Attention:
All Providers

National Provider Identifier

NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!

Table of Contents

What is the National Provider Identifier?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI), which was issued on January 23, 2004, adopts the NPI as this national standard and applies to all health care providers. The NPI is a 10-byte, all-numeric identifier that will replace all proprietary identifiers used in HIPAA-covered electronic transactions