



THE NPI-ONLY START DATE

May 2008

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



It's Confirmed! May 23, 2008 is NPI-Only Start Date.

During the past year, BCBSOK has kept you informed of our transition to an NPI-only environment.

As of May 23, 2008, BCBSOK will no longer be able to process HIPAA standard transactions received with dual identifiers. All claims *must* include your NPI, but may *not* include your BCBSOK provider number, or other legacy identifier. BCBSOK also requires health care providers to use their NPI(s) on paper claims in accordance with the regulation.

A transaction is defined as the transmission of information between two parties to carry out financial or administrative activities related to health care. In addition to health care claims or equivalent encounter information, you should be aware that a transaction may also include the following types of transmitted information:

- Health care payment and remittance advice
- Coordination of benefits
- Health care claim status
- Enrollment and disenrollment in a health plan
- Benefit eligibility/coverage with a health plan
- Health plan premium payments
- Referral clarification and authorization
- First report of injury
- Health claims attachments

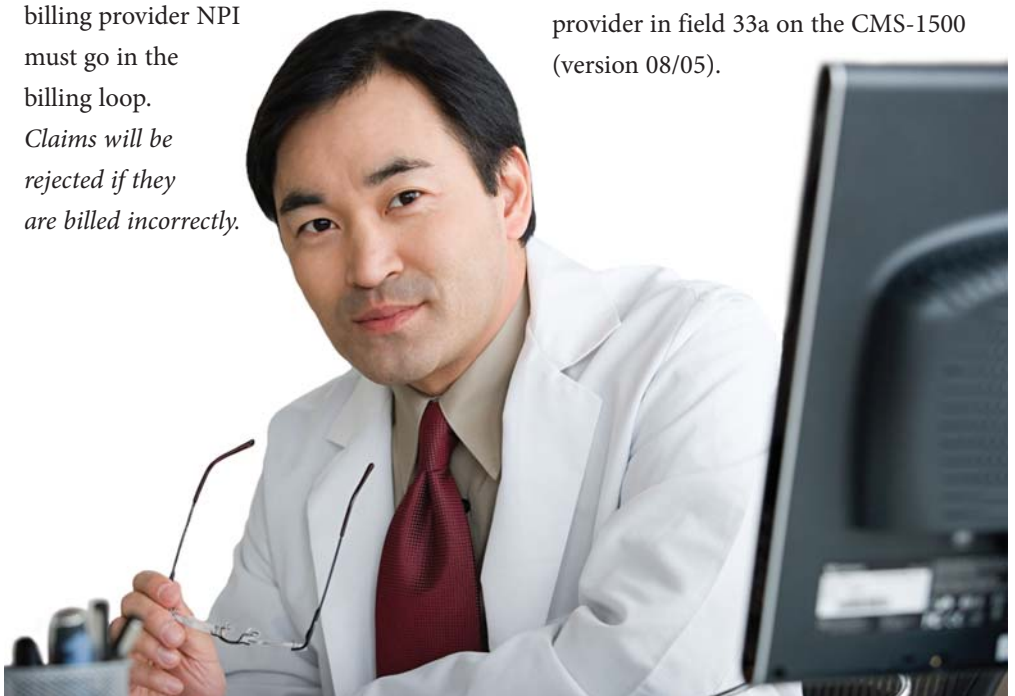


Back To Basics

BCBSOK has communicated NPI requirements to providers using a variety of media throughout our transition to an NPI-only environment. As previously stated, the mandate applies to all HIPAA standard transactions. Since claims are some of the most common transactions submitted, here are the fundamental points to keep in mind when you submit NPI-only claims:

- As outlined in the current regulation, providers must share their NPI with any entity that needs to designate an ordering or referring physician for billing purposes.
- If your practice is incorporated, you must obtain a Type 2 (Organizational) NPI for your corporation. During the billing process, your Type 1 NPI will be used by BCBSOK to identify the provider who performed the service; your Type 2 NPI will identify the group or entity to be paid.
- Large corporations may have several groups working under a shared Tax ID number, as “doing business as” (DBA). Since each DBA has its own BCBSOK billing number, each DBA should consider obtaining and using its own Type 2 NPI to maintain this one-to-one relationship.
- If you have not received your “Congratulations” postcard and you MUST submit NPI-only claims due to external requirements, please have your electronic trading partner contact our E-Commerce Center at 1-800-746-4614 to expedite your transition to an NPI-only environment.
- Correct submittal of 837 Professional Health Care Claims to BCBSOK must include the billing provider’s information in loop 2010AA, the pay-to provider information in loop 2010AB, the referring provider information in loop 2310A, and the rendering provider information in loop 2310B.
- Correct submittal of 837 Institutional Health Care Claims to BCBSOK must include the billing provider’s information in loop 2010AA, the pay-to provider information in loop 2010AB, the attending physician name in loop 2310A, the operating physician name in loop 2310B, the other provider name in loop 2310C, and the service facility name in loop 2310E.
- If the rendering provider is not the billing/pay-to entity, do not put the rendering provider NPI in the billing loop of the claim. The rendering provider NPI must go in the rendering loop and the billing provider NPI must go in the billing loop.
- Your NPI does *not* replace your TIN. You must continue to include your TIN on claims for cross referencing and tax reporting purposes.
- When submitting NPI-only claims, use only an original, standard red-ink CMS-1500 claim form. The original form contains a special red ink to ensure proper scanning; errors or processing delays may occur if a form does not scan properly.
- For paper claims submitters, the Type 1 NPI(s) should be submitted as the rendering provider in field 24j on the CMS-1500 (version 08/05).
- 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 on the CMS-1500 (version 08/05) as both the rendering and billing provider in fields 24j and 33a. The Type 2 NPI should be submitted as the billing provider in field 33a on the CMS-1500 (version 08/05).

Claims will be rejected if they are billed incorrectly.

