

NATIONAL PROVIDER IDENTIFIER (NPI) INFORMATIONAL ALERT

As Medicare implements the NPI number into its systems, several enumeration and billing errors have been identified that may result in claim rejections.

Some providers may have recently received letters requesting information related to your Provider Identification Number (PIN) number that corresponds to your NPI. When requested, the following PIN information should be supplied on the individual letter and returned:

- Request for **Billing NPI**, supply your Medicare Legacy Group PIN. (Normally indicated in block 33 of the CMS 1500, or the 2110AA or 2010AB loop on the ANSI 837 professional claim.)
- Request for **Rendering NPI**; supply your Medicare Legacy Individual or Member of Group PIN (Normally indicated in block 24J of the CMS 1500, or the 2310B or 2420A loops.)

NOTE: Each letter received should be responded to individually.

Important NPI Claims Processing Information

Medicare Learning Network (MLN) Matters Article 5595 gives guidance on Medicare Fee for Service (FFS) claims. It announced establishment of a contingency plan that follows this DHHS guidance.

For some period after May 23, 2007, Medicare FFS will:

- Allow continued use of legacy numbers on transactions;
- Accept transactions with only NPIs; and
- Accept transactions with both legacy numbers and NPIs

MLN Matters Article 5595 also provides specific important information that you should be aware of:

- Once a decision is made to require NPIs on claims, Medicare FFS will notify (in advance) providers and Medicare contractors about the date that claims without NPIs for primary providers will begin to be rejected. **That date will supersede all dates announced in previous Change Requests (CRs) and MLN Matters articles.**
- In editing NPIs, Medicare considers billing, pay-to and rendering providers to be primary providers who must be identified by NPIs, or the claims will be rejected once the decision is made to reject.

All other providers (including referring, ordering, supervising, facility, care plan oversight, purchase service, attending, operating and “other” providers) are considered to be secondary providers. Legacy numbers are acceptable for secondary providers until May 23, 2008. If a secondary provider’s NPI is present, it will only be edited to assure it is a valid NPI. **(There is an exception that ordering/referring physician’s NPI is not required on claims for ambulance services.)**

IMPORTANT NOTE

Medicare strongly recommends that providers, clearinghouses, and billing services continue to submit Both your NPI and the Medicare legacy identifier, such as your Provider Identification Number (PIN) or UPIN ,as a secondary identifier until you have tested a few of your claims in the Medicare system. Until all testing is complete the following may occur if you submit Medicare claims with only an NPI:

- Claims may be processed and paid, or
- Claims for which Medicare systems are unable to properly match the incoming NPI with a legacy number (e.g., PIN, UPIN) **may** be rejected to the provider, and then you will need to resubmit the claim with the appropriate legacy number appended.

If you receive rejected claims due to NPI problems:

✓ **First, check the billing of the claim**

For providers who submit electronic professional claims to Medicare Part B carriers and A/B MACs, CMS test data indicates that a high volume of claims have been received where the NPI/legacy identifier combinations cannot be validated by the Medicare NPI crosswalk.

Even if you have validated your NPPES data, failure to properly submit the NPI in the correct loops may cause the claim to reject. Group providers should utilize the GROUP NPI in the 2010AA or 2010AB loop. The INDIVIDUAL or MEMBER OF GROUP NPI should only be submitted in the 2310B or 2420A loops.

Below is a guide to use when submitting primary NPI's:

Name/Loop	Legacy Information	NPI Information
Billing Provider 2010AA Loop	Group PIN * Individual PIN	Group NPI * Individual NPI
Pay to Provider 2010AB Loop (this should only be submitted if different from Billing Provider)	Group PIN ** Individual PIN	Group NPI ** Individual NPI
Rendering Provider 2310B Loop (this should only be submitted if a group practice) ***	Individual / Member of Group PIN	Individual / Member of Group NPI
Rendering Provider 2420A Loop (this should only be submitted if a group practice) ****	Individual / Member of Group PIN	Individual / Member of Group NPI

* Indicate Group PIN or Individual PIN

** Indicate Group PIN or Individual PIN

*** 2310B Loop is used if the same rendering provider number should be applied to all billing lines on the claim.

**** 2420A Loop is used if a different rendering provider number should be applied to each billing line on the claim.

Claims will be returned with the informational messages or edits as described below when the NPI and legacy identifier combination submitted does not match the NPI crosswalk. As of the date of this article, claims with NPI/legacy identifiers are not rejecting because “crosswalk bypass” logic in our system allows invalid pairs to process on the legacy number. The informational edits you are receiving are a warning that your claims will reject when the logic is removed.

