

**CMS**  
**Moderator: Nicole Cooney**  
**May 14, 2008**  
**2:00 pm ET**

Operator: Welcome to the CMS NPI Roundtable conference call. All lines will remain in a listen-only mode until the question and answer session. Today's conference call is being recorded and transcribed. If anyone has any objections you may disconnect at this time.

I will now turn the conference call over to Nicole Cooney. Ma'am, you may begin.

Nicole Cooney: Thank you. Good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group at CMS and I'd like to welcome you to the 27th HIPAA Roundtable conference call.

This is the eighth roundtable specifically dedicated to NPI, the National Provider Identifier.

CMS appreciates your participation in today's call. The format for today's call will be the same as our most recent NPI Roundtable on April 17th.

We have collected questions from participants during the registration process for this call. Unfortunately, we will not be able to address all of these questions during the call.

But, I have invited members from various components throughout the agency to cover questions and topics pertinent to their area that seem to be causing the most confusion based on the questions we received.

After each component reviews their information we will open up the phone lines for a brief Q&A period.

I would just like to quickly mention that the transcript from our last roundtable on April 17<sup>th</sup> is now posted on CMS' NPI web page. And we'll talk more about how to access that page at the end of the call.

And with that we'll begin with Stewart Streimer for a brief introduction to our presentation. Stewart?

Stewart Streimer: Thank you, Nicole. Good afternoon, good morning everyone on the call. I just want to take a few minutes to go through a couple of things regarding NPI implementation.

As you know, May 23rd is our mandate for implementing the NPI. And we are moving forward with that for Medicare fee-for-service. And we are excited by some of the information that we're seeing.

And at the same time we do have some concerns because we do hear from providers, small and large, that there may be some issues that are cropping up. And we are certainly sympathetic and sensitive to those issues.

But, at this point in time we are moving to implement the NPI fully on May 23rd. What that means is that all transactions for Medicare fee-for-service must have NPI only. That includes claims, status request, claims status inquiries, eligibility inquiries, and remittance advices.

You've probably noticed by now that all of your remittance advices have NPI only on them. So I just wanted to make sure it was understood that we are on track for that May 23rd deadline.

I also want to take this opportunity to remind folks that up until May 23rd we have been allowing legacy numbers only in secondary provider identifier fields. We understand there may be a little confusion about that by some because we have allowed it up until this point.

But I just want to remind everyone that beginning on May 23rd, all provider identifiers on a Medicare claim that require an identifier must have an NPI and an NPI only.

Many of you know that on May 7th, CMS in collaboration with the clearinghouse industry held a legacy free day. I wanted to give you a little bit of feedback from that.

We listened very closely to a lot of providers that were expressing concerns that at the desktop level they were unable to send claims different ways to different health plans or their clearinghouse.

They only had the systems capability of submitting claims one way, either NPI only or NPI/legacy pairs. And that's why many providers were unable to test claims for NPI only prior to May 23rd.

So we engaged the clearinghouse community which, as many of you know, we do not have a contractual relationship with. The relationship is between the provider and the clearinghouse.

But they were very open with us and we worked very well together to establish this legacy free day, where for the Medicare program only those clearinghouses that have the capability and that were able to participate were stripping legacy numbers from NPI/legacy pairs that came into Medicare.

After that exercise day, we found that there were spikes all over country in terms of claims coming in with NPI only which is what we were hoping for because up until now the number has been relatively low and we now understand why.

We had numbers spike up to 75% and 80% for NPI only claims coming into the Medicare program around the country. So we were extremely pleased that the clearinghouses were able to participate in this and give us some pretty good assurance that on May 23<sup>rd</sup>, if they continue to get NPI/legacy pairs from their provider clients, they will be able to continue stripping legacy numbers for you and, again, pass that on to Medicare.

At the same time one of the things that did come up out of that exercise is that most NPIs on claims that came in to the Medicare NPI crosswalk were found on the crosswalk. So that was a very promising and encouraging finding.

We did, however, come across some of areas in the country -- not many -- a handful as a matter of fact, where claims were suspending because the NPI could not find a unique legacy number match in the crosswalk.

That situation, which we refer to as “one-to-many”, did exist in a couple places around the country. But for the most part we did not see or did not get any reports from the contractors that they experienced large fluctuations in the number of claims suspended.

That’s a very key point for folks; providers should watch for letters from their contractors because their claims may be suspending for this “one-to-many” situation.

I expect some of you have experienced that and I'm hoping you're working with your contractors to resolve that.

But for the most part, as I've said, we weren't seeing large increases across the country with regard to suspensions, which is very good news.

Finally, I just wanted to mention and remind folks about crossover claims. As you know, most Medicare beneficiaries have Medigap insurance and we also cross over claims to Medicaid state agencies for dually eligible beneficiaries.

We are happy to report that almost all of our trading partners, both commercial plans and our Medicaid state agencies, are going to be ready on May 23rd. That's what they are reporting to us.

So we are pleased by that. So we will continue to be able to automatically cross over provider claims to our trading partners

There are a couple of commercials and there are a couple of Medicaid state agencies that will not be ready on May 23rd. And they should be communicating with their providers to tell them what they need to do on May 23rd in regard to cross over claims.

We expect that in some cases the Medicaid state agencies or these commercial insurers may be instructing providers to either drop claims to paper and bill them separately or, come up with another mechanism for them to be able to bill a secondary insurer.

As far as Medicare is concerned, on May 23rd we will not cross over legacy numbers to commercial health plans or Medicaid state agencies. And, of course, we will not be crossing over Medicare legacy numbers.

Again, Medicare will not be crossing over any legacy numbers to other trading partners. We will only be crossing over NPI numbers.

I know that's a lot in a very short period of time. I know there are plenty of questions out there. I want to reassure you that we're doing everything that we can to try to help everybody be ready for May 23rd.

Again, as with our March 1st date and on our January 1st date, we have procedures in place at the Medicare contractors to facilitate any corrections that need to take place in terms of provider enrollment records.

We have procedures in place whereby we've established NPI coordination teams at every contractor to help triage your issues and to get those issues handled as quickly as possible. So we're all doing our best here.

But from what we can see, on May 23rd, the majority of claims that come in to Medicare fee-for-service will be processed successfully and paid successfully. With that I will now turn it over to Lorraine.

Lorraine Doo: Thank you very much, Stewart. On that very positive note it's my responsibility now to talk about compliance and enforcement.

We are, as Stewart said, anticipating that for the most part -- and I will be talking at a global industry-wide national level, that, for the most part, entities will be able to be compliant and will have successful transactions.

That said, our responsibility is to ensure that people have a forum for registering complaints and for having their issues resolved.

And we did receive quite a number of questions that ran the gamut of “what do I do if my trading partner is not ready for me to submit an NPI?” “What do I do if a provider submits an NPI plus legacy number?”

“What do I do if someone has asked me to enumerate subparts when I’ve already chosen not to do that?”

“What do I do if they are requiring information in a field that is not required by the guide?” And there were a series of questions like that.

What I really want to reiterate is that enforcement continues to be a complaint driven approach based on voluntary compliance with the industry.

We will as we have been, accept complaints, get all of the relevant information and work with both parties to either negotiate or resolve a misunderstanding, if that’s what it was, or negotiate with the party, that is not yet complaint, an appropriate corrective action plan and a timeframe. And we will monitor the corrective action plan and the schedule for when it’s to be completed.

If an entity blatantly refuses to comply with the standard or does not meet the intent of the corrective action plan, then we have the right and the responsibility to take further action.

To date in the complaints that we’ve had related to transactions -- and there has been probably about 500 -- we have been able to successfully negotiate resolutions between the parties. And we will continue to apply that same approach with NPI.

What we have decided to do, though, is rather than wait for letters to come in

and to go back out from us, indicating what information we'd like to collect, we will actually make a phone call to everyone who does submit a complaint or an inquiry to our mailbox, which I'll provide in a moment.

