supplier number in order to be acceptable."

This is the only - I've never seen this come through with our - with - when we submit to CIGNA, we're getting payments. I've been submitting since the first of the month now to CIGNA and I've been getting payments. No problem. But this one has to go to Jurisdiction D. And they're stating that a space needs to be in-between it. You would think this would be the same across the board for all of the Medicare Carriers.

Marlene Biggs: And you're seeing a space between what identifiers?

Shirley Sharp: They're wanting a space. They said there should be a space between the qualifier and the supplier number.

Shirley Sharp: The qualifier being the 1C.

Brian Reitz: This is a correct statement. That is the way the Internet Only Manual requires the submission of the qualifier and the legacy number in box 33B. Some contractors have scanning equipment that does not need to have that space there, and so they have - I guess have chosen to accept it without a space. But Noridian's implementation is correct according to our guidelines.

And the reason why we required a space is because an NPI is the same length as your NSC numbers. So we wanted to make sure that we were getting the correct identifier to show that it's not an NPI there -- it's an NSC.

Shirley Sharp: So I can't submit to - I've got a patient that is - they're in a different jurisdiction, as a rule I can submit it to my Jurisdiction C and then they will transmit it to the correct one, right? Well if they're sending it on to Noridian, they're rejecting it because there's not a space in it. Region C - or Jurisdiction C does not require a space.

Brian Reitz: Well I don't believe that...

Shirley Sharp: Why are they different?

Brian Reitz: I don't believe that the forwarding between jurisdictions is done on a paper form. I think that's some sort of file crossover, which in that case the space is irrelevant in a crossover. It's just for the paper claim form.

Shirley Sharp: Well these were crossed over. That's what I was trying to determine. Why - and if it's crossing over and why is it not crossing over to the way Noridian wants it. Does that make any sense?

Brian Reitz: I understand what you're saying. And I'm under the impression that it's an electronic crossover between the two. ...I'm not exactly sure how they handle that.

Shirley Sharp: But it is correct that there is supposed to be a space for Noridian?

Brian Reitz: The space is supposed to be for all--any Medicare claim actually. It's a requirement that was written into our manual. It's just some contractors are

able to work without that space. The space was required because - I guess it was more err on the side of caution. We'd rather have a space in there and know that we were dealing with a 1C and then we knew that the number filing it was a Medicare number and not an NPI.

Shirley Sharp: Some Medicare Carriers do not...

Brian Reitz: Correct. Some of them have opted to not require the provider to do that. But in essence, they're causing more of a problem for you than they're helping - they think they're helping you but...

Shirley Sharp: Yes they are.

Brian Reitz: ...your situation is you have to have a space for one and not for the other. And what we would have to do is go out with some reinforcing language saying that the space is a requirement and the contractors don't have the option to opt out of that. That would be the only way...

Shirley Sharp: It would sure help the providers out a lot if they, you know, if they could kind of make it standard for all.

Brian Reitz: Sure. That's the down side of the paper form is it doesn't have these standard legislation like HIPAA electronic transactions do.

Shirley Sharp: Okay. All right, thank you.

Operator: Your next question comes from Lisa Mursett.

Lisa Mursett: Hi, yes. My name is Lisa. My question is on our - we're getting a reject report and the reason is because the - 99 NPI ID code does not pass checksum. And

the other one is mandatory data element missing. Now how do we get these claims paid? What do we put on our claims to get these sent through for payment, because they're not even - like they're not even suspense? They're just rejecting them.

So when we call Medicare they can't look at the claims because they never got them at all.

Marlene Biggs: What was the first message?

Lisa Mursett: Its 99 NPI ID code does not pass checksum. The loop is 2310A.

Marlene Biggs: This is for Part A, correct?

Lisa Mursett: Yes.

Woman: Sounds like it's invalid NPI.

Marlene Biggs: It's 2310A loop-- the NPI legacy combination does not match the NPI on the crosswalk. So you need to go out and look at the information that you have in NPPES and validate that the information in NPPES is what you're sending on your claim.

Lisa Mursett: Okay. So these for the physicians that - is it our NPI or is it the physician's?

Marlene Biggs: Right. Your group number - it's your rendering.

Lisa Mursett: Okay. So...

Marlene Biggs: Let me make sure of that.



Lisa Mursett: It seems like it's the same physician, so...

Marlene Biggs: And you're a group?

Lisa Mursett: Yes.

Marlene Biggs: From the notes I have here, it appears to be your rendering.