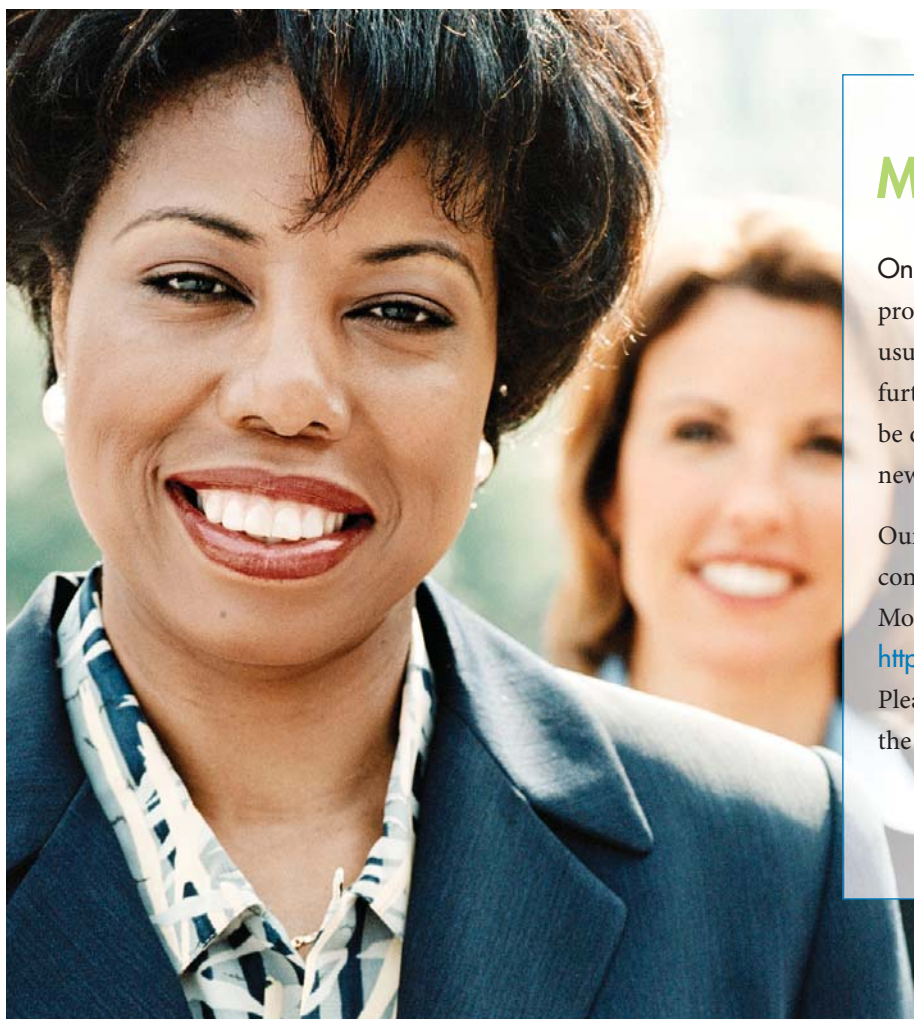


For further assistance on how to transition to submitting NPI-only claims, contact your provider representative. If your electronic vendor has any questions, they should contact our E-Commerce Center at **1-800-746-4614**.

Did You Receive a Contract Notification Letter?

In January of 2008, BCBSOK mailed Notification of Contract Termination letters to providers for whom our records indicated an NPI was missing. Although there has been an extension to the contingency period, these notifications are still valid. According to the contingency plan laid out by BCBSOK, all HIPAA standard transactions must be submitted with *only* the NPI as the provider identifier as of May 23, 2008. We encourage providers share their

NPI with BCBSOK through e-mail on the health care providers section of our Web site at www.bcbsok.com; click on the NPI logo, then select either *Share it!* or *Submit Your NPI to Us Here - Online Version*.



Making The Transition

On May 23, 2008, using your NPI as the sole provider identification number becomes “business as usual.” Moving forward, BCBSOK anticipates that any further communication regarding the use of NPI will be done via www.bsbsok.com and our provider newsletter—*Network News*.

Our overall goal is to maintain HIPAA compliance while completing our transition to an NPI-only environment. More information on the regulation can be found at <http://www.cms.hhs.gov/NationalProvidentStand>. Please refer to www.bcbsok.com for information about the NPI transition at BCBSOK.

Taxonomy Codes For Paper Claims

Taxonomy codes further identify you, or the practice you are a part of, on claims. They can play a critical role in the claims payment process. Electronic claims transactions already accommodate the entry of taxonomy codes. Now, BCBSOK is requesting paper claims submitters to include taxonomy codes on claims with the qualifier “ZZ.” On the UB-04 form, use field 57 to enter your taxonomy code. On the CMS-1500, use fields 17a, 24j, and 33b for your taxonomy codes. Entering these codes will help to alleviate delayed claims processing.

Resources

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

- Centers for Medicare and Medicaid Services (CMS):
www.cms.hhs.gov/NationalProvidentStand/
- National Plan and Provider Enumeration System (NPPES):
www.nppes.cms.hhs.gov
- Blue Cross and Blue Shield Association Web site at
www.bcbs.com/npi for audio and video NPI Web cast sessions.
- BCBSOK Web site at www.bcbsok.com/providers.html.
Click on *National Provider Identifier* for updated information, “Frequently Asked Questions,” the NPI Glossary and more!

Have a Question?

If you have questions about NPI or the application process, contact:

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

If you have questions about how BCBSOK is implementing NPI:

- Call Health Industry Relations at **1-800-722-3730**; or
- Send an e-mail to npi@bcbsok.com; or
- Contact your provider representative to support you through the entire NPI process.



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.™

In this Issue

- ***Deadline Officially Confirmed: May 23, 2008, is NPI-only!***
- Back To Basics
- Did You Receive a Contract Notification Letter?
- Making The Transition
- Taxonomy Codes For Paper Claims
- Resources

