



**Professional Receivables Control, Inc.  
Monthly Newsletter  
March 2008**

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**LEGISLATIVE CHANGE TO 2008 FEE SCHEDULE**

Claims with dates of service January 1, 2008 through June 30, 2008, the update to the conversion factor will be 0.5%; and for claims with dates of service July 1, 2008 and after, will revert back to the previous payment methodology 10.1% that was in the Final Rule published in the Federal Register on November 27, 2007.

**NPI ENUMERATORS RESPONSIBILITIES**

From PalmettoGBA:

The NPI Enumerator is responsible for assisting health care providers in applying for their NPIs and updating their information in the National Plan and Provider Enumeration System (NPPES). The NPI Enumerator's responsibilities include:

- Processing NPI applications/updates/deactivations;
- Providing blank NPI application forms to health care providers upon request;
- Assisting health care providers with questions or problems regarding the processing of their NPI applications, updates, or deactivations (web-based or paper);
- Resolving errors on applications/updates/deactivations;
- Investigating potential duplicate applications/updates/deactivations to ensure the uniqueness of the provider;
- Resetting web users' NPPES passwords;
- Tracking NPPES accessibility and reporting NPPES inaccessibility issues to the CMS;
- Maintaining a call center for health care providers' questions regarding NPI application processing; and
- Working with Electronic File Interchange Organizations (EFIOs) (approval of EFIOs, resolving problems with EFI files).

Health care providers needing the above types of assistance may contact the NPI

Enumerator at 1-800-465-3203, TTY 1-800-692-2326 or email the request to the NPI Enumerator at [CustomerService@NPIEnumerator.com](mailto:CustomerService@NPIEnumerator.com) on the Internet. Please note that application processing times may vary based on current inventories. Please allow 15 working days to process your application/updates before contacting the NPI Enumerator.

Health care providers should NOT contact the NPI Enumerator for the following issues:

- The NPI Enumerator cannot provide assistance with the Medicare NPI Crosswalk and Medicare claims processing issues.
- The NPI Enumerator does not generate, maintain or have access to the Medicare NPI Crosswalk.
- The NPI Enumerator does not have the means/authority to alter/add/remove any information on the Medicare NPI Crosswalk.
- The NPI Enumerator cannot report problems to CMS or to the Medicare Fee-for-Service contractors concerning the Medicare NPI Crosswalk or claims processing problems.
- The NPI Enumerator does not send updates to the Medicare NPI Crosswalk.
- The NPI Enumerator does not know how/when the Medicare NPI Crosswalk will be updated.
- The NPI Enumerator cannot advise a provider as to how to complete the paper or electronic claim.
- The NPI Enumerator cannot tell a provider how many legacy numbers to report on the NPPES record in order to assist in populating information on the Medicare NPI Crosswalk.
- The NPI Enumerator cannot provide assistance with information disseminated or not disseminated via the NPI Registry or the NPPES downloadable file:
- The NPI Enumerator cannot assist providers with questions regarding “temporarily suppressed” information found on the NPI Registry or downloadable file.
- Although the NPI Enumerator can confirm whether or not the information still exists in the provider’s active NPPES record; this confirmation is limited to the health care provider or contact person on the provider’s NPPES record. Third party sources, including Medicare contractors, cannot call the NPI Enumerator for confirmation of information in a health care provider’s NPPES record. If this type of confirmation is needed, the third party should request the information from the provider directly.
- The NPI Enumerator cannot provide assistance with Medicare-related provider enrollment information:
- The NPI Enumerator cannot determine how providers are enrolled with Medicare (e.g., as an individual or as a group).
- The NPI Enumerator cannot determine which identifiers (Unique Physician Identification Number (UPIN), Provider Identification Number (PIN), Online Survey Certification and Reporting System (OSCAR), or National Supplier Clearinghouse (NSC)) should be included on health care providers’ NPPES records.
- The NPI Enumerator has no way of knowing which type(s) of legacy number(s) were assigned to a provider by the Medicare contractor(s).
- The NPI Enumerator cannot tell a provider how many legacy numbers to report on the NPPES record in order to assist in populating information on the Medicare NPI Crosswalk.

- The NPI Enumerator cannot provide assistance with NPI-to-legacy number linkages (i.e., how to properly link multiple legacy numbers to one NPI or how to properly link one legacy number to multiple NPIs).