Lisa Mursett: So could that be in the crosswalk or his isn't hooked in yet?

Marlene Biggs: He needs to go out to NPPES and validate he's set up correctly, and that his legacy number and NPI number are on NPPES.

Lisa Mursett: Okay.

Marlene Biggs: And if that's okay, then you need to call the contractor you're submitting your claims to and validate what they have in their provider file.

Lisa Mursett: Okay. For those two - for his two numbers?

Marlene Biggs: Yes.

Lisa Mursett: Okay. Now what about the mandatory data element missing? It's AK4?

Marlene Biggs: I don't know. Do you have some place you can look up what the errors mean?

Lisa Mursett: Well this is something new with - all the NPI issues so we're not sure - like can we get by with just billing under the doctor's UPIN or do we have to

have like the NPI on the claim? Will we get paid if we just use the UPIN number, because we've never had a problem with just using that before.

Marlene Biggs: No, you cannot -

Lisa Mursett: leave that off temporarily.

Marlene Biggs: You can't bill Medicare with just a UPIN. Not for primary.

Lisa Mursett: For a doctor.. All right so we'll have to get back to that physician then.

Lisa Mursett: Okay, thank you.

Operator: Your next question comes from Cathy Taylor.

Cathy Taylor: I am, Cathy Taylor from the Health Alliance Physician Organization in Syracuse. And I have a question regarding Fee-for-Service. The Medicare plan - seems like all the Fee-for-Service Medicare plans are getting requests to send in to a third party to review patient records. And on the copies that they're receiving, it says that this is a CMS requirement. Does CMS require them and how would they know that it really is from CMS or not?

Marlene Biggs: This isn't related to NPI.

Cathy Taylor: Anybody that you could refer me to on that?

Marlene Biggs: Is this provider information that they're asking to review?

Cathy Taylor: Yes it is. It's patient charts. They want them all copied and faxed and scanned and we're just not quite sure that at this is something that CMS really is requiring of the providers.

Yvonne Young: Is it from your contractor?

Cathy Taylor: No.

Cathy Taylor: It's actually from a Fee-For-Service Medicare plan.

Yvonne Young: And it doesn't say Medicare?

Cathy Taylor: No.

Yvonne Young: It does say Medicare?

Cathy Taylor: It says CMS on there but it's not - they're not positive that it's actually coming directly from CMS or if it's actually coming from this plan.

Yvonne Young: I would contact your contractor and ask them if it's something that came from them.

Cathy Taylor: Actually it's not. It's coming from an actual plan.

Yvonne Young: Then it's not Medicare.

Cathy Taylor: It's not Medicare. Does Medicare require that the Fee-For-Service plans get records from the providers on their patients?

Yvonne Young: They would do that for purposes of medical review -- the contractor.

Woman: Yes. They said it's not from the contractor.

Marlene Biggs: Yes, that's true. It's from another medical plan; it's possible that it is a secondary insurer and not the primary.

Cathy Taylor: It's the primary. It is the Fee-For-Service Medicare plan.

Yvonne Young: Only your contractor would request medical records on a patient...for medical review purposes only.

Cathy Taylor: Okay. Thanks.

Operator: Your next question comes from Mark Dumel.

Mark Dumel: Hi, this is Mark from (Genius Solutions). I wish somebody would give some clarification on item 32A on the CMS 1500 claim form -- the August '05 version. The instructions say to enter the NPI of the service facility as soon as it is available. First of all, is it true that if I leave it blank that my claim will not be rejected under any conditions?

Brian Reitz: That's correct.

Mark Dumel: And next of all, if I am a sole proprietorship that is not incorporated, it would be incorrect to tell me to put a number in there if I'm performing services at my office.

Brian Reitz: Right. A number is not needed there.

Mark Dumel: Ever?

Brian Reitz: Correct.

Mark Dumel: How come the instructions say I'm supposed to enter the NPI of the service facility?

Brian Reitz: The instructions are being misinterpreted, and at this particular time, they are being rewritten to be clearer. The intent was that after May 1, any identifier in that field must be an NPI. The fact of the matter is the instructions are being interpreted that after May, you have - you must submit an NPI there. And that's not how it was written.

Mark Dumel: ...you're not differentiating service location and facilities. You're treating it like it's the same thing.

Brian Reitz: It serves the same purpose on the new format that it did for the old form -- to identify where services were rendered if they were rendered somewhere other than the address in box 33. That's the intent of box 32. The new instructions, when they are released, will be clear. If you know the NPI, you're free to put it in 32A but it's not required to process the claim. We only need the demographic information.