NOTE: Providers are encouraged to verify that the NPI/legacy identifier combination is valid on NPPES at <https://nppes.cms.hhs.gov> prior to submission of Medicare claims.

Following is a listing of the edits you may receive when billing Professional Part B claims

Edit Number	Loop	Edit Description
M340	2010AA	The NPI/Legacy combination does not match the NPI crosswalk.
M341	2010AB	The NPI/Legacy combination does not match the NPI crosswalk.
M343	2310B	The NPI/Legacy combination does not match the NPI crosswalk.
M347	2420A	The NPI/Legacy combination does not match the NPI crosswalk.

- ✓ **Next, check NPPES** to verify any errors which may have been made when application for an NPI number was made. If Medicare providers/suppliers determine that they should make changes to their NPPES records, they may do so by going to NPPES at any time and updating their information.

<https://nppes.cms.hhs.gov/>

Or, if they prefer, they may send updates on the paper NPI Application/Update Form (CMS-10114). Forms may be requested by calling the NPI Enumerator at their toll-free number, which is 1-800-465-3203, TTY 1-800-692-2326. The revised CMS-10114 is to be used beginning July 10, 2007. These forms can be obtained from the Enumerator, as outlined above, or you may download the form from the CMS Forms page at <http://www.cms.hhs.gov/cmsforms> on the Web.

CMS recommends that Medicare providers/suppliers make a copy of their NPPES information by doing a “print screen” of their NPPES record or make a photocopy of the completed paper NPI Application/Update form and keep it on hand for reference if they encounter problems.

Delays in Reporting Change of Ownership to Medicare: Whenever there is a change of ownership, the provider is responsible for reporting that change to the appropriate Medicare contractor within 30 days. Providers are required to report that change on the CMS-855.

Common Enumeration Errors in NPPES

Below are some of the more frequent errors providers have been making when applying for NPIs:

- **Errors in Employer Identification Number (EIN):** As a reminder, providers that are organizations are required to report the EIN when they apply for an NPI (on-line, paper, and electronic file interchange (EFI)). That EIN may also be the Taxpayer Identification Number (TIN). With the revised NPI Application/Update Form (CMS-10114) (to be used beginning July 10, 2007, for on-line, paper, and EFI), organizations that are subparts will be required to report the legal business name (LBN) of their “parent” and the “parent’s” TIN. The applicant will continue to be required to report its EIN. **If the EIN error is on the Medicare provider enrollment record, the provider should submit a CMS-855 to the Medicare contractor to correct it.**

Q. What do I do if my Medicare contractor request that I complete and submit a Medicare enrollment application?

A. Providers and suppliers should complete and submit the Medicare enrollment application for your provider or supplier type. In addition, providers and suppliers should submit all applicable supporting documentation, including the National Provider Identifier (NPI) notification and, if applicable, the Electronic Funds Transfer Authorization Agreement (CMS-855) at the time of filing.

Q. Why do I need to submit a complete CMS-855 application if I am already enrolled in Medicare?

A. To ensure that Medicare has current information regarding the individuals and organizations we pay for services furnished to Medicare beneficiaries, we require physicians, providers and other suppliers to update their enrollment information on a periodic basis. This information will help us to ensure that physicians, providers and other suppliers continue to meet Medicare enrollment requirements and ensure that we are paying the correct amount for services furnished to Medicare beneficiaries.

Thus, if updates or corrections to the enrollment information are needed to resolve NPI issues for a physician, provider or supplier who is currently enrolled in the Medicare program, the Medicare contractor will require the individual or organization to submit a complete CMS-855 if one has not been submitted since November, 2003.