And, there will be a phone call first to find out what the facts of the case are, then a collaborative phone call with the parties and then a determination as to whether or not it can be resolved through some additional testing or some additional modifications to software or if we have to schedule a corrective action plan and then we will monitor the plan.

So there will be a more expedited approach to this because we will just be going to the compliance mode on May 23rd.

There are two important addresses for complaints. And before I give that, let me just say we have heard from some in the industry that they are concerned that if they file a complaint there will be retribution or there will be some backlash.

I can tell you that in all of the complaints we've had, there has been no such backlash or retribution.

And secondly, you do have the right to file a complaint and remain anonymous. It's much more difficult to resolve a complaint anonymously because the file against the entity or the organization with whom you're having a problem can't specifically understand your problem if you don't identify yourself and allow the two parties to work together.

But you do have that right. And we will work to resolve that complaint just as much as we would if you provided your name.



So the address used to file a complaint electronically -- and we will put this on the website as well -- is <https://htct.hhs.gov/aset> which is A-S-E-T. It stands for Administrative Simplification Enforcement Tool.

You can also access that tool on the CMS website under Regulations and Guidance, the Administrative Simplification Enforcement tab. And there is a direct link to that site.

If you don't wish to file electronically there is a paper form that can be downloaded from the site. We will also accept that form.

Finally you can submit a complaint to us through our mailbox. We will not be able to take inquiries and questions through the mailbox. If it's just a question we won't be able to respond and you won't receive a response.

If it is a valid complaint where you are having trouble having a transaction accepted or in receiving a compliant transaction or in being given inappropriate information, we will respond. And we will help you file a complaint in the system.

But, you may submit complaints to [HIPAAComplaint@cms.hhs.gov](mailto:HIPAAComplaint@cms.hhs.gov). And we will, as I said, respond by a phone call to each individual who submits a valid complaint either through that mailbox or through the ASET system.

So, I hope that's provided sufficient information on the compliance and enforcement approach. We look forward to working with you to resolve the issues timely. We've gotten some inquiries that are valid complaints, if you will, thus far. And we have been able to get the two parties working together very successfully.

So we believe that we've got a good approach that's going to be timely for any individuals that are having trouble.

So with that, I'd now like to turn it over to my compatriot, Pat Peyton.

Pat Peyton: Thanks, Lorraine. In this presentation we're attempting to address the majority of NPI issues that were identified in advance of a roundtable that fall to us which is the Division of Provider and Supplier Enrollment in the Office of Financial Management.

We also have responsibility for the National Plan and Provider Enumeration System, or NPES.

I'm going to briefly repeat the question and then give our response.

Please clarify the reporting of identifiers for secondary providers in Medicare fee-for-service claims. The response: We will be issuing instructions to our contractors that will clarify our earlier instructions with respect to reporting identifiers for secondary providers in Medicare fee-for-service claims when the secondary providers do not have NPIs.

We will also revise the associated *MLN Matters* Article to ensure that it is consistent with the clarified instructions for contractors.

So first of all, the secondary providers are the following: the prescriber in a retail pharmacy drug claim submitted in the NCPDP 5.1 standard claim format and the ordering, referring, attending, operating, supervising, purchase service, other and service facility location providers submitted in the X12N 837I and/or the 837P standard claim format and their counterparts, the paper UB-04 and the CMS 1500 claim form.

Our policy was developed to enable Medicare providers to more smoothly transition to the NPI by allowing them to easily prepare claims that need to identify secondary providers when those secondary providers do not have NPIs.

We're aware that our policy is not in accordance with the Implementation Guides. It is our plan to revise these instructions at some point in the future so they will be compliant with the IGs after the Medicare providers have transitioned to the NPI.

That being said, our policy, which is effective May 23, 2008 is as follows: Medicare fee-for-service providers who bill Medicare for health care services, supplies or drugs that require the identification in the claim of any of the secondary providers just named, with the exception of the service facility location provider, must include an identifier for those secondary providers in those claims.

The NPI final rule requires that identifier to be an NPI if the secondary provider is a covered provider under HIPAA.

The Medicare program requires that identifier to be an NPI if the secondary provider is enrolled in Medicare and is not a subpart whose parent made the decision that the subpart should not have an NPI of its own.

Providers must make every effort to determine the NPI of the secondary providers that need to be identified in these claims. They must use the NPI registry which is very easy to use to look up a provider's NPI if the NPI was not furnished in the order, referral, prescription, or if otherwise the provider didn't convey the NPI to the billing provider.

Billing providers may also call or write to the secondary providers and ask for their NPI. After trying but failing to obtain the NPI of any secondary provider in order to submit a claim, the billing provider must do the following:

- Report its own NPI as the identifier for any secondary provider mentioned above except for the service facility location provider.
- Report no identifier for the service facility location provider if the service facility location provider does not have an NPI.

We are not requiring the reporting of the rendering provider's NPI in lieu of the secondary provider's NPI which some of you had asked about in questions.

Nor are we requiring the reporting of the name of any other provider except the secondary provider.

These instructions relate only to the identifier, not to the name of the secondary provider.

Second issue: Updating Medicare provider enrollment information and NPPES information can get complicated. We need more information.

We will be issuing more detailed guidance than that which was given in an April 2008 CMS listserv message with respect to updating Medicare provider enrollment data and NPPES data.

But be aware that we're talking about two different systems: (1) PECOS, the Provider Enrollment System, and (2) NPPES.

These two different systems do not populate each other. That is, information from one does not flow into and automatically populate the other which a lot of you out there think they do.

Just as providers need to keep their enrollment data current with private, commercial and other federal health plans, they also need to keep it current with Medicare.

Next: How do providers report their Railroad Retirement Board PINs to NPPES? PINs that are issued to Medicare providers by the Railroad Retirement Board get reported to NPPES in the Medicare PIN field in the Other Provider Identification Number section.

Providers do not need to enter anything other than the PIN itself, just like they enter only the PIN for PINs issued to them by the Medicare provider enrollment contractors.

Next: Do I need a different NPI to use with all the different health plans? When a provider obtains an NPI it will be using that NPI, the same NPI, to identify itself in all of the claims it sends to all health plans.

It also uses that NPI to identify itself in any other HIPAA transactions that it conducts with any health plan, such as eligibility inquiries, claims status inquiries, and referrals.

A provider is not to obtain multiple NPIs for the purpose of having a different NPI to use for each health plan to which it sends claims. This defeats the purpose of having a standard unique identifier.

Next: When will CMS display the EINs in the NPI registry and in the NPPEs downloadable file?

We know that the industry wants to be able to see organizations' EINs in the registry and in the downloadable file. Our data dissemination notice indicated that EINs are disclosable under the Freedom of Information Act and would be disseminated.

But, as you should know from information that we have posted on the CMS NPI web page some months back, some providers reported their SSNs or the SSNs of other people in the EIN field.

NPPEs cannot systematically tell the difference between an EIN and an SSN because they're both nine-digit numbers.

You should also know that we have posted several messages asking providers to view their NPPEs records to ensure they did not report SSNs in any field other than where they are supposed to be reported and if they did, to remove them from those other fields.

We have inserted messages into the online NPI application update process and on the paper form itself in the instructions and in the entry blanks to warn providers not to report SSNs in inappropriate fields.

Until we are comfortable that we would not be disclosing somebody's SSN by making EINs publicly available, we must continue to suppress the EINs in the registry and the downloadable file.

Next: Can we search the NPI registry on a "doing business as" name?

We know that people out there want us to expand the search capabilities of the registry. And we are looking into some of these suggestions. We expect to have the DBA search capability available within a couple of months.

Next: My health plan wants to base my payments on the Healthcare Provider Taxonomy Code that I reported to NPPES. Should it be doing this?

Health plans and others in the industry should not be using NPPES data to determine a provider's qualifications to render health care, or to be paid, or as proof that a provider is actually located at the practice location address found in NPPES.

