

Bulletin Number: MSA 07-48

Distribution: All Providers

Issued: September 1, 2007

Subject: MDCH NPI Implementation with End of Contingency Plan; MDCH NPI Reporting Requirements for Ambulance Service Claims; NPI Pharmacy Compliance Plan; Revised MDCH NPI Edits for Primary and Secondary Provider Fields; Electronic 835 and MDCH Paper Remittance Advice; Verification of Beneficiary Eligibility

Effective: October 1, 2007

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, Maternity Outpatient Medical Services, Children's Serious Emotional Disturbance Home and Community-Based Services Waiver, Children's Waiver Program, and Plan First!

The purpose of this bulletin is to inform providers of the Michigan Department of Community Health's (MDCH) National Provider Identifier (NPI) implementation and the end of the existing contingency plan effective October 1, 2007.

MDCH NPI Implementation with End of Contingency Plan

Effective October 1, 2007, MDCH will require the NPI to be reported on Fee For Service (FFS) claims sent either electronically or by paper within the dental/professional/institutional claim formats based on **date of submission**. A provider's Taxpayer Identification Number (TIN) will also be used for claim adjudication. The Medicaid legacy provider number is no longer required to be reported on the claim.

The program continues to recommend the electronic submission of claims to avoid delays in payment. When submitting electronic claims to MDCH, the 837 Implementation Guides for each of the standard transactions must be followed.

MDCH is currently in the process of implementing a new Medicaid Management Information System (MMIS) to more efficiently adjudicate claims. Certain temporary claims processing measures will be in effect to accommodate the NPI until the new MMIS is fully operational. As a result, the NPI number reported on the claim will continue to be crosswalked to an internal Medicaid legacy provider number in order to successfully adjudicate payment. All newly enrolled Medicaid providers will continue to be issued an internal legacy number until notified otherwise. Although a legacy number is still issued through the Provider Enrollment process, it will not be used by MDCH if reported on a claim. MDCH proprietary edits that validate a provider is enrolled with the Program may continue to contain language related to the internal legacy number.

MDCH NPI Reporting Requirements for Ambulance Service Claims

Effective October 1, 2007, MDCH will no longer require ambulance providers billing either electronically or by paper within the professional claim formats to report the referring/ordering physician's name and physician provider identifier (NPI) on the claim. This applies to both emergency and non-emergency ambulance services. Current claim completion instructions as included in the Medicaid Provider Manual (Billing and Reimbursement for Professionals Chapter) will be revised to reflect this change.

NPI Pharmacy Compliance Plan

Effective October 1, 2007, the MDCH Pharmacy Benefits Manager (PBM) will require the prescriber's NPI to be reported as the prescriber ID on all claims submitted within the National Council of Prescription Drug Programs (NCPDP) claim format.

The MDCH PBM will continue to not reject the batch claims submitted by a Medicaid Health Plan (MHP) if the pharmacy's NPI is not transmitted in the Service Provider ID field. The cutoff date for accepting the pharmacy's NCPDP number in the Service Provider ID field will be disseminated to MHPs at a future date.

National Plan and Provider Enumeration System (NPPES) File

The Centers for Medicare & Medicaid Services (CMS) will disseminate provider NPI information contained within the National Plan and Provider Enumeration System (NPPES) file beginning September 4, 2007. This file will be available for download from the internet or as a query-only database referred to as the NPI Registry at the following website: http://www.cms.hhs.gov/NationalProvIdentStand/06a_DataDissemination.asp.

The NPI Registry allows a user to query by NPI or provider name and return a list of all NPPES records that match the query qualifications. MDCH encourages providers to utilize this source of information for added assistance in obtaining the NPI of a referring or ordering provider for reporting on the claim. The Referring Provider List posted on the MDCH website will be discontinued in lieu of the NPPES file.