The NPI Enumerator cannot provide assistance with questions related to:

- Defining subparts;
- Which subparts should receive NPIs;
- Where NPIs or legacy identifiers are to be placed in claims transactions;
- Health Insurance Portability and Accountability Action (HIPAA) regulations or regulatory policies;
- Proper use of NPIs in transactions with health plans; and
- Determining if the provider is a sole proprietor or an incorporated individual.

### Additional Information

CMS advises providers to read the information available at <http://www.cms.hhs.gov/NationalProvIdentStand/> on the CMS NPI Web site. Included on this site are NPI Frequently Asked Questions and Answers that can assist you with issues for which the NPI Enumerator is not responsible.

In addition, the NPI Application/Update form itself is also a good source of information. Providers should refer to the instructions (they are part of the form) for clarification on information to be submitted in order to obtain NPIs or update their records. You can also refer to the “Application Help” tab located at: <https://nppes.cms.hhs.gov> on the NPPES Web site for additional assistance when you are online.

If you have questions related to Medicare issues, please contact our office at 1-877-567-9232.

### **NPI FOR REFERRING/ORDERING MANDATORY**

As of May 23, 2008 Medicare will not process any claim requiring a referring/ordering provider without that provider’s NPI. If, by May 23, 2008, a provider has no NPI number, that provider will not be allowed to refer a Medicare patient for services.

Besides physicians, these providers are able to refer, Clinical Nurse Specialists (CNS), Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM). As of May 23, 2008 Medicare will not accept Legacy numbers and all claims that do not carry the NPI number for the referring will be rejected.

### **CERTIFICATION FOR MAMMOGRAPHY**

PalmettoGBA tells us mammography claims will be returned as unprocessable if either a film or digital mammography HCPCS code is submitted on a claim and there is no FDA certification number on the claim’s Mammography Quality Standard Act (MQSA) data file.

If you are only FDA certified for film mammography you can’t bill digital and likewise if you are only FDA certified for digital mammography you can’t bill film. The FDA certification number must be entered in item 32 of the Form CMS-1500 for paper claims, or in the 2400 loop (REF02 segment, where 01=EW segment) of the ASC X12 837 professional claim

format, version 4010A1, for electronic claims). PalmettoGBA will start returning and/or denying claims as of April 1, 2008.

For more information see [http://www.palmettogba.com/palmetto/providers.nsf/\(Docs\)/0A8EF93CB897A082852573B4006DF587?OpenDocument](http://www.palmettogba.com/palmetto/providers.nsf/(Docs)/0A8EF93CB897A082852573B4006DF587?OpenDocument)

### **REPORT CHANGES IN YOUR PRACTICE TO PALMETTO GBA**

Independent Diagnostic Test Facilities (IDTF) changes in ownership, changes of location, changes in general supervision and any adverse legal actions must be reported to Palmetto GBA using the CMS-855B with 30 calendar days of the changes. All other changes to the IDTF's enrollment information must be reported within calendar days.

If you are a credentialed Medical Provider with Palmetto GBA you must notify Palmetto GBA of any changes to your practice within 90 days. These include but are not limited to; address change, specialty change, name, phone number, potential change or termination of current ownership, authorized officials, fax number, deactivation of Medicare numbers such as a doctor retiring from your practice, change in your billing company or contact person, etc. You must submit all of the changes using the CMS-855B or CMS 855I forms.

### **PHYSICIAN SCARCITY BONUS EXTENDED**

Physicians providing services in areas where there is determined to be a low number of physicians in relation to the number of patients have been getting a bonus payment for work done in those areas. This started back in January of 2005 and CMS has decided to extend those bonuses through June 30, 2008. The scarcity areas that were in effect on December 31, 2007 will be used for the period from January 1, 2008 through June 30, 2008.

### **ANTHEM BLUE CARD AND BORDERING STATE PRACTICES**

If you have a practice that borders another state and you are seeing patients from Ohio (your home state) and let's say Indiana you must file in accordance with your contracts. Examples: You are contracted with both Ohio and Indiana, you must file the claim to the appropriate carrier; Indiana for the Indiana enrolled patient and Ohio for the Ohio enrolled patient. If you are only contracted in Ohio then ALL claims are to be filed in Ohio no matter where the patient is enrolled. If you are not contracted in Ohio but are contracted in the state from which the patient is enrolled then you must file to that state.

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