- **Invalid or incomplete data within the ‘Other Provider Identifiers’ section of the NPPES online application, such as:**
 - The absence of the Medicare legacy number,
 - Not having the ‘Type’ listed as Medicare for a Medicare provider number, and/or
 - Reporting Medicare provider numbers that do not belong to the provider applying for the NPI and, therefore, should not be linked to the assigned NPI.
- **Reporting an Incomplete Identifier:** Medicare providers/suppliers need to ensure that, if reporting their Medicare legacy identifiers to NPPES, they report the full identifier. This means that suffixes to the OSCAR/Certification Numbers are to be reported. If the full identifier is not reported, it will be impossible for Medicare to establish the linkage from the NPI to that particular Medicare legacy identifier when using NPPES data and the NPI crosswalk.

- **Having more than the Allowable Number of Legacy Numbers:** At the present time, the NPPES can capture a grand total of 20 “Other Provider Identification Numbers.” While this adequately accommodates the majority of providers/suppliers, it does not accommodate all of them. NPPES will be expanded to capture more than 20 “Other Provider Identification Numbers” at a future date. Medicare providers/suppliers who have more than 20 Medicare legacy identifiers that need to be linked directly to the NPI to be assigned should contact their Medicare fee-for-service contractors to determine how best to inform those contractors of all of the Medicare legacy identifiers.
- **Listing Legacy Numbers that Do Not Belong to the Applicant:** The provider/supplier should make sure that any Medicare legacy identifier(s) (OSCAR/Certification Number, Provider Identification Number (PIN), Unique Physician Identification Number (UPIN), and National Supplier Clearinghouse (NSC) Number) entered in that field in NPPES are those that will need to be linked directly to the NPI to be assigned. That is, do not list in the “Other Provider Identification Numbers” section identifiers that belong to providers other than the one that is applying for the NPI. Specific examples follow in the “Do’s and Don’ts” section.

Dos and Don’ts When Reporting “Other Provider Identification Numbers” in NPPES For a Medicare physician or other practitioner applying for an NPI:

- DO include your UPIN (if one was assigned) and your PIN when applying for a NPI.
- DO NOT include the PIN of your group practice or clinic if you are affiliated with a group practice or clinic.

For a Medicare group practice or clinic applying for an NPI:

- DO include your PIN.
- DO NOT include the PIN's or UPINs of any of the members of the group practice or clinic.

- ✓ **Next, if problem with your NPI number has not been identified and corrected, contact our Customer Service Department for assistance.**

Arkansas: Phone: 1-866-345-0274 Louisiana : Phone: 1-866-567-8419

Missouri: Phone: 1-866-736-0799 New Mexico : Phone: 1-866-280-6520

Oklahoma: Phone: 1-866-280-6520 Rhode Island: Phone: 1-866-801-5304

- ✓ **Next, if Customer Service cannot identify and provide resolution, they will instruct you to contact our Enrollment Department for assistance.**

SPECIFIC GUIDANCE RELATED TO PAPER CMS 1500 (VERSION 08-05)

The preferable font to be used is a 10-pitch pica.

There are only 6 detail lines to report services rendered. If additional lines are needed, multiple claim forms must be used.

Shaded fields

- The shaded area of the detail lines are NOT to be used for Medicare with the exception of the Legacy PIN fields. The Legacy PIN/UPIN (your original PIN/UPIN number) should be submitted in the shaded areas of blocks 17a, 24j, 32b, and 33b only as required.
- DO NOT submit NPI # in any of the shaded fields.

NPI # fields

- NPI #s should be submitted in the non-shaded blocks of 17b, 24j, 32a, and 33a only as required. These fields are marked with "NPI" in or preceding the field.

Submitting your NPI #

- When submitting NPI #s in the designated fields, providers should also report the Legacy PIN/UPIN for its corresponding field. This applies to each provider identifier field in the form. (Example: If an NPI is submitted in 33a, you should also report the corresponding Legacy PIN in 33b)

17a.		Legacy UPIN (your original UPIN)
17b.	NPI	NPI #

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSON Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To			CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY						
											Legacy PIN
										NPI	NPI #
										NPI	

IFR INFORMATION

32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()			
a.	NPI #	b.	Legacy PIN	a.	NPI #	b.	Legacy PIN

References:

- **NPI section of the CMS website:**
<http://www.cms.hhs.gov/NationalProvdentStand/>
- **How to Use Your NPI When Billing Medicare Part B (Professional) Claims**
See the MLN Matters article SE0725 on the CMS website.
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0725.pdf>
- **MLN Matters article MM5564 on the CMS website.**
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5564.pdf>