

THE NPI TIMES

Keeping you up-to-date on National Provider Identifier (NPI) issues at Blue Cross and Blue Shield of Oklahoma (BCBSOK)

BCBSOK extends dual-identifier acceptance phase beyond May 23, 2007 NPI compliance date

The Centers for Medicare and Medicaid Services (CMS) has recently published a contingency plan for the HIPAA NPI regulation. This contingency plan provides that health care plans, providers and clearinghouses may have an additional 12 months to implement the NPI regulation provided they can demonstrate a "good faith effort" both prior to and after **May 23, 2007** to implement the NPI federal mandate.

The CMS guidance offers relief primarily for compliant health care providers and health plans as they work through transaction testing and legacy-identifier-to-NPI "crosswalk" issues. The CMS contingency plan is not an extension for coming into compliance.

Please be advised BCBSOK will be substantially compliant as of the May 23, 2007 effective date.

However, after assessing the response and preparedness of our participating provider networks, we have decided to extend our dual-identifier acceptance phase to allow our providers to further test and prepare for an NPI-only environment.



New Implementation Date for Revised CMS-1500

We have been informed by the Centers for Medicare and Medicaid Services (CMS) that implementation of the revised CMS-1500 claim form (version 08/05) will be delayed until **June 1, 2007**. CMS has discovered there are incorrectly formatted versions of the revised form being sold by print vendors, specifically the Government Printing Office (GPO). Upon review, the GPO has determined the source files they received from the National Uniform Claim Committee's (NUCC) authorized forms designer were improperly formatted.

Which form is the right form?

The revised version of the form contains "Approved OMB-0938-0999 FORM CMS 1500 (8-05)" on the bottom of the form, signifying the August 2005 version. The best way to identify if your CMS-1500 (8-05) version forms are correct is by looking at the upper right hand corner of the form. On properly formatted claim forms, there will be approximately a 1/4" gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper.

If the tip of the red arrow is TOUCHING the top edge of the paper then the form is NOT printed to specifications.

BCBSOK began accepting the new form on January 1, 2007, and we will continue to accept the new form, formatted correctly or incorrectly. We will also continue to accept the old claim form (version 12/90) through June 1, 2007, due to the extension of the transition period from the old form to the new form.

Please check to make sure you are using the correct form. If not, contact your print vendor to request a correct batch of paper claim forms. The revised CMS-1500 form may also be ordered online at <http://bookstore.gpo.gov>, or by calling 202-512-1800. Note: The form's ink color must be in OCR-Red (Flint J-6983) Ink in order to facilitate proper scanning. Black-and-white copies of the form are not acceptable.