NPPES standardizes providers' addresses to ensure that the addresses are legitimate U.S. Postal Service addresses but it does not verify that the provider is actually located at that reported practice location or that its mail actually goes to the mailing address reported to NPPES.

NPPES captures Healthcare Provider Taxonomy information based on the provider's selection of the Healthcare Provider Taxonomy code or code description that most closely describes his, her or its type classification or specialization. And, providers can select more than one Healthcare Provider Taxonomy.

Licenses are captured in NPPES for certain individual providers. But, all this information, taxonomy and license is used by NPPES only as reported by the providers. We do not verify it and it's all just used to uniquely identify the provider before assigning it in NPI.

Health plans need to rely on their own provider enrollment information, that they verify with trusted sources qualifications, licensure, address information,

even phone numbers and so forth.

Next: Can the NPI be used as the Taxpayer Identification Number or TIN?

The answer is no. The NPI is not a taxpayer identification number. It can't be used in lieu of a TIN in a claim or any other transaction.

TINs are SSNs, EINs, or IRS individual taxpayer identification taxpayer numbers -- nothing else.

When a claim requires a provider's TIN, the TIN (which for providers is almost always an EIN but can sometimes be an SSN) must be reported.

Medicare and other health plans report payments to the IRS on 1099 forms based on the TIN, not the NPI that's reported in the claim.

Next: How can NPPES tie together groups and their members? The answer is that NPPES can't do this. It wasn't designed with this capability.

As supported by public comments on the NPI proposed rule and as explained in the final rule, this linkage is best created and maintained by the health plans as part of their enrollment processes.

In Medicare, this linkage is created by the information furnished in the CMS 855I, B and R. In some situations, all three of those forms are necessary.

When providers such as physicians who are members of groups apply for NPIs and furnish their other provider identification numbers to NPPES, they should not be furnishing the legacy identifiers of any groups to which they belong. They should only give the numbers that were assigned to them personally.



Likewise, a provider that is a group would furnish only the identifiers that the health plan assigned to the group. It would not report any of the identifiers that belong to any of its members.

Next: A lot of people ask who is not eligible for an NPI. FAQ 8204 that answers that question.

Next: Others asked if residents can apply for NPI. It seems a lot of people out there think they can't. But they can. FAQ 5809 talks about residents, fellows, interns and medical students and what taxonomy code they should select in order to get their NPI applications processed.

Next: Do incorporated physicians who practice alone need one NPI or two? You're still asking about this so I'll still answer it.

A physician who is the sole owner of his corporation needs an NPI for himself and his corporation needs its own NPI as well.

The physician applies for an NPI as an entity Type 1, an individual, and the corporation applies for an NPI as an entity Type 2, organization, even if the physician is the only person working there.

A corporation can have multiple locations and those locations can be considered subparts.

A corporation can have one or many employees. And I am talking here about a corporation, not a sole proprietorship.

And one last issue: How long will the UPIN registry be available? This

wasn't asked about but, this is information that we want you to know.

Medicare stopped assigning UPINs back in June of 2007. At that time the industry asked CMS to keep the UPIN registry (which is the UPIN lookup system) active on the Internet until the end of the NPI contingency period.

That contingency period ends on May 23rd, 2008. And accordingly, the UPIN registry is not going to be available after that date. And that concludes my opening remarks.

Nicole Cooney: Okay, I'm just going to ask everyone to give us one second. We're going to break away for a minute prior to starting the Q&A session. So give us one second.

Okay we're back. At the last call in April we were able to address many questions from callers. And therefore, we're going to apply the same rules to this Q&A session.

We will take one question from each caller. I recommend you make a list of your questions and ask the most important one first.

To ask another question you will need to get back in the queue. If you try to ask more than one question, per term, I will interrupt and move onto the next caller. And, I do apologize for that in advance.

We understand that people have comments and suggestions relating to policy. Unfortunately, this is not the appropriate venue to make such comments and suggestions.

We have reserved this time to address questions from providers and to help

them resolve their issues.

If you choose to use your question time to make a comment or suggestion, I will interrupt and move on to the next caller.

Finally, this call is intended to address questions from the health care industry. Medicare Carriers, FIs or MACs should not use this forum to get technical direction. Contractors should use the established protocol for communication with CMS.

Operator, we're ready to take our first caller please.

Operator: We will now open the lines for a question and answer session. To ask a question, please press star then the number 1 on your touch-tone phone. To remove yourself from queue, please press the pound key.

Today's conference is being recorded and transcribed, so please say your name and organization prior to asking your question.

Our first question comes from the line of (Lisa Wyatt).

Nicole Cooney: Hello (Lisa), are you on the line?

(Lisa Wyatt): Yes I am.

Nicole Cooney: Did you have a question?

(Lisa Wyatt): Yes. This is (Lisa Wyatt). I'm from (St. Aberts) Mercy Medical Center. I was just trying to find out what the instruction would be for self-referred services such as the mammograms, as far as putting the physician down with their NPI,

the ordering physician there doesn't have to be on self-referred.

Stewart Streimer: Did you say for mammograms?

(Lisa Wyatt): Yes. That's just one of the services I'm...

Stewart Streimer: Yes. I think there are instructions out there that allow for self-referred mammogram services. You can use your own NPI in that field.

(Lisa Wyatt): Well what transmittal or instructions should I look for?

Stewart Streimer: Okay. I'm told it'll probably be ready in a day or two. So you're getting it hot off the press that in those circumstances, the billing provider can use his or her own NPI in that secondary field.

(Lisa Wyatt): Okay, thank you so much.

Operator: Your next question comes from the line of (Melanie Foster).

(Melanie Foster): Yes, I have a question on the CMS 1500 form for number 26, Patient Account Number. We have a billing company that essentially has their own account numbers.

Which one should we be using, the one that's on the official pathology report or is the billing company allowed to use their own account number?

Brian Reitz: That is your choice as to how you wish to control this patient through your own internal records.

(Melanie Foster): Thank you.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (Tammy McCrosky).

(Tammy McCrosky): Hi. My name is (Tammy McCrosky). I'm calling from (Proof) Corporation. And we are a skilled nursing facility.

We have just gone through our process of changing names. And that has not been a problem with our NPI numbers and the legacy pair going through.

But this time, we did do our trial batch of sending them through with just the NPIs. That went through okay, but we had some that bombed out and it's an NPI issue being held.

We checked the NPPES system. It's correct there. Where do we go from here for correcting our provider enrollment? How do I troubleshoot?

Marlene Biggs: This is Marlene. Have you spoken with your contractor, the person you're sending your claims to?

(Tammy McCrosky): Yes, I have. I've been on the phone since 5/6 was the first time I called them. And I've been out of the office for two days. I'm still waiting for a call back.

Marlene Biggs: Were they able to look at their provider file and validate what you have in NPPES is the same?

(Tammy McCrosky): Yes, they were. And I don't know where to go from here. And I've got two homes that I can't do bills for.

Marlene Biggs: What message are you receiving? What's the edit number?

(Tammy McCrosky): I don't have that in front. It just says NPI issue is what it is saying. And I don't have the actual one in front of me, I'm sorry.

Marlene Biggs: (Tammy), why don't you give me your phone number and I can give you a call.

(Tammy McCrosky): Okay, it's XXX-XXX-XXXX. That's direct dial.

Marlene Biggs: Okay, thank you.

(Tammy McCrosky): Thank you.

Jim Bossenmeyer: This is Jim Bossenmeyer. Have you notified your Medicare contractor about a change in enrollment?

(Tammy McCrosky): Yes.

Jim Bossenmeyer: You've made the change in NPPEs, but have you made a change on the 855 and submitted that...

(Tammy McCrosky): That was sent in as well, yes.

Jim Bossenmeyer: Okay.

(Tammy McCrosky): Because they had told me provider enrollment was updated. And I know what has sparked some of this, probably, is most of the names of our homes have been changed. We were told to hold off until the NPI number issue was

resolved. That was out of our control, it was a company-wide issue.

