PROVIDER BULLETIN

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NATIONAL PROVIDER IDENTIFIER UPDATE

CONTENTS

- **NATIONAL PROVIDER IDENTIFIER (NPI)**
- **ONE NPI FOR MANY LEGACY NUMBERS – AFFECT ON CROSSOVER CLAIMS**
- **IVR USAGE FOR ONE-TO-MANY PROVIDERS**
- **IVR USAGE FOR ATYPICAL PROVIDERS**
- **MULTIPLE NATIONAL PROVIDER IDENTIFIERS FOR ONE ORGANIZATION**
- **INPATIENT HOSPITAL CERTIFICATION REVIEWS**
- **ORDERING REMITTANCE ADVICES FOR INACTIVE PROVIDERS**

National Provider Identifier (NPI)

The MO HealthNet program implemented full use of the National Provider Identifier (NPI) for all paper and electronic transactions processing in May, 2008. This was a transition from using the legacy provider numbers to using NPIs. Some programming changes were not finalized until after the NPI implementation date. This informational bulletin provides an update on the changes.

One NPI for Many Legacy Numbers – Affect on Crossover Claims

MO HealthNet currently has a number of individual and organizational providers which are part of a "one NPI to many legacy provider numbers" association (one-to-many provider). Health Care Provider Taxonomy Codes (taxonomy codes) are used to "break the tie" in determining which legacy provider number to assign to a claim. The taxonomy code submitted on a claim must be the same as the taxonomy code listed on the MO HealthNet Provider Enrollment Master File. If a different taxonomy code, or no taxonomy code, is submitted for a one-to-many provider, the claim will deny as MO HealthNet is unable to identify the provider.

For 837 Professional Health Care Claim transactions (4010A1 version), the Implementation Guide states the 2000A Billing /Pay-To Provider Specialty Information loop should not be used when the billing or pay-to provider is a group and an individual rendering provider is reported in the 2310B Rendering Provider Specialty Information loop. MO HealthNet, however, has instructed the one-to-many providers to submit a taxonomy code in the 2000A loop for the billing provider even though a rendering provider is being reported in the 2310B loop of the same claim. (The 2000A loop taxonomy code restriction will be eliminated with the implementation of the 5010 version of the 837 Professional Health Care Claim transactions.)

The MO HealthNet taxonomy code requirement for the 837 Professional Health Care Claim transactions is causing Medicare crossover claims to deny when the billing provider taxonomy code is not reported to MO HealthNet. Removal of the taxonomy code from crossover claims makes it impossible for MO HealthNet to determine which legacy provider number to assign to the claim. Since MO HealthNet is unable to identify the billing provider, no report of the claim denial is posted on the provider's Remittance Advice (RA).

MO HealthNet is aware of the concerns providers have when Medicare claims do not cross over properly. Until implementation of the 5010 version of the 837 Professional Health Care Claim transactions, one-to-many providers have two other avenues available for submitting Medicare crossover claims. The MO HealthNet Billing Web site at www.emomed.com is available for direct data entry of crossover claims or providers may submit batch 837 Professional transactions with the Medicare payment information. For additional information on the billing web site or the batch submissions, please contact the Infocrossing Healthcare Services Help Desk at 1-573/635-3559.

IVR Usage for One-To-Many Providers

With the NPI programming changes, one-to-many providers may use the interactive voice response (IVR) system to check eligibility, claim status, check amounts, procedure code status or listen to informational MO HealthNet messages. When a caller enters an NPI that is linked to multiple, legacy provider numbers, different prompts are given based on the provider types of the legacy provider numbers associated with the NPI. For example, if one NPI is associated with a hospital provider, a home health provider and an ambulance provider, the caller would receive the following prompts: Press 1 for General Hospital; Press 2 for Home Health; and Press 3 for Ambulance. This allows for reporting information based on the appropriate legacy provider number.

IVR Usage for Atypical Providers

In addition, MO HealthNet atypical providers may use the IVR. The atypical providers were assigned a ten-digit "Atypical Provider Identifier" which starts with the letter "M" for MO HealthNet use only. To check information for a MO HealthNet-assigned atypical provider identifier using the IVR, press 6 (six) for the letter "M" and then enter the remaining nine (9) digits of the atypical identifier.

Multiple NPIs for One Organization

Some MO HealthNet providers obtained multiple NPIs for their organization's units or subparts based on Medicare certification requirements. These additional or *secondary* NPIs should be reported to MO HealthNet. A provider's *primary* NPI is directly linked to the MO HealthNet legacy provider number. All secondary NPIs are added to the provider's Master File as additional Medicare identifiers. This allows the provider's Medicare claims to cross over properly and avoid any disruption in payments.   In addition, it allows for submission of non-crossover MO HealthNet claims using the secondary NPIs.

Though the secondary NPIs are accepted on all incoming claims and transactions, MO HealthNet continues to report only the primary NPIs on all returned transactions. All claims, whether submitted with the primary NPI or a secondary NPI for the billing provider, are reported on the RA

under the primary NPI (this includes X12N 835 Health Care Claim Payment/Advice transactions, Printable RA or paper RA). All claim status responses (includes Point of Service, the X12N 276 Health Care Claim Status Response and the MO HealthNet Billing Web site at www.emomed.com) report claim information under the primary NPI.

Inpatient Hospital Certification Reviews

Providers requesting MO HealthNet inpatient hospital certification reviews are required to report the hospital's primary NPI rather than a secondary NPI to obtain certification for an inpatient admission regardless of the hospital unit involved. All inpatient hospital admission certification decision notices (whether approved or denied) report the hospital's primary NPI.

Ordering Remittance Advices for Inactive Providers

With the implementation of NPI usage, all enrolled providers were requested to submit their NPIs to the MO HealthNet program so the identifiers could be added to the provider's Master File. Unfortunately, not all provider files were updated with an NPI. In particular, a number of inactive provider files were not. If an entity has the need to obtain an RA for an inactive provider with no NPI on file, please call the MO HealthNet Provider Communications Unit at 573/751-2896. Upon request, the unit will order a paper copy of the old RA and mail it to the provider.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896