MDCH NPI Edits - Fatal Level Change and Clarification of Primary and Secondary Provider Fields

Effective October 1, 2007, the following MDCH edits, along with the related Group Code/Claim Adjustment Reason Code (CARC)/Remittance Advice Remark Code (RARC), will reject the claim if the NPI is missing or the reported NPI is invalid as it does not check digit and/or correctly crosswalk to the Provider Enrollment files within MDCH.

Primary Provider Edits

MDCH primary provider edits will be applied to the **billing and rendering providers**. **As a correction to Bulletin MSA 07-22, the pay-to-provider NPI will not be used for claim adjudication by MDCH. The billing and rendering providers must be enrolled with the Program for payment. No exceptions to this rule will be allowed.** If the provider NPI reported in either the billing or rendering loop/field on the claim is an invalid number and/or represents a non-enrolled provider, one of the following edits will reject the claim:

Edit 639 - Invalid or Missing
Billing Provider NPI

Group Code - CO
CARC - 16
RARC - N257

Edit 636 - Invalid or Missing Rendering
Provider NPI

Group Code - CO
CARC - 16
RARC - N290

Within the 837 4010A1 professional and dental claim formats, the rendering provider NPI reported at the claim level will be applied to the entire claim. The rendering provider information reported at the service line level will not be used by MDCH for adjudication. For the CMS 1500 (08/05) paper claim form, the rendering provider NPI reported on the first service line will be applied to the entire claim. **If multiple rendering providers are providing care to the same beneficiary, a separate claim form for each provider must be submitted to MDCH for payment.**

Secondary Provider Edits

MDCH secondary provider edits will be applied to the **referring and attending providers**. **As a correction to Bulletin MSA 07-22, the attending provider NPI reported on institutional claims is considered a secondary provider identifier and a new edit has been issued.** Secondary providers are not required to be enrolled with the program but a valid NPI must be reported. It is the responsibility of the referring provider to share their NPI to the provider performing the service.

The **referring** provider identifier is a requirement for claim payment for specific programs such as laboratory and consultation services. The **attending** provider identifier is a requirement for all claims submitted within the institutional claim formats. If the referring or attending provider NPI is missing or is invalid on the claims as described above, one of the following edits will reject the claim:

<p>Edit 634 - Invalid or Missing Referring Provider NPI</p> <p>Group Code - CO CARC - 16 RARC - N286</p>

<p>Edit 635 - Invalid or Missing Attending Provider NPI</p> <p>Group Code - CO CARC - 16 RARC - N253</p>

Claim Replacement and Void/Cancel Claims

Replacement claims are submitted to the Program when all or a portion of the claim was paid incorrectly or a third-party payment was received after MDCH issued payment. Both the provider ID and beneficiary ID numbers on the replacement claim must be the same as on the original claim. To replace a previously paid claim adjudicated with a Claim Reference Number (CRN) prior to October 1, 2007, both the Medicaid legacy provider number and the NPI must be reported on the replacement claim for successful adjudication.

A void/cancel claim must be submitted if the original claim was paid under the incorrect provider ID or beneficiary ID number. To void/cancel an original claim adjudicated with a CRN prior to October 1, 2007, both the correct Medicaid provider legacy ID number and NPI must be reported along with the correct beneficiary ID number.

Sanctioned Providers and NPI

MDCH publishes a cumulative list of the Health and Human Services (HHS) and/or MDCH sanctioned Medicaid-enrolled providers to all Michigan Medicaid providers twice a year. This information is also available on the MDCH website at www.michigan.gov/mdch click on Providers >> Information for Medicaid Providers >> List of Sanctioned Providers. Up-to-date additions or revisions to this list are published through the release of a MDCH bulletin on a monthly basis.

Effective October 1, 2007, the Michigan Medicaid provider ID number will no longer be part of the information contained on this list. Instead, the information will include the name, license/certification number (as appropriate), and NPI (when available) of the provider along with the sanctioning authority and sanction dates. MDCH will reject all claims submitted to the Program listing a sanctioned provider's NPI or other identifier. If a sanctioned provider's NPI or other identifier is reported in any provider loop or field, the claim will be rejected in its entirety.