So they started that before NPI numbers were completed. And we had everything in order. We've had all of our NPIs for all of our homes since 2006. You know, but the name change is - I think that's our problem.

Marlene Biggs: All right, thank you (Tammy). I'll call.

(Tammy McCrosky): Thank you.

Operator: Your next question comes from the line of (Brenda Shepherd).

(Brenda Shepherd): My name is (Brenda Shepherd). I'm with Citizens Memorial Hospital out of Oliver, Missouri. And I sound like I'm having a lot of the same issues that the lady just in front of me is having.

We just recently switched to WPS from TriSpan Medicare MACs. And, we are also having a problem with our NPI crosswalk issue. And I made sure that everything on the NPI website is correct, had spoken with provider enrollment. They assure me things are correct on their system, but yet we're still having claims reject in transmission.

And, also, we're having them go out into suspend on - in the FISS system for the NPI crosswalk issue.

And I'm just, you know, wondering also where do I need to go from here to get this issue settled for us?

Pat Ruther: I'll do the same thing. I'll take your number and I'll give you a call. My name is Pat Ruther. And I can look up the information in the crosswalk and help you

out with that if you can give me your phone number.

(Brenda Shepherd): Okay, it's area code XXX...

Pat Ruther: Yes.

(Brenda Shepherd): ...XXX...

Pat Ruther: Yes.

(Brenda Shepherd): ...XXXX.

Pat Ruther: Okay (Brenda), I'll be calling you.

(Brenda Shepherd): Okay, thank you very much.

Marlene Biggs: This is Marlene Biggs. I see a pattern here, we're not going to be able to call everyone back.

So we encourage you to work with your contractor and to have a print out of your NPPES data . 85% of the time the problems that we're seeing is with the EIN.

You definitely want to validate that the EIN in the provider master control file is the same as the EIN on the claim and the same EIN in NPPES. You must use the same EIN on the claim because the system is comparing what's on the claim to what on the crosswalk

(Brenda Shepherd): Yes, we have validated all of that. We actually began having this problem with TriSpan before we left them for the last two weeks. We were with them



in April.

Marlene Biggs: Then it sounds like a problem with the contractor since they've transitioned. It doesn't sound like it's a claims issue. Pat will give you a call.. Thank you.

(Brenda Shepherd): Okay, thank you.

Operator: Your next question comes from the line of (Kimberly Bethol).

(Kimberly Bethol): Hi. This is (Kimberly Bethol) with CareMax Medical Resources. We are a durable medical company and we have a huge physician's database.

And I'm wondering are we responsible for getting the physician's NPI number? And if we can't, what do we do in that case?

Pat Peyton: This is Pat Peyton. Yes, to submit your claim, you are responsible for obtaining that NPI. And you can look it up in the registry. If you have their name, you can look up their NPI.

(Kimberly Bethol): We have looked up and we do have physicians that we are unable to find.

Pat Peyton: Well then you should call them and ask them...

(Kimberly Bethol): Okay.

Pat Peyton: ...don't let it just stop there.

(Kimberly Bethol): Okay, thank you.

Pat Peyton: You're welcome.

Nicole Cooney: Next question please?

Operator: Your next question comes from the line of (Sheila Victor).

(Sheila Victor): Hi, (Sheila Victor), MedMart. My question's the same as the other lady. I'm trying to make sure to clarify that if for some reason you are not able to obtain it, we are supposed to put our supplier NPI in their field?

Pat Peyton: Yes, the billing provider's NPI would go in that secondary (ordering, referring is the one you're talking about) field, if you have exhausted all means of trying to obtain the NPI of whoever ordered.

(Sheila Victor): Okay. And that field is not going to kick out as we are not qualified to refer?

Pat Peyton: No. We'll know that's your billing number in there.

(Sheila Victor): Okay.

Pat Peyton: And, we're still going to have the name of the referring.

(Sheila Victor): Yes.

Pat Peyton: It's just the NPI that's going to go in there when you absolutely have no way of getting their NPI.

(Sheila Victor): Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Carol Zulmer).

(Carol Zulmer): Yes, I missed the website address for the compliance if you could repeat that please?

Lorraine Doo: Certainly. You want in order to be able to file it right?

(Carol Zulmer): Right.

Lorraine Doo: It is <https://htct.hhs.gov/aset>.

(Carol Zulmer): Okay, thank you.

Lorraine Doo: Yes.

Operator: Your next question comes from the line of (Renee Blackburn).

(Renee Blackburn): Hi. We're a corporation and we have five locations. And each one has its - it's a subpart. And we're a parent corporation that we bill out of.

And, is there any problems with just using the parent corporation as the NPI on our bill?

Marlene Biggs: This is Marlene. You should use your group NPI at the billing and/or pay to level and the rendering, the physician who rendered the service, should go at the rendering level.

(Renee Blackburn): So, I could use the parent corporation NPI on - where the submitter address goes or the remittance address that line 33a?

Marlene Biggs: That is the billing, yes.

(Renee Blackburn): Okay, thank you.

Operator: Your next question comes from the line of (Lynette Harrison).

(Lynette Harrison): Hello?

Nicole Cooney: Hello?

(Lynette Harrison): Hi. My question was regarding the referring provider NPI, also. When you said we could use our own if they absolutely couldn't get it, would we use the personal NPI or the corporation's NPI?

Pat Peyton: This is Pat Peyton. You use whoever is the billing provider's NPI.

(Lynette Harrison): Okay.

Pat Peyton: Probably the corporation but I can't say that in every case.

(Lynette Harrison): Okay. Thank you very much.

Pat Peyton: You're welcome.

Nicole Cooney: Next question please

Operator: Your next question comes from the line of (Alta Wizmant).

(Alta Wizmant): Yes, my question is could you repeat the information about how we use a railroad number? What identifier we use? Do we use other or do we put it

under Medicare PIN?

Pat Peyton: This is Pat Peyton. You put it in Medicare PIN.

(Alta Wizmant): Okay, thank you.

Operator: Your next question comes from the line of (Lisa Adams).

(Lisa Adams): Yes hi. I'm (Lisa Adams) from WellStar Health System. And I just needed to know, after May the 23rd how will our providers be notified that they are now effective with Medicare. Will they still get a letter?

Jim Bossenmeyer: Yes. As they go through the enrollment process the provider will be notified similarly as they are today.

(Lisa Adams): And they'll get the letter and this time it'll just reference instead of their - or their legacy number, it will reference their NPI number is that correct?

Jim Bossenmeyer: It will have their NPI number that is going to be used, correct.

(Lisa Adams): Okay, thank you.

Operator: Your next question comes from the line of (Michael Cross).

(Michael Cross): Hello?

Nicole Cooney: Hello.

(Michael Cross): Hello?

Nicole Cooney: Hello. Do you have a question?

(Michael Cross): Yes I sure do. I was wondering - I have quite a few questions, the same as quite a few of the other people have asked.

I was just wondering if Pat could possibly give us a call? I'm with a company called Comprehensive Therapies and Services. We're having quite a few issues with our NPIs ranging from NPPES is telling us one thing; Medicare itself is telling us another. Our clearinghouse is telling us another thing.

So I was wondering if it would be possible if Pat could actually give us a call. Our money has actually stopped like the first part of March.

Pat Peyton: Yes. What's your number? I'll give you a call.

(Michael Cross): It's 1-XXX-XXX-XXXX. And my name is (Michael) or you might speak with (Samantha).

Pat Peyton: All right, I'll give you all a call.

(Michael Cross): Great. Thank you very much.

You're welcome.

**Post Call Follow Up from CMS: CMS contacted this provider, which is a group practice with 30 members. Medicare claims began rejecting on March 1. It appears as though not all members have reassigned their benefits to the group practice. The inability of Medicare to link the Rendering Providers to the Billing Provider may be the reason these claims were rejecting.**

Operator: Your next question comes from the line of (Julie Clark).

(Julie Clark): Hi. This is (Julie) with Gulf Medical in Pensacola.