Mark Dumel: So if I'm a sole proprietor and I have an office that I see patients at, I will never have a facility NPI number.

Brian Reitz: That's correct.

Mark Dumel: You're not going to tell people, "Well, he should be using his organizational NPI in box 32A."

Brian Reitz: No. All we are really concerned with is where the service was rendered from 32. That's all we care about.

Mark Dumel: Well contractors are interpreting that 32A is supposed to be the group NPI number?

Brian Reitz: I can't explain why they're interpreting that, but as I said, we're working on the language that's going to make this a hopefully crystal clear on how to fill out box 32.

Mark Dumel: Maybe that language would also include that it could never be an individual NPI?

Brian Reitz: Yes. I mean you're correct that it does not have to be a facility. And hopefully that to contractors and the providers, when they read the new language, it will be a lot clearer on how to submit that.

Marlene Biggs: *MLN Matters* number SE0729 goes into clarification. It states the billing provider NPI goes in box 33. In addition, if a provider is a group, then the rendering provider NPI must go in block 24J.

Marlene Biggs: "If the information in Block 33 billing, is different than 32 service facility, you should populate block 32 with the address information." Take a look at the article.

Mark Dumel: It'd be nice if it said to leave the NPI box blank, because everybody's excited about NPI and they want to fill something in there.

Brian Reitz: Well that's why the new language will stay, "if known." If known, you can submit something in 32A the NPI. If you...

Mark Dumel: So if I'm on your listserv, that'll be the fastest way to get these new instructions when they come out?

Brian Reitz: Typically the *MLN Matters Article* follows immediately after an instruction is written. So that will probably be your first inclination that the instructions have been modified.

Mark Dumel: All right. Thank you very much.

Operator: Your next question comes from Deb Swanland.

Deb Swanland: Hi. My question is regarding services provided in a patient's home. Sounds like that might be related to box 32 that we were just talking about. But I'm wondering how we handle NPIs and where - how we process that when we provide services in a home.

Yvonne Young: Are you a home health agency?

Deb Swanland: We're a provider -- we're (SHN) Medical Clinic.

Yvonne Young: Your NPI in your primary field. As far as - I'm not sure what the question is. Is it NPI related?

Deb Swanland: Yes it's when we provide services in a home, rather than a facility -- in a patient's home.

Yvonne Young: What type of services are you providing?

Deb Swanland: The doctor may do a business visit there or I'm not exactly not positive, you know, what type of services. They do go to the patient's home like in the olden days.

Yvonne Young: Are you asking if an NPI goes to box 32?

Deb Swanland: It sounds like that's probably the area that the information would be in, because that would be the facility - well it wouldn't really be a facility, but I believe that's the area that we previously indicated that the service was provided in the patient's home.

Brian Reitz: It's - this is Brian Reitz again. It's my understanding that the only exception to filling out box 32 is when the services are home. So you're not required to put anything there.

Brian Reitz: And obviously an NPI is irrelevant. It does not apply in this particular case. So I'm not a claims processing expert and I don't know where the claims examiners will get that information -- more than likely from the beneficiary - the demographics for the beneficiary. They'll find out where they are and then process the claim accordingly. But you - you're not required to put anything in 32 when it's home.

Deb Swanland: Okay. Now is there a way that they can determine that it was in the home if I leave 32 blank?

Brian Reitz: Well, place of service identifies the location.

Deb Swanland: I think that takes care of me. Thank you very much.

Operator: Your next question comes from Rick Lash.



Rick Lash: Hi. I have a question regarding self-referral. And that is for patients who self refer for diagnostic testing such as mammography, now do we bill those? In the past we had a UPIN of SLF000. How will that work with NPI?

Marlene Biggs: CMS is writing instructions. We should have something out shortly.

Operator: Your next question comes from Donna Salaro.

Donna Salaro: Yes, we're with (Innovative Management) in Virginia Beach, Virginia, and we have a practice that has two group legacy numbers. And our question is can they still have two group NPI numbers?

Pat Peyton: This is Pat Peyton. It depends on whether the subpart concept would apply. Just because it has two legacy numbers doesn't necessary mean that it should have two NPIs. You have to look at...

Donna Salaro: Okay, let me explain it further. The group is a combination of a radiology practice, and the other is a general surgery and vascular surgery practice. And they all have the same tax ID number. However, they've always been maintained kind of on a separate database with the surgeons on their own group number and the radiologist under their own group number.