COBC Crossover Claims Sent to MDCH

MDCH currently receives Medicare Part B (837 4010A1 professional claim format) crossover claims through the CMS Coordinator of Benefits Contractor (COBC); Group Health, Inc. When a claim is crossed over to MDCH, a Remittance Advice (RA) will be generated from the fiscal intermediary with the details of the Medicare payment and Remark Code MA07 (the claim information has also been forwarded to Medicaid for review).

Effective October 1, 2007, providers are no longer required to report the Medicaid legacy provider number within the REF segments of Loop ID 2010AA. Claim adjudication will be based on the provider NPI reported on the claim to Medicare.

Reporting Type of Bill and Taxonomy Codes for Institutional Claims

As previously stated in Bulletin MSA 07-22, all type of bill (TOB) and taxonomy codes reported on both electronic and paper claims must be valid. Claims with an invalid code will be rejected.

For institutional claims, MDCH continues to encourage providers to report the valid taxonomy code in provider loop 2000A (837 4010A1 electronic format) or the Code-Code field (UB 04 paper claim form) for successful claim adjudication.

Business-To-Business Testing Process for NPI

MDCH continues to encourage authorized electronic billing agents to take advantage of the business-to-business (B2B) testing process for claims reporting only the NPI. B2B testing will allow the submission of electronic test claims within the 837 4010A1 dental/professional/institutional versions to MDCH to ensure correct processing while using only the NPI logic. Test results reported back to providers will be in the 835 format. Further B2B testing instructions and updates are available on the MDCH website at www.michigan.gov/mdch, click on Providers >> Information for Medicaid Providers >> Electronic Billing >> 837 B2B Testing Instructions.

Electronic 835 4010A1 Claim Format and MDCH Paper Remittance Advice

835 4010A1 Claim Format

Effective October 1, 2007, MDCH will send the NPI as the primary provider identifier on the 835 electronic remittance advice. The tax ID number will be returned as a secondary provider identifier. After claim adjudication, NPI information will be reported back to providers within the following Implementation Guide Loops and Segments:

Header Level -	835 Loop - 1000B	Data Element	N104 - Payee NPI REF 02 - Tax ID Number
Provider Summary Level -	835 Loop - 2000	Data Element	TS301 Billing NPI
Claim Level -	835 Loop - 2100	Data Element	NM108 with XX qualifier NM109 Billing Provider NPI
	835 Loop - 2100	Data Element	REF01 with HPI qualifier REF02 Rendering Provider NPI

MDCH Paper Remittance Advice

Effective October 1, 2007, MDCH will continue to report back to providers the Medicaid legacy provider number on the paper remittance advice. This legacy number represents the crosswalk completed by MDCH internally to adjudicate payment based on the NPI reported on the claim.

Revision to Medical Services Administration (MSA) Forms to Accommodate the NPI

Effective October 1, 2007, all MSA forms that currently contain the Medicaid legacy provider number/provider type fields will be revised to accommodate the NPI. All former versions of these forms will be made obsolete and must no longer be submitted to MDCH on and after October 1, 2007.

For Prior Authorization (PA) plans already on file with MDCH (containing the Medicaid legacy provider number), no new form needs to be submitted. When billing for prior authorized services, report the appropriate NPI number on the claim and it will be matched to the correct PA plan on file.