Are you there?

Nicole Cooney: Yes.

(Julie Clark): I had a question for you regarding the group NPI. We're an actual DME company with multiple locations like that other lady had mentioned.

Right now we have a separate NPI for every office. I heard you mention something about a group NPI. Is there a way we can bill with one NPI number for all of our locations rather than billing with a different NPI for each location?

Jim Bossenmeyer: For DME suppliers you're required to have an NPI per practice location unless you're a sole proprietor.

(Julie Clark): But, so for billing purposes we still have to bill Medicare with each individual office in NPI?

Jim Bossenmeyer: You need an NPI for each practice location, yes ma'am.

(Julie Clark): Okay, thank you.

Operator: Your next question comes from the line of (Denise) Pritchett.

(Denise) Pritchett: Good afternoon. This is (Denise) Pritchett with Mobile County Health Department. And we're an FQHC. And what we would like to know that since

we are, how do we find out about our NPI since we can't find it on the crosswalk?

Jim Bossenmeyer: Do you have an NPI, ma'am?

(Denise) Pritchett: Yes we have an NPI, but it's rejecting all of our claims with the NPI numbers there.

Jim Bossenmeyer: Are you billing with your NPI/legacy pair?

(Denise) Pritchett: Yes.

Jim Bossenmeyer: And, what is the message that you're getting?

(Denise) Pritchett: It's not found, that the NPI is not found on the crosswalk.

Marlene Biggs: This is Marlene. Have you spoken to your contractor?

(Denise) Pritchett: Yes, we have.

Marlene Biggs: Have you looked at your NPPES data and compared it what's in your provider file?

(Denise) Pritchett: Yes, we have.

Marlene Biggs: And, what was the problem?

(Denise) Pritchett: It's just telling - we don't have an answer on it. And we've had claims rejecting since May of last year.



Marlene Biggs: What's the error message you're getting back?

(Denise) Pritchett: That they can't find it in the crosswalk.

Marlene Biggs: Is the edit number, 32105?

(Denise) Pritchett: It's just I - we think it's up front.

Stewart Streimer: Well that's interesting because we didn't deploy the crosswalk since May of last year. So it sounds like it's something more than an NPI issue.

And the crosswalk was phased-in back in September. So if you're having similar claims rejections since May of 2007 there's something more here than just NPI. Maybe somebody...

Jim Bossenmeyer: If you give me your name and number - I'll give you a call. Your name again, ma'am?

(Denise) Pritchett: (Denise).

And the last name is Pritchett, P-R-I-T-C-H-E-T-T. And I'm going to give you a second name because I may be out - I will be out of the office for a few days. And her name is (Kathy), last name is D-U-R-D-E-N. And the phone number is XXX-XXX-XXXX.

Stewart Streimer: Okay, thank you.

Marlene Biggs: (Denise), who are you sending your claims to? What contractor?

(Denise) Pritchett: They're going through National Government Services.

Marlene Biggs: NGS, what state?

(Denise) Pritchett: Oh I think they're out of Wisconsin.

Stewart Streimer: No, what state are you located in?

(Denise) Pritchett: We're in Alabama.

Stewart Streimer: Okay.

Operator: Your next question comes from the line of (Douglas Brooks).

(Douglas Brooks): Hi. I'm with Motion Picture Television Fund in California. And I've got a question about box 33 on the 1500 form.

We also have multiple facilities. And I want to know what information, what NPI do you want in box 33? We have an NPI for each one but we don't have one for the group.

Marlene Biggs: Are you a group?

(Douglas Brooks): It's a physician billing group. And we have - there are six locations.

Jim Bossenmeyer: What do you mean by a physician billing group?

Marlene Biggs: Are you incorporated?

Jim Bossenmeyer: Go ahead.

(Douglas Brooks): Yes. A medical group, incorporated

Jim Bossenmeyer: So are you an enrolled provider as a group?

Stewart Streimer: Is the group itself enrolled as a Medicare provider separate and apart from the individual enrollments from the members of that group?

(Douglas Brooks): We have a group number for each facility.

Woman: Medicare group PTAN?

Marlene Biggs: . So if you have a group PTAN you should have a coordinating group or organizational NPI. And that's what would go in block 33.

(Douglas Brooks): We don't. We have one NPI for each group that we have.

Woman: We have a group Medicare group PTAN for each.

(Douglas Brooks): NPI.

Woman: NPI.

Stewart Streimer: It sounds like what you need to do is obtain a Type 2 NPI from the enumerator so that you have a compatible group enrollment for your group and a compatible NPI. And then you can use that NPI in field 33.

Jim Bossenmeyer: After obtaining that NPI, you may need to contact your contractor to just make sure that you're set up as a group, appropriately.

(Douglas Brooks): So we would just report that one NPI for all the facilities?

Marlene Biggs: No.

Pat Peyton: Not if - no. You're saying that each location has its own NPI?

(Douglas Brooks): Correct.

Pat Peyton: It just sounds like the parent doesn't have an NPI yet and that the parent is actually the billing provider. That's how it sounds to us listening. So therefore the parent needs to get an NPI to go in box 33.

Jim Bossenmeyer: If you have - do you have individual physicians that are enrolled in Medicare and they have a Type 1 NPI, correct?

Woman: Yes.

Jim Bossenmeyer: The organization that they've established as a group, have you submitted an enrollment application for that group practice, not worrying about all the different locations but, for that group practice?

And if you've done that since May of 2006 you would have been required to have an NPI prior to submitting your enrollment application.

Is this a new group?

Woman: No. No, and the way that the Type 2 NPI was enrolled was for each practice location. So it's a medical group that happens to have seven different health center addresses.

So we obtained seven different NPI numbers under that same medical group

name because we have previously had seven different Medicare group PTANs. So I just enrolled replacing the group PTAN with an NPI.

Jim Bossenmeyer: Were you experiencing claims processing disruptions?

Woman: No but the question really, what's the difference then between the NPI in box 32 of the 1500 versus the NPI in box 33 of the 1500 form?

Marlene Biggs: Service facility loop?

Pat Peyton: ...which is item 32..

Marlene Biggs: No, 33 is the billing. And the billing would be where your group number needs to go. If the service was provided at a different site other than the billing address or the billing NPI, then you would need to put the service facility NPI on the claim.

(Douglas Brooks): Can you define billing provider in box 33? What that is? Because we do the billing all out of one office.

Marlene Biggs: If you're an individual use your individual NPI. If you're a group use your group NPI.

Pat Peyton: Right, so your big group NPI goes in 33. And if the service was done at one of those other locations which is now your billing location, then their NPI goes in 32.

(Douglas Brooks): But we don't have a whole group NPI number for all those.

Pat Peyton: Well if you're the billing provider you have to have an NPI.

Jim Bossenmeyer: Have you discussed this issue with your contractor?

(Douglas Brooks): No.

Jim Bossenmeyer: Yes, we would suggest that you talk to the contractor for a detailed explanation of the 1500.

(Douglas Brooks): Okay, thank you.

Operator: Your next question comes from the line of (Marjorie Rankin).

(Marjorie Rankin): This is (Marjorie Rankin). I'm calling from New York Neurosurgery Neuroscience Associates. And I wanted to find out if for a referring provider, must we submit the taxonomy code along with the referring provider NPI number?

Marlene Biggs: No.

(Marjorie Rankin): No. Thank you.

Marlene Biggs: The NPI is required for adjudication purposes.

(Marjorie Rankin): Okay, thank you.

Operator: Your next question comes from the line of (Ann Hughes).

(Ann Hughes): Hi. Some payers on commercial, BlueCross/BlueShield and Medicaid have documented they will not be ready on May 23.

Do we honor this and risk the complaint from the enforcement policy? We want to prevent rejection for our providers' transactions. And some have documented dates of September 1st and December 1st. What do we do?

