



Advanced NPI Issues

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What's New (or Just Problematic)

- Subparts
- Taxonomy Codes
- New Providers
- Non-Claim Transactions
- Coordination of Benefits
- Testing/Business Continuity
- New Uses for NPI
- NPPES



Subparts

- Some providers still sorting this out
- Crosswalks do not always match the enumeration strategy of the provider
- Matches from NPPES may help
- Are you communicating well with your provider base to match your needs to theirs?
- 5010 wants lowest level of granularity submitted to all payers



Taxonomy Codes

- What is in NPPES may not be what is billed
- Use the highest level you can
- Use ranges to maximize hits
- Have an expert who knows taxonomy codes to answer provider questions. 12 Sports Medicine codes, 10 Hospice codes
- Taxonomy code elements previously marked "not used" may now be used in transactions.



New Providers

- Mid-level Providers
 - May have used physician identifier
 - May now use their own NPI
 - Physician becomes supervising provider
- Other providers from groups
 - OT, PT, Speech, etc. may obtain NPIs
 - Group may bill, but individual is rendering
- Residents and Interns
 - Often are not the rendering provider but do prescribe and need to obtain NPIs



Non-Claim Transactions

- 835 should return submitted NPI
- 835 won't return NPI of subpart in billing provider loop
- Not everybody is ready for 270 Eligibility inquiries or 276 Claim Status inquiries.
- Non-claim transactions include different data, so may not work in crosswalk logic
- NPI from 278 PA should be matched to incoming claim



Coordination of Benefits

- If providers submit subpart NPIs at recommendation of payers, COB is complicated
- Recommend that providers establish a maximum data set for submission to all payers.



Testing and Business Continuity

- Some payers are experiencing difficulty when then move to adjudication on only the NPI
- Crosswalks find most legacy identifiers but not all—and not always consistently
- Use the maximum time of the contingency period to be sure testing captures the majority of problems
- A “baby steps” approach to testing may work in a production environment
- Be sure your plan is written and handy and communicated to providers



New Uses for NPI

- E-Prescribing will eventually function with NPIs
- Claim Attachments need to match NPIs of the claim with attachments and clinical information in HL7 formats
- Electronic Health Records will soon need to reference a provider with a unique identifier – NPI?
- Pay for Performance is using the NPI for its data collection. If a Group submits the claim, the rendering provider must be identified or does not obtain credit.



NPPES

- Potential for good NPI verification
- Entire NPPES file available as of September 11?
- Monthly updates available—for now
- Individual queries also available to anyone starting September 4
- Provider data may be in a state of change for awhile while providers clean up information they used to apply for NPI
- If providers remove all legacy IDs, the data may not help payers.



Questions?

Thank You.