

Non-Medical Additional Development Request's (ADRs)

On April 4, 2008 The Centers for Medicare & Medicaid Services (CMS) issued an article entitled "NPI: Understanding the Readiness of Other Health Plans, Steps to Facilitate a Smooth Transition to NPI-Only Billing and More. The article stated that the "intent of CR 5243 was to enable Medicare to appropriately crosswalk a provider NPI to each of the provider's subparts through the reporting of taxonomy codes in the claims. Medicare found that using taxonomy codes has been unsuccessful in obtaining a one-to-one match on the crosswalk for those providers having one NPI tied to multiple OSCAR/(PTAN Provider Legacy Numbers) Certification numbers.

Fiscal Intermediary Standard System (FISS) Matching Criteria - Currently, FISS uses the following matching criteria:

1. Type of Bill to OSCAR(PTAN/provider legacy number)/Certification Number. If no match on this level it moves to the second level,
2. Revenue code to OSCAR(PTAN/provider legacy number)/Certification Number. If no match on this level it moves to the third and final level,
3. Facility ZIP code on the claim - This final level prompts the systems logic to limit the list of appropriate OSCAR(PTAN/provider legacy number) numbers by matching the facility ZIP code on the claim against the ZIP code of the master address in the FISS provider address file.

If after going through the three steps, the system is still unable to make a valid match, the claim will suspend with reason code 32105 and the provider will receive an additional development letter (ADR) requesting the OSCAR (PTAN/provider legacy number. Once the Non-Medical ADR is received the claim can be monitored by reviewing status location SB6000.

Reason Code 32105 narrative:

DEAR MEDICARE PROVIDER:

OUR RECORDS INDICATE THAT YOU HAVE MORE THAN ONE NUMBER THAT CORRESPONDS TO YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE ADVISE US AS TO WHICH LEGACY NUMBER TYPE YOU WISH TO HAVE PAYMENT MADE, IF APPLICABLE, AND CORRESPONDENCE SENT FOR THIS CLAIM.

IF YOUR RECORDS SHOW THAT THE PATIENT IS NOT YOURS, PLEASE CONFIRM THAT THE PATIENT IS NOT BEING SEEN IN A DIFFERENT LOCATION FOR YOUR PRACTICE.

IF THAT PATIENT IS BEING SEEN AT ANOTHER LOCATION, PLEASE PROVIDE THE LEGACY NUMBER TYPE FOR THAT LOCATION.

PLEASE RESPOND WITH THE INFORMATION REQUESTED, WITHIN 14 DAYS OF RECEIPT OF THIS LETTER TO ENSURE THAT YOUR CLAIM CAN BE PROCESSED AS QUICKLY AS POSSIBLE.

ZIP Code

It is critical that providers ensure they are using the proper ZIP Code when submitting claims. The provider ZIP code on claim page 04 must be the same as the ZIP code that is on the crosswalk file. In some cases it a matter of using the five-digit ZIP versus ZIP + four but in most cases it is a totally different ZIP on the claim than is on the crosswalk file.

Additional Development Request (ADR) Letter

When a provider receives a non-medical ADR, the provider needs to furnish the OSCAR(PTAN)/provider legacy number for which the claim should be paid. The ADR must be returned to NHIC within 14 business days. QUESTION: What NHIC address will these go to?

Please note: Medical records are **not required** for these non-medical ADRs.

Published: May 21, 2009