Gladys Wheeler: This is Gladys Wheeler. I'll just reiterate what Lorraine Doo said earlier that the enforcement process is complaint driven. And if complaints are filed we will analyze and evaluate each and every complaint and work with the entities being the complainant and the filed against entities to reach resolution.

(Ann Hughes): Okay.

Gladys Wheeler: Does that answer your question?

(Ann Hughes): We're going to - and not really because we have about 988 payers and about 146 have documented that they're ready. So...

Gladys Wheeler: So we would encourage - we are encouraging entities to file complaints if there are issues.

(Ann Hughes): Okay.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (Alica Asing).

(Alica Asing): Hello. This is (Alice Asing) from (Unintelligible) Health Services.

Nicole Cooney: Hi. Did you have a question?

(Alica Asing): Yes. This has to do with - we're a skilled nursing provider. And this is in

regards to post CHOW claims processing. And how can we bill - how can we as the seller generate pre-sale claims wholesale using - or how can the seller use their EIN and their NPI while the buyer begins to generate post-sale claims using their EIN and the same NPI number for that skilled nursing facility?

Pat Peyton: This is Pat Peyton. We're going to cover some of this information in our expanded information concerning updating NPPES and provider enrollment data.

(Alica Asing): Okay.

Pat Peyton: Is that - or do you right now, immediately, have a problem?

(Alica Asing): Yes, we do, actually. We have three transactions which we're not able to bill either as the seller or the buyer.

Jim Bossenmeyer: So, the seller should maintain their NPI information including their legal business name and EIN number if they are continuing to submit bills to the Medicare program until the transaction has been completed by the Medicare contractor.

(Alica Asing): So after the CHOW process is approved, we can use the - we'll retain our NPI as the seller and bill with our EIN and we'll both bill with that same facility?

Jim Bossenmeyer: You would - is the buyer retaining the NPI or they're getting a new NPI?

(Alica Asing): Well, we originally had - what we had originally thought was that the NPI remained with the facility.



Jim Bossenmeyer: The new organization can obtain its own NPI. So, while not required, it's probably cleaner if the selling organization has an NPI. You submit, continue to submit claims through the selling organization. When the Medicare contractor has completed its transaction, you can then use the NPI of the new organization because that is now associated with the new legal business name and a new EIN.

(Alica Asing): So we'll use their EIN and their NPI?

Jim Bossenmeyer: The selling organization would continue to submit bills to Medicare until the transaction is complete.

(Alica Asing): Right. And after that point...

Jim Bossenmeyer: And after that point, the acquiring or the new organization would submit bills using their NPI for their legal business name. The seller may want to deactivate the old NPI (once all claims have settled), or it may want to retain that NPI.

(Alica Asing): So if we still have pre-sale claims post CHOW processing and we need to still continue to submit claims even though the CHOW has been approved? We would use the NPI that we retained?

Jim Bossenmeyer: And submit claims using the - yes. Yes.

(Alica Asing): And then use the new owner's EIN?

Jim Bossenmeyer: Well no. You'd be using the new NPI that's associated with the legal - new legal business name and the new EIN.

(Alica Asing): So we - okay. All right. And, then there's going to be some clarification coming out as well you said?

Pat Peyton: Yes, we're going to expand that information that went out in that listserv message.

(Alica Asing): Okay, and when is that?

Pat Peyton: Shortly. I don't have a date...right now

(Alica Asing): Okay. All right, then, thank you.

Operator: Your next question comes from the line of (Joanne McCay).

(Joanne McCay): Hi. Hi, this is (Joanne McCay) with ATL Colorectal. And I just have a question.

I have a doctor that has a group NPI and an individual NPI. And my question was just like the other callers. What NPI number goes in box 33A?

I've been told that her individual can go there or the group NPI can go there.

Marlene Biggs: It depends how you're set up. Are you a group?

(Joanne McCay): She actually has a group name, but she also is an individual provider with another provider. However, that provider has not been credentialed, yet. But she's the - I'm sorry, go ahead.

Jim Bossenmeyer: She's billing as a corporation, correct?

(Joanne McCay): Yes, she is billing as a corporation.

Jim Bossenmeyer: Then she would use her Type 2 NPI...

(Joanne McCay): Okay.

Jim Bossenmeyer: ...her organizational NPI in box 33.

(Joanne McCay): Okay, use her NPI. And one more quick question regarding - in reference to that.

On the claim 24J, it also has the - or NPI. Should that box indicate her individual NPI in that space as well?

Brian Reitz: Box 24J is for the rendering.

(Joanne McCay): That's correct. She will be the rendering provider but it will be her individual, correct?

Brian Reitz: Correct.

(Joanne McCay): Okay great. Thank you guys so much for your help.

Nicole Cooney: Thank you.

(Joanne McCay): All right, have a great day.

Nicole Cooney: Thank you.

Operator: Next question comes from the line of (Elma Motiff).

Ms. (Motiff), your line is open.

(Elma Motiff): Hi. My question is on the Medicare railroad is that you're supposed to put the PIN number in the PIN field. Would that be an individual or a group PIN number that you would put in there?

Pat Peyton: This is Pat Peyton. You're talking about reporting Railroad PINs to NPPES?

(Elma Motiff): Right.

Pat Peyton: If the NPI application is from an individual, then it's that individual's Railroad PIN that gets reported.

(Elma Motiff): Okay, just wanted to double-check. Thank you.

Pat Peyton: Yes, it has to match who's applying for the NPI.

(Elma Motiff): Okay, real good.

Pat Peyton: Okay.

(Elma Motiff): Thanks.

Operator: Your next question comes the line of (Tim Ryan).

(Tim Ryan): Yes, this is (Tim Ryan). I'm calling from the Sleep Health Center.

I was just trying to find out for claims purposes, how do we ensure that our provider's NPI will match up with our group NPI? We have a doctor who works for two different groups.

Jim Bossenmeyer: The provider would - I'm assuming the provider is enrolled in Medicare?

(Tim Ryan): Yes.

Jim Bossenmeyer: And they've reassigned their benefits to both groups?

(Tim Ryan): Yes sir.

Jim Bossenmeyer: And the billings will come in through the group practices?

(Tim Ryan): Yes.

Jim Bossenmeyer: Then he or she should not have any problems.

(Tim Ryan): Okay. Because we've had problems in the past where we've gotten payments that were supposed to be paid to the other group and vice versa, as well.

Marlene Biggs: This is Marlene. If you're concerned about the relationship, then you should contact the contractor and validate that the correct rendering NPI is linked to the group.

(Tim Ryan): Okay, thank you very much.

Operator: Your next question comes from the line of the Atlanta Cancer Care Center.

Woman: Hi. I have a question. Will we be required to answer the last four extended part of the ZIP Code for starting May 23rd?

Marlene Biggs: This is Marlene. I don't think we have the right people in the room. But it's

my understanding there was a transmittal that did require all nine digits of the ZIP Code to be entered on a claim.

Woman: So, who can we call to follow-up with that information and confirm it?

Marlene Biggs: You can ask your contractor. They would have gotten a copy of the transmittal.

Woman: Okay, thanks.

Woman: Thank you.

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Darlene Matsen).

(Darlene Matsen): Yes. We are an acute care facility that has three clinics. And we have three legacy numbers for those doctors and we have one provider number for Medicaid.

Medicaid came back and said we had to have one group number for all of our doctors. But we have an individual and a group number for the clinics.

And, then, now we've had a second group number so we can't get claims to go through for Medicare that would cross over to Medicaid and with - there's two different NPI numbers.

Marlene Biggs: This is Marlene. I'm really confused. So you have two NPIs and three OSCAR numbers, right?

(Darlene Matsen): Yes, I have three legacy numbers. And I actually - so these doctors now have three NPI numbers, one that we can bill to...

Jim Bossenmeyer: Okay. The individual physicians each have their own individual NPI, correct?

(Darlene Matsen): Correct.

Jim Bossenmeyer: Okay. There is one group number?

(Darlene Matsen): No, they each have a group number.

Jim Bossenmeyer: Okay. No - well are they all working together as part of a medical group practice?

(Darlene Matsen): No. They each have their own practice. They're just all owned by the hospital.

Pat Peyton: So each clinic has its own number?

(Darlene Matsen): Right.

Pat Peyton: And each member - each person working there has their own NPI as well?

(Darlene Matsen): Yes. Yes.

Pat Peyton: And so what's the problem?

(Darlene Matsen): Well I have a Medicaid, the state of Alabama, I have one provider number for all three of those clinics. And you have to have one NPI number for those. But I have three legacy numbers.

And I spoken to the contractor and they are - they don't know. I haven't been able to get an answer. I think they've taken it somewhere else.

But if we don't bill with their group number that's attached to the clinic, then you don't know where the service was performed and it will kick out, the claim will suspend.

Pat Peyton: Well, you would bill with the clinic's NPI. That would be the billing provider.

(Darlene Matsen): But, I can't bill Medicaid with the clinic's NPI. It has to be another NPI because they're all under one provider number.

Pat Peyton: But nothing else exists.

(Darlene Matsen): They have one - Medicaid is requiring that one NPI number.

Jim Bossenmeyer: Do all three groups - have you talked to the state of Alabama?

(Darlene Matsen): Yes. And they - they're fine with that one NPI number. But none of my clients will cross over because Medicare has the group NPI number, not the second group NPI number.

Marlene Biggs: But was Medicaid okay with your multiple legacy identifiers crossing over?

(Darlene Matsen): Yes, but they're not billing with legacies anymore so...

Pat Peyton: But you have an NPI for each legacy so they should - it should be the same thing only they're NPIs now.

(Darlene Matsen): But I have a second NPI, a second...



Stewart Streimer: What is Alabama Medicaid telling you in terms of why they won't accept Medicare cross overs for - basically what I think you're saying is that Medicare's NPI assignment and enrollment is contrary to the Medicaid way of doing things.

And Medicaid will only accept one number and it's not the number that Medicare would be used to process your claim.

(Darlene Matsen): Absolutely.

Stewart Streimer: So you're being forced to essentially bill Medicare and Medicaid separately to get your claims paid.

(Darlene Matsen): Yes.

Stewart Streimer: So it sounds to me like you need to work with the Medicaid state agencies since it sounds like there's more granularity in the way you're billing Medicare. Is that true since each clinic has its own NPI?

(Darlene Matsen): Yes.

Stewart Streimer: That's why Medicaid can't build those three NPIs into their crosswalk instead of just looking for one that covers all three clinics.

(Darlene Matsen): So - okay so I go back to Medicaid which I've done that...

Stewart Streimer: If I understand what you're saying correctly.

(Darlene Matsen): Yes, that's basically it.

Stewart Streimer: If the granularity is with Medicare, of course Medicaid will say well, why can't Medicare accept the one number for all three clinics as well?

(Darlene Matsen): Absolutely.

Stewart Streimer: But it is your choice. So I'm a little bit surprised that Medicaid would push back since all they need to do is add two more NPIs since they already have the one - or add the three Medicare NPIs into their crosswalk.

(Darlene Matsen): Okay.

Stewart Streimer: Maybe give them a call; see what they can do about that.

(Darlene Matsen): Okay. Thank you.

Operator: Your next question comes from the line of (Jane Gonther).

(Jane Gonther): Good afternoon, and thank you. My question is relative to facility NPI. I have multiple radiation therapy centers and multiple physician practices that we do billing for.

My question is when I have a hospital-based center, am I to use the hospital NPI? And at my free-standing center when an inpatient is transported to the facility we have always had to report an inpatient status for the patient.

And my question is do I use the facility code for the free-standing center or the inpatient status?

Marlene Biggs: . Were you sending the OSCAR number before for the facility?

(Jane Gonther): We did not send any number at all to the facility location. But our clearinghouse has told us that we need to provide a facility NPI. And we have not done that in the past. So I wasn't quite sure what we should be doing.

Marlene Biggs: Well, I'm not sure why your clearinghouse is requiring the number. Medicare doesn't.

(Jane Gonther): Because on legacy day they said that Trailblazers who is our Medicare intermediary was requesting it. And the clearinghouse rejected all of our claims on legacy day.

Marlene Biggs: Is the NPI where the services were performed different than the billing?

(Jane Gonther): Well, because they're a hospital-based center. So what I have is individual physician NPI. I have an NPI for the physician practice to pay too.

So then my question comes -- and I believe its block 32a -- we have always reported for instance if the patient came to a free-standing site, we would report them as inpatient if they had an inpatient status. And we have never provided a code at all.

Marlene Biggs: But is there a code you could use? Is there an NPI?

(Jane Gonther): Well, that's my question. Do I use the NPI for that hospital for when I have a hospital-based center do I use the hospital's NPI or do I have to apply for an NPI for a center within the hospital?

And, if the inpatient comes from hospital to free-standing center, do I have - use an NPI for a facility that's free-standing or the NPI for the hospital where

the patient is registered?

Marlene Biggs: (Jane), I think I'm going to have to look into this and give you a call. Can I have your number?

(Jane Gonther): Yes. My number is XXX-XXX-XXXX. And we really do appreciate any assistance you can give us.

Marlene Biggs: Is there an extension?

(Jane Gonther): No there's not. Just ask for (Jane).

Marlene Biggs: Okay, thank you.

(Jane Gonther): Thank you so much (Pat). I appreciate that.

Operator: Your next question comes from the line of (Kathy Damerin).

(Kathy Damerin): Hi. This is regarding box 32a again. Is there a requirement to put the service facility location's NPI number in that box?

Brian Reitz: What services are we talking about being billed?

(Kathy Damerin): Pathology.

Brian Reitz: Services that you're actually doing yourself?

(Kathy Damerin): Yes.

Brian Reitz: No, there's not a requirement to have a facility NPI in 32a for that.

(Kathy Damerin): There is not?

Brian Reitz: No.

(Kathy Damerin): Okay, thank you.

Operator: Your next question comes from the line of (Mindy Pitzendauger).

(Mindy Pitzendauger): Hello?

Nicole Cooney: Hello? Do you have a question?

(Mindy Pitzendauger): Yes I do. We use Palmetto Medicare. And we are a physical therapy clinic. I have sent several NPI only test claims throughout the last couple months and they've all been received and paid.

I've called and they've said no legacy numbers came over, just the NPI. And the EIN, they looked good.

But on legacy free day I got several error messages from Medicare. Of course they weren't rejected, but I had some error messages, three to be exact, that came back on every claim.

When I spoke to my software vendor who talked to the clearinghouse, he said I didn't have to make any corrections that the clearinghouse would strip out what was causing the error.

But when I spoke to Medicare's EDI support they said that I do need to make some corrections. So, I'm a bit confused on if I need to make corrections or

not.

Marlene Biggs: Medicare's fee-for-service claims processing system did not change any of their software for legacy free day. So if you're getting error messages, it was something that happened at your clearinghouse that changed your claim or the way your claim was sent to them.

Let me add, Medicare systems turned on editing that required NPI only 5/23/08.

(Mindy Pitzendauger): Okay.

Stewart Streimer: Let me - this is Stewart. We did hear of one situation with one clearinghouse - - I'm not going to mention any names -- where clearinghouses were stripping legacy numbers when there was legacy only in a secondary provider identifier field.

And the clearinghouses were generating reject messages on those claims.

As all of you know, Medicare is allowing legacy only in secondary fields until May 23rd. So when we learned about this, we just basically said that they shouldn't have stripped legacy only during the exercise day. But one clearinghouse apparently did.

If you start using your NPI in that secondary identifier field beginning May 23rd I don't think you'll have a problem.

(Mindy Pitzendauger): Okay, that's wonderful. Thank you.

Stewart Streimer: You're welcome.

Operator: Your next question comes from the line of (Norma Olgive).