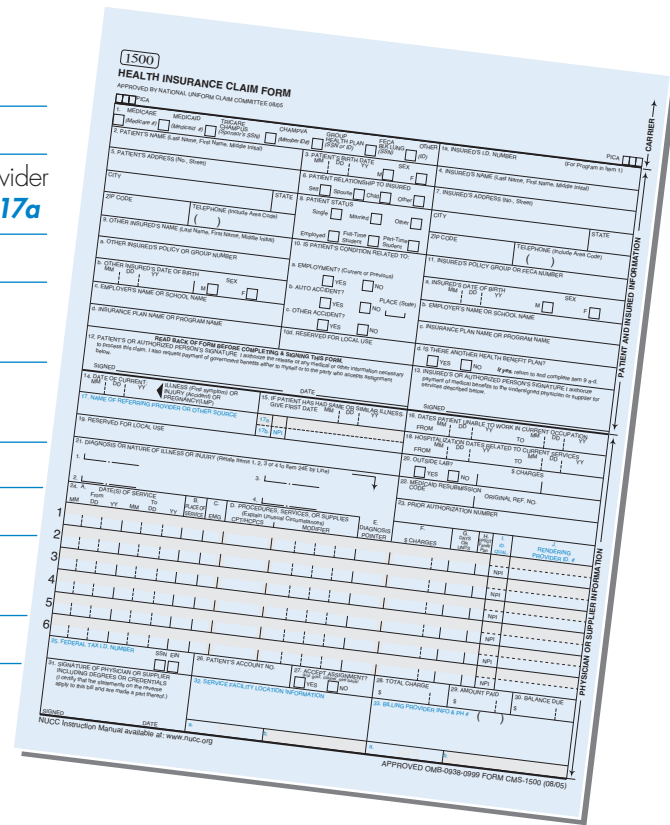
**BlueCross BlueShield
of Oklahoma**

ATTENTION PAPER CLAIM SUBMITTERS: Important Fields on CMS-1500 Claim Form

After June 1, 2007, BCBSOK will **only** accept the revised version of the CMS-1500 Health Insurance Claim Form (version 08/05). All claims submitted on the old CMS-1500 (version 12/90) will be rejected.

When filing your claims to BCBSOK, there are several fields on the new form that you must remember to populate. Please include your NPI number and other required information in the following fields:

CMS-1500 Form Field	Enter
17	Name of referring, ordering, or supervising provider
17 a	BCBSOK provider # of the referring, ordering, or supervising provider Qualifier must be included in the field to the immediate right of 17a
17 b	10-digit NPI # of referring, ordering, or supervising provider
24 j	Rendering provider ID # (shaded field) BCBSOK 12-digit provider number without dash
24 j	Rendering provider ID # (non-shaded field) Performing provider's 10-digit NPI #
25	Federal Tax ID Number (TIN)
32 a	10-digit NPI # of service facility location
32 b	Two-digit qualifier immediately followed by the BCBSOK provider # of the service facility location
33 a	10-digit NPI # of billing provider
33 b	Two-digit qualifier immediately followed by the BCBSOK provider # of the billing provider



Tips on how to use Type 1 and Type 2 NPIs on the CMS-1500

Individuals that have incorporated their practice must also obtain an Organizational Type 2 NPI. The individual (Type 1) NPI may be submitted as both the rendering and billing provider in fields 24j and 33a. Depending on your tax reporting expectations, you may instead use your Organizational NPI in the billing provider field 33a.

An **individual** health care provider who is **not** part of an incorporated practice may use **only** his or her individual (Type 1) NPI for filing claims. In this situation, the individual (Type 1) NPI should be submitted as both the rendering and billing provider in fields 24j and 33a.

For individual health care providers who are part of an incorporated practice, the practice or clinic must obtain an organizational (Type 2) NPI for filing claims. By acquiring an organizational NPI, the remittance and reimbursement for services rendered may be combined. The individual (Type 1) NPI(s) should be submitted as the rendering provider in field 24j. The organizational (Type 2) NPI should be submitted as the billing provider in field 33a.

Large corporations may have many groups working under its shared Tax ID number as DBAs. Since each DBA has its own BCBSOK billing number, each DBA should also obtain and use its own Type 2 NPI to maintain the one-to-one relationship.

The Importance of Billing/Pay-to NPI Numbers

We want to emphasize the importance of including billing and pay-to-provider numbers on your claims to help eliminate claim filing problems. Doing so will allow claims submitted that have multiple services performed on the same day, but rendered by different physicians within the same billing clinic or medical group using the proper modifier, to be processed correctly and paid.

ATTENTION ELECTRONIC CLAIM SUBMITTERS

When transmitting your claims to BCBSOK electronically, please continue to include your NPI and your legacy or Blue Cross Blue Shield provider number as well.

You must properly format the 837 electronic claim with the billing NPI in the billing loop and the rendering NPI in the rendering loop when the rendering NPI is different from the billing NPI. Remember: An individual professional provider's Type 1 NPI may not be submitted in the billing loop along with the billing provider group's BCBSOK provider #. If applicable, you must be sure to use your organizational Type 2 NPI when the group is the billing provider.