Pat Peyton: Well, you as a provider can decide that you want each of those groups to have their own NPI, because that's a - like a division by taxonomy, so to speak. And that was discussed in the final rule as a reason that an organization could consider those differences to be subparts and get each one an NPI.

Donna Salaro: Okay. So I just wanted to confirm -- if the taxonomy is different, then they could possibly have more than one group NPI in general even though they have the common same tax ID number.

Pat Peyton: Well yes. They would have to have the same tax number because they have to be part of the same legal entity...in order to be subparts.. So that's no problem.

Donna Salaro: So based on their specialty they can have an individual separate group.

Pat Peyton: The provider can decide that that line of business should have its own NPI, yes.

Donna Salaro: Okay. Thank you.

Operator: Your next question comes from question comes from Maria Andretti.

Maria Andretti: Hello. Hi this is Maria. I'm calling from Chandler Regional Hospital, and I have a question. We had a problem with I guess the NPPES was telling us that our NPI number was not crossing over to Noridian. And right now we're stripping - we have two providers. One of the providers is the one that we're having problems. Right now we're stripping the NPI from the claim and we're sending it like that. That's fine right, you're saying?

Marlene Biggs: Did you validate that the information in NPPES is correct and is what you're sending to Noridian?

Maria Andretti: This is the thing. Our physical address to that particular provider, they have it down as East and it should be South.

Maria Andretti: And I don't know if that's the problem that they're - I don't know if that would cause that problem where it's not going through because the fact that there's one letter wrong in the physical address.

Maria Andretti: ...when we applied for it or whatever.

Marlene Biggs: I don't think that's the problem.

Maria Andretti: No? And I've been speaking to...Nicki from Noridian.....and she doesn't think that's the problem either. And she says that everything on her end is perfect - -that there's nothing wrong over there but that - for us to go through NPPES. But we're talking to them and they're telling us that there's nothing wrong either. So right now we're stripping our one provider NPI number off of our (Mercy Gilbert) facility.

Pat Peyton: Did you include the legacy number and the other provider ID in NPPES?

Maria Andretti: Yes I believe so.

Laura Warfield: And the - and your EIN were the same on both -- the provider record and in NPPES?

Maria Andretti: Yes. I - somebody else takes care of that, but she's specifically went through everything with them and supposedly everything matches. Everything should be in there correctly, but for some reason it's not going through. But for some reason Noridian is telling us that they do not - it doesn't come through on their end. So I mean what do you think that that would be? Is it something that our transmission problem or what?

Laura Warfield: Yes we'll have to check with Noridian.

Maria Andretti: But it's okay that I'm stripping the NPI right now, right? Because if not, it's not going to go through.

Laura Warfield: Well if it's not going through, then we suggest that you try again in like a week. But if you could call Noridian again and tell them that, you know, you spoke on this phone line and get them a situation and ask them to call CMS, they know who to call at CMS. And we'll try to look up your specific case and see what the problem is.

Maria Andretti: Yes. So you're saying to call Nicki again?

Laura Warfield: Yes.

Maria Andretti: Oh okay. But for right now you want me to - you suggest that I try putting the NPI back in my claim and sending it through.

Laura Warfield: I would say in a week try it again with just a few claims... to see if the problem's been resolved.

Maria Andretti: Yes.

Marlene Biggs: First call Nicki at Noridian...and ask her to get in contact with CMS.

Maria Andretti: With CMS. Okay. And what else did I have for you? 5/23/08 -- that is when the NPI will be - when there will be no questions asked. We have to have it in there.

Marlene Biggs: That is the date you can no longer send Medicare legacy numbers. Medicare may require or mandate an NPI on all claims prior to that time for primary providers.

Nicole Cooney: Okay. I'd like to thank everyone for participating in today's call. We've reached the end of our time. If we were unable to answer your question today, we encourage you to visit the frequently asked questions on CMS' dedicated NPI website.

The URL for the NPI website is [www.cms.hhs.gov/nationalprovidentstand](http://www.cms.hhs.gov/nationalprovidentstand). Once you're on that page, scroll down to NPI Frequently Asked Questions to see if your question is addressed there.

Please note that an encore presentation of this call will be available on the NPI website beginning two hours after the completion of today's roundtable and is currently scheduled to run through midnight on August 7. There will also be a transcript of this call posted on the website within two weeks after the completion of today's call. Thank you again for your participation.

Operator: And this concludes today's conference call. You may disconnect at this time.

END