(LaShonda): Hi. My name is (LaShonda) and I'm with Dallas Nephrology Associates. And, our billing director here seems to think that on the provider enrollment 855B there is a place, I believe it's in section 4a, where you can list every facility that a physician provides services.

Is that something that's going to be required?

Jim Bossenmeyer: You would need to submit an 855R to reassign benefits for an individual physician to different group practices.

The 855B, as in Boy, is used to enroll or make a change of enrollment for the group practice.

(LaShonda): Okay, so for all of my doctors that - because like dialysis centers, they provide services at several dialysis centers. So on the 855B am I supposed to list all those locations in section 4a?

Jim Bossenmeyer: The physician would enroll in the Medicare program using the 855I. And if they're already enrolled there's no need to make a change.

If they are reassigning their benefits to different practice locations then they would use the 855R.

(LaShonda): Okay yes, we're not reassigning but he just thought that on the 855B for the group that we were supposed to list all the facilities that the group I guess provides services at.

Jim Bossenmeyer: If the group has different practice locations, then the group can identify those different practice locations using section 4 of the 855B.

(LaShonda): Okay, thank you.

Operator: Your next question comes from the line of (Pat Sheehan).

(Pat Sheehan): Yes, we're a hospital based radiology group that our hospital residents do not have NPIs. Can they order exams?

Stewart Streimer: That's actually a Medicare policy, payment policy question. I think you need to call your contractor on that. If they are - you know, that's not an NPI related issue.

(Pat Sheehan): Okay. Now if they did not get NPIs and we're going to be - have to put our NPI number in, would that be our group NPI number or individual provider number?

Stewart Streimer: You're talking about referring or ordering?

(Pat Sheehan): Yes.

Stewart Streimer: Well if you are - if it is permissible for those folks to actually refer and order and they do not have NPIs, they should get NPIs and then you should be using those NPIs in referring ordering fields.

As mentioned earlier, if after you exhausted all of your efforts to get an NPI for these referring/ordering entities, you would include the billing provider's NPI in that referring/ordering field.

(Pat Sheehan): With the resident name?



Marlene Biggs: Yes.

Stewart Streimer: Yes.

(Pat Sheehan): Okay, thank you.

Operator: Next question comes from the line of (Ed Henry).

(Ed Henry): Hi. I know CMS' decision is to reject any claims that contain legacy identifiers in the provider field after May 23rd.

We're seeing quite a few payers that are saying they're still going to require the legacy identifiers after May 23rd.

Specifically, I talked to a payer the other day that said that there's no note in the Implementation Guide in the 2310b REF segment that says you can't send that REF segment.

I guess the question is would it be legitimate to file a HIPAA complaint against them for that after May 23rd?

Gladys Wheeler: Yes, it would.

Stewart Streimer: Well, first of all, two things. One is we can't - I think Gladys answered your question on that. But I just want to remind everybody for Medicare, it's not after May 23rd, it's May 23rd or later.

It has come to our attention that some health plans may actually begin rejecting claims on May 24th.

So for clarity's sake, Medicare fee-for-service is May 23rd or later. And we cannot speak to what other health plans are doing. But, of course, as Gladys said, if other health plans are not complying with the HIPAA legislation, then you do have that opportunity to file a complaint.

(Ed Henry): But, I guess the question is what legal ground do we have? If there is no instruction in the 2310b REF segment that says you don't send this loop if you're sending the NPI, then what grounds do we have to file a complaint?

Pat Peyton: Maybe it's a transaction issue.

(Ed Henry): I mean in the 2010a REF segment there's a usage note that says if the reason this number's being sent can be met by the NPI secured in the 108 109 in this REF segment is not used.

There is no such instruction on the 2310b REF segment.

Gladys Wheeler: Well whenever we get complaints -- we do encourage complaints -- we evaluate each one. We -, research the implementation guide. We research the nature of the complaint and we analyze each complaint.

So again, I would suggest that if you are having problems that you do follow-up and give us the opportunity to control the investigation.

Stewart Streimer: But, I would soften that a bit in that it's not so much that we encourage complaints, you need to be working with those other health plans for which you believe are not in compliance and see what they're saying about this.

Also, do you use a clearinghouse?

(Ed Henry): Yes.

Stewart Streimer: Okay, as you know, clearinghouses as well are HIPAA covered entities. So I would encourage you to be talking to your clearinghouse in terms of expectations on their part and what they will be passing on to other health plans.

(Ed Henry): Okay thanks.

Stewart Streimer: Sure.

Operator: Your next question comes from the line of (Rebecca Vanmater).

(Rebecca Vanmater): Yes, this is (Rebecca Vanmater) with Family and Occupational Medicine. Thank you for all your help today.

I - we have a bit of a twist. We – we were operating as a sole proprietor through September of '07 and then became a group with a new associate and registered - or got a group NPI and registered those, you know, with Medicare.

Now, when we go back and have to correct a claim prior to October it - those claims are rejecting wanting just the individual NPI and not the group NPI.

And we can't file those electronically because our clearinghouse can't change them and we can't change that at our desktop. Do you have anybody - any suggestions about how to resolve this problem?

Marlene Biggs: You need to work with your clearinghouse if you want to process an adjustment on those claims.

(Rebecca Vanmater): A correction, a corrected claim.

Marlene Biggs: Right, you would need to send a paper adjustment, if your clearinghouse won't allow you to use old numbers.

(Rebecca Vanmater): Well they just can't switch it back and forth. I mean it's just not easily done.

Stewart Streimer: But, it's doable right?

(Rebecca Vanmater): They say no.

Stewart Streimer: Well then I think Marlene's right. I mean how many claims are we talking about?

(Rebecca Vanmater): A significant number of claims, probably a few hundred.

Stewart Streimer: I would suggest you call your contractor, explain the situation because I believe you may in fact be forced down to paper for those adjustment claims.

But, I think before you do anything you should call your contractor and explain that to them.

(Rebecca Vanmater): We have. And we've gotten a waiver to be able to make paper claims. But I was hoping that you might have a different suggestion.

Marlene Biggs: Right. You can't get them through your clearinghouse electronically. So that's the only other option.

(Rebecca Vanmater): Okay. And we can't go back and register the group number retroactively

right? I mean...

Stewart Streimer: No.

(Rebecca Vanmater): Okay, thank you.

Nicole Cooney: Operator, we'll take our last question for the day.

Operator: Your final question comes from the line of (Cat Saxton).

(Cat Saxton): Hi. Yes, my question was about the service facility requiring the NPI for fee-for-service claims. But I think that that was answered already. And it's not required for fee-for-service claims, is that correct?

Pat Peyton: If the entity has an NPI, then it is required to be reported.

And, if you've searched and searched and can't find it, then you would not put any NPI in there in the service facility.

(Cat Saxton): Okay, and then what about supplies and drugs?

Pat Peyton: You're talking ordering and referring?

(Cat Saxton): On the service facility.

Pat Peyton: The service facility is the location where the service was performed if not at the billing provider or patient's home. If that location has an NPI you use it. If it doesn't, you don't put an NPI in there.

(Cat Saxton): Okay. All right, thank you.

Pat Peyton: You're welcome.

Nicole Cooney: I'd just like to thank everyone for participating in today's call. If we were unable to answer your questions today, there's good news. You have another opportunity at our next roundtable which will be a live Q&A session only on Monday May 19th.

Registration details are now posted on the CMS NPI web page. And the URL for that is [www.cms.hhs.gov/nationalprovidentstand](http://www.cms.hhs.gov/nationalprovidentstand). The last part's all one word, N-A-T-I-O-N-A-L-P-R-O-V-I-D-E-N-T-S-T-A-N-D.

Please note that an encore presentation of this call is accessible from 2:30 today until 11:59 pm on May 19th.

Please visit the registration details for today's call on the NPI website to find access information for this encore presentation.

A transcript of today's call will also be posted on the NPI website at a future time.

Thank you again for your participation.

Operator: This concludes today's CMS NPI Roundtable conference call. You may now disconnect.

END