ANSI 837 Submitters:

For a description of the 837 format requirements for NPI, please see the companion guides at http://www.thinedi.com/hipaa/comp_docs.htm. Also, at this time, although not mandated, we recommend that you include the taxonomy code where appropriate in PRV03 Segment of your electronic file.

It is imperative that you contact your software vendor and/or billing service to ensure they are working on these enhancements and providing us with the appropriate information.

ANSI 835 Receivers:

If the valid NPI and the Blue Cross and Blue Shield of Oklahoma legacy number are both received on the 837, we will return the numbers on the 835. If we are not able to validate the NPI; the 835 will show the legacy number only. The 835 file will contain the Tax Identification Number. Example of how the 835 will look when the NPI is submitted during claims submission for the provider:

Loop 1000B

N1*PE*Any Hospital*XX*YOUR NPI#nnnnn~
N3*Any Address~
N4*CHICAGO*IL*606010000~
REF*1A*Legacy BC Provider #~ (This segment will not be sent effective 5/23/07)
REF*TJ*Tax ID #~

Your patience is appreciated during the NPI implementation process...

In our enhanced efforts to ensure NPI readiness, you may have received some duplicate communications or phone calls requesting your NPI information, even if you have already submitted that information to BCBSOK.

Thank you for your cooperation as we continue to move forward toward NPI compliance.

Taxonomy codes – What are they and how are they used?

The health care provider taxonomy code set is a comprehensive listing of unique ten-character alphanumeric codes. The code set is structured into three levels — provider type, classification, and area of specialization — to enable individual, group, or institutional providers to clearly identify their specialty category or categories in HIPAA transactions.

The entire code set can be found on the Washington Publishing Company (WPC) Web site, at:

www.wpc-edi.com/codes/taxonomy

The health care provider taxonomy code set levels are organized to allow for drilling down to a provider's most specific level of specialization. Listed below is a random sampling of taxonomy codes to show you what they look like:

Allergy Immunology	207K00000X
Durable Medical Equipment	332B00000X
Family Practice	207Q00000X
Ophthalmology	207W00000X
Urgent Care	261QU0200X

Why do I need to know my taxonomy code(s)?

Taxonomy codes can play a critical role in the claims payment process.

- Your taxonomy code or codes must be included on your application for a National Provider Identifier (NPI) to designate your provider type or specialty for use in HIPAA transactions.
- Your primary taxonomy code is also required along with your other provider information on the BCBSOK NPI Submission Form as an additional means of ensuring successful mapping of your old provider number(s) to your NPI(s).
- Additionally, please note that BCBSOK will soon be requiring inclusion of your taxonomy code(s) on electronic and paper claims, so it is important to make sure your office staff has the correct taxonomy code information on file.

Resources

Additional information regarding NPI can be found on the following Web sites:

- **CMS:** www.cms.hhs.gov/NationalProviderStand/
- **National Plan and Provider Enumeration System (NPPES):** www.nppes.cms.hhs.gov
- **National Uniform Claim Committee (NUCC):** www.nucc.org. Visit this site for a CMS-1500 instruction manual and FAQs.
- **BCBSOK:** www.bcbsok.com/provider. Go to the Health Care Providers section and click on the NPI logo for updated information, Frequently Asked Questions, an NPI Glossary and more.

- **Blue Cross Blue Shield Association:** www.bcbs.com/npi for audio and video NPI webcast sessions.

Have a Question?

If you have any questions on NPI and on the application process, contact:

- NPI Enumerator Call Center at **1-800-465-3203**, or Send an email to: customerservice@npienumerator.com

If you have any questions on how BCBSOK is implementing NPI:

- Call Health Industry Relations at **1-800-722-3730** or send an e-mail to npi@bcbsok.com
- Contact your Provider Representative who can support you through the entire NPI process.

What documents are required for NPI verification?

BCBSOK cannot accept NPI Submission Forms that are not accompanied by a copy of your NPPES confirmation letter or email from the Enumerator. See samples pictured to the right.