The specific forms affected by this change are as follows:

Form Number	Form Description
DCH-0893	Vision Services Approval/Order
*DCH-1074	Hospice Membership Notice
DCH-1152	Home Uterine Activity Monitor (HUAM) Agreement
*DCH-1343	Medicaid Billing Agent Authorization
DCH-1575	Nurse Practitioner - Physician Agreement
*DCH-1625	Medical Assistance Provider Enrollment & Trading Partner Agreement
**MSA-0590	Unit Dose Pharmacy Agreement
MSA-0732	Prior Authorization for Private Duty Nursing (PDN)

Form Number	Form Description
MSA-0947	Reimbursement for Clinic Participation, Children's Special Health Care Services
MSA-1000	Michigan Medicaid Cost Report for Federally Qualified Health Centers
MSA-1001	MI Medicaid Supplemental Schedule Federally Qualified Health Centers FQHC/HMO Encounter and Payments
MSA-0115	Occupational Therapy - Physical Therapy - Speech Therapy Prior Approval - Request/Authorization
*MSA-1302	Beneficiary Monitoring Primary Provider Referral Notification/Request
MSA-1324	Nurse Aide Training and Testing Program Interim Reimbursement Request
MSA-1326	Certified Nurse Assistant Training Reimbursement
MSA-1530	Assurance of Service Provision for Blood Lead Testing
MSA-1531	Assurance of Service Provision for Blood Lead Capillary Draw
MSA-1533	Local Health Department Assurance of Service Provision for Objective Hearing and Objective Vision Screens
MSA-1545	Required Quarterly by Payment, Medicaid Services with QHPs, for Rural Health Clinics - Independent
MSA-1576	Request for Prior Authorization for a Complex Care Memorandum of Understanding
MSA-1578	Home Office Cost Statement
MSA-1618	Immunizations and Sexually Transmitted Diseases (STD) Services Certification
MSA-1623	Medicaid Rural Health Clinic Cost Report
**MSA-1626	Pharmacy Provider Enrollment & Trading Partner Agreement
MSA-1628	Exception Request from Managed Care Enrollment
MSA-1632	MI AuthentiCare Record Correction/Completion Form
MSA-1635	Medicaid Ventilator-Dependent Care Authorization
MSA-1653-B	Special Services Prior Approval Request/Authorization
MSA-1680-B	Dental Prior Approval Authorization Request
MSA-2045	Notice Amount of Program Reimbursement for Hospitals (NAPR)
MSA-2400	Freedom of Choice, Home and Community-Based Services Waiver for the Elderly and Disabled
*MSA-2565-C	Facility Admission Notice
MSA-3008	Certification of Medical Necessity for Enteral Formulas, Supplies, and Equipment
MSA-4240	Certification for Induced Abortion
MSA-4674	Medical Transportation Statement
MSA-4674-A	Medical Transportation Statement - Chronic Ongoing Treatment

A few of these forms will need to retain both the Medicaid legacy provider number/provider type fields and the NPI fields. An asterisk (*) has been noted in the above table to designate these forms.

To access pharmacy forms through the MDCH PBM, refer to the First Health Services Corporation (FHSC) website at <http://www.michigan.fhsc.com>. Two asterisks (**) have been noted in the above table to designate these forms.

In addition to the provider fields, other changes to a form may apply. Both the Forms Appendix in the Medicaid Provider Manual and the "Medicaid Provider Forms and Other Resources" webpage on the MDCH website were updated. Paper forms are no longer maintained for distribution. Instead, forms are available in WORD and/or Acrobat PDF at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers>> Medicaid Provider Forms and Other Resources; or e-mail MSA-FORMS@michigan.gov. For providers without internet access, a written request for up to ten copies of a specific form may be submitted to the following address:

Michigan Department of Community Health
MSA Policy Support Unit
P.O. Box 30479
Lansing, Michigan 48909-7979

Verification of Beneficiary Eligibility

Effective October 1, 2007, providers must use their NPI number to be allowed access into the Michigan Medicaid Eligibility Vendor System (Emdeon - formerly called Medifax, Blue Cross/Blue Shield Web-DENIS, or AVRS (888-696-3510)) when verifying beneficiary eligibility. This NPI number must also be registered through the Michigan Medicaid Single Sign-on (SSO) application at <https://sso.state.mi.us>. HIPAA exempt providers are excluded and will continue to use the current process.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration