Cross-walking for National Provider Identifier (NPI)

Presented by
Robert Pozniak
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Objectives

- Review Enrollment Schemas
- Review impacts of Transactions and Code Sets Implementation to Claims Processing
- Understand NYS Claim Type/Category of Service/Specialty Code Assignment
- New Challenges Created by NPI

NY Enrollment Schema

- Each non-individual provider is assigned one all inclusive number for each provider type. (Of course, there are always exceptions).
  - Each location of that entity is identified with the use of locator codes.
- Individual practitioners (physicians, nurse practitioners, dentists, etc) are independently enrolled.
- Groups/Pay-to's are enrolled with a separate number. Locations are enrolled, but not critical to processing.

Claims Processing

- Claims processing requires three key pieces of information before we can even start.
  - Claim Type
  - Category of Service
  - Specialty Code

Where do they come from?

- Prior to HIPAA, the category of service (COS) and specialty codes were reported by the provider. Claim type was easily discernable based upon this information.
- Under HIPAA, neither the COS, nor the specialty code can be reported. So, all three are now derived.

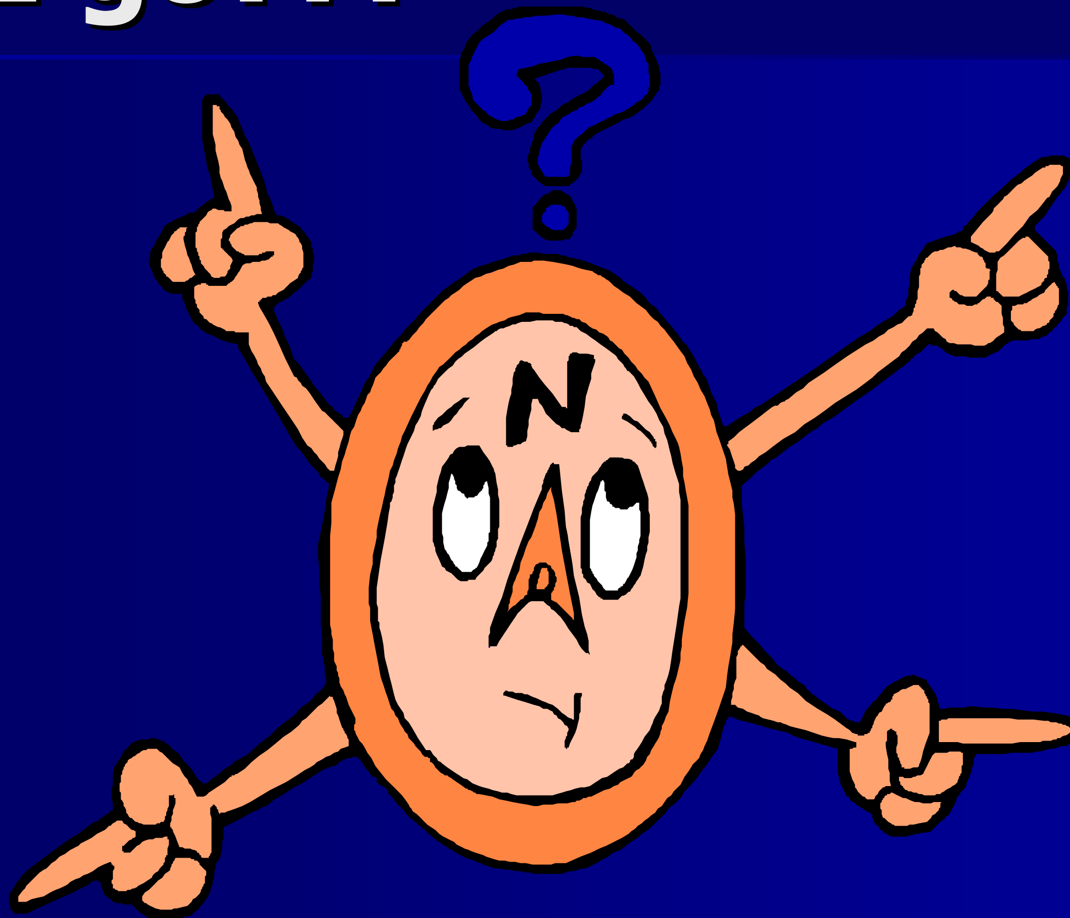
Claim Type – What is it?

- The claim type is the highest level of categorization that occurs within the MMIS.
- It determines the core edit path a claim will follow.
- The derivation of an incorrect claim type can create improper denials, incorrect payments, over-payments, etc.

Claim Type - Which way do I go???

CLINIC

NURSING HOME



PHYSICIAN

INPATIENT

INBOUND CLAIM

Category of Service - Defined

- The category of service is truly what it sounds like. Is this a hospital, clinic, nursing home, ambulette, ambulance, etc.
- The NYS COS listing can get fairly granular.

Specialty – Defined

- This is not always what it sounds like. Within NYS, specialty code has been used in some rather unique and creative ways.
  - Can be a specialty
  - Can represent a specific program
  - Is used to convey utilization threshold exemptions
  - Sometimes assigned to provide an edit by-pass.
  - Other uses we are still learning the hard way.

Specialty vs Taxonomy

- The provider taxonomy as defined by the code list is a pure provider specialty listing.
- As demonstrated on the previous slide, NYS's is anything but.

So, what did we do?

- Sadly, a flip of the coin was deemed unacceptable and inaccurate.

Derivation logic

- Determine possible data elements available for use
  - Inbound claim format (837I, 837P, or 837D)
  - Bill Type (837I)
  - Place of Service (837P and 837D)
  - Provider Master File
  - Procedure Code
  - Revenue Code
  - Service Authorization Exception Code

NPI Challenges

- The largest hurdle NYS faces is the additional derivation when a provider enumerates in such a way it results in a single NPI to multiple MMIS IDs.
- In most cases, the provider type in the master file coupled with the Bill Type is the key to determine the claim type assignment.

NPI Challenges (Cont)

- This is not insurmountable, it just means we have to move some of the derivation logic to a position earlier in the process.
- We also need to add a significant number of entries to an already complex matrix just to determine which MMIS to select.

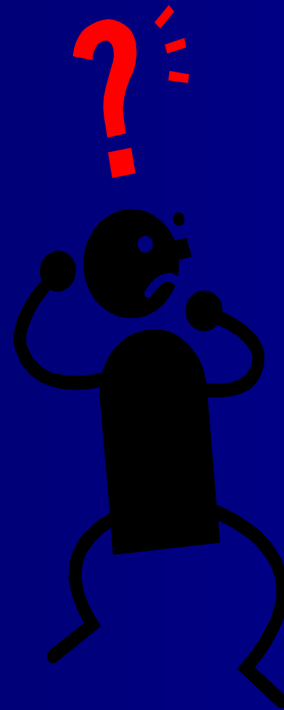
NPI Challenges (Cont)

- In some cases, pricing is driven by service location. Today this is reported as a Locator Code.
- NYS will be determining which providers currently have a price differential by location. For those that matter, ZIP+4 will then be used to get to that locator code.

Conclusion

- COS and Specialty code derivation was a major challenge to implementing the HIPAA transactions.
- Being over that hurdle has put us in an easier position for NPI implementation than would be the case otherwise.
- The risk of other payer taxonomy implementations conflicting with what we may have done looms large for others. See Medicare's latest CR.)

Questions?



Contact Information

- Robert Pozniak
  – rcp02@health.state.ny.us
  – 518-257-4511