

Provider Education

Medicare Part B



Ask the Contactor Teleconference

September 27, 2007

Topic: NPI

Questions & Answers

Contractor General Comment: Please note that the transcript of these questions was edited to allow for the greatest dissemination of information to the widest audience.

Question 1: What does the ID qualifier 1C mean?

Answer 1: The ID qualifier 1C is used when a legacy number is indicated in items 24J and 33a of the CMS 1500 Claim Form.

Question 2: Can we continue to use our PTAN while it takes 60-90 days to process an application?

Answer 2: If you have submitted a CMS 855 Enrollment Application because of a NPI crosswalk issue, you can continue to use your PTAN (legacy #). Use of the legacy number is a temporary fix and should not be used indefinitely in place of NPI.

Question 3: Why are some providers' claims paying fine and others are not when they are all in the same group?

Answer 3: A number of reasons can account for why some pay and others don't. All the reasons stem from the information submitted to the NPI enumerator not matching what was submitted to Medicare on the enrollment application. Once the problem is identified, the provider must correct or update what is needed with NPPES or Provider Enrollment.

Question 4: My provider is a solo incorporation. We have one PTAN and 2 NPIs. Do we have to discontinue billing while an application is submitted and processed?

Answer 4: No. Since you only have one provider number with us but 2 NPIs, you should take the NPIs off your claims and go back to how you were billing us while the enrollment application is submitted and processed. When you receive your Medicare provider number for your "incorporation" begin sending a small batch of claims with the legacy/PTAN numbers and the NPIs. Once the small batch processes you will know if there is a problem with your NPI number.

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Question 5: Should a sole proprietor have more than one NPI?

Answer 5: No. A sole proprietor is different from a solo incorporation. A sole proprietor should only have one NPI.

Question 6: I have a corporation with 550 employed physicians. I am having NPI Crosswalk problems with 50 of them. Do I use the ID qualifier 1C and put the legacy group number in the shaded portion of item 33 and the 1C qualifier with the legacy individual provider number in item 24J?

Answer 6: Yes, only for those 50 providers that you are experiencing the problem with on the crosswalk. This instruction should only be used while the 855 forms are being processed.

Question 7: What is the date when the UPIN will go away?

Answer 7: May 23, 2008.

Question 8: Can I continue to use a UPIN on my CMS 1500 and UB 04 claims?

Answer 8: You can use UPIN or NPI currently if the claim contains ordered or referred services. You should use UPIN if you are having NPI crosswalk issues. You should use NPI if you are not having problems.

Question 9: If I am waiting for 855 Enrollment applications to process and going back to using legacy numbers, does ID qualifier 1C or 1G apply to item 17a?

Answer 9: 1G should proceed the UPIN .

Question 10: If a new provider has a legacy number but was not issued a UPIN, can I bill? Can I use the ghost UPIN?

Answer 10: If you are having NPI crosswalk issues, you will have to hold your billing until the NPI crosswalk issue is resolved. The surrogate UPINs have expired.

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Question 11: Is there a paper claim exception for large submitters?

Answer 11: The waiver exception for mandatory electronic submission of Medicare claims may apply if you have fewer than 10 full time employees. However, if you did not respond to the initial "Request for Documentation" relating to the Administrative Simplification Compliance Act (ASCA) and Mandatory Electronic Submission of Medicare Claims, you must submit your claims electronically.

For more information regarding ASCA and Mandatory Electronic Submission of Medicare Claims, please see the following MLN Matters article:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3440.pdf>

Question 12: Earlier this week, I was told to check with the NPPES enumerator and learned that there is a new field on NPPES re: Medicare # per state. I updated state specific information. How do I know if we need to update something with Provider Enrollment for my 90 providers?

Answer 12: NPPES updates are taking about 2 weeks. After NPPES has been updated, call our Customer Service department and ask them to check the NPI crosswalk on a sampling of your providers.

Question 13: Will NPI crosswalk denials be automatically reprocessed once the NPPES or provider enrollment correction is made? If claims need to be resubmitted, won't they deny as duplicates?

Answer 13: Claims that are rejected due NPI crosswalk reasons will deny as *unprocessable*. As a result, they can be resubmitted as new claims and will not deny as duplicates.

Question 14: Are there any other identifiers besides 1C and 1G? What is a PTAN and how do we obtain it?

Answer 14: The only ID qualifiers are 1C and 1G. If you have a legacy provider #, you already have a PTAN. A PTAN (Provider Transaction Access Number) was previously called provider identification number (PIN). The name PIN changed to PTAN.

Question 15: How particular or picky is the NPI crosswalk? If provider has a hyphenated name or unique or long last name, does it have to match exactly?

Answer 15: The NPI Crosswalk must have a direct match in order for the claims to process. If the information does not match exactly, the claims will deny.

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Question 16: Are you identifying Type 2 providers that should be Type 1?

Answer 16: Sometimes. It depends on how they enrolled with us. Contact is being made with some providers if inconsistency is identified.

Question 17: Is it true that only one NPI is needed for all locations?

Answer 17: Yes

Question 18: If I am getting denials, how do I know what to fix? Should I check NPPES and then submit a CMS 855 Enrollment Application? When you say that information must match, what kind of information are you referencing?

Answer 18: You need to first identify what the problem is. Since most providers would have submitted enrollment applications to us first, you need to compare information submitted on the application to information submitted to NPPES. Everything down to last 4 digits of zip and taxonomy and specialty must match.

Question 19: If a CMS 855 Enrollment Application needs to be submitted, do I check off the box for revalidating?

Answer 19: Yes

Question 20: Can the old CMS 1500 claim form be used?

Answer 20: No. The acceptable paper claim form is the CMS 08-05.

Question 21: If I need to go back to using legacy numbers, can legacy numbers be used electronically or only on paper claims?

Answer 21: Legacy numbers can be submitted electronically and on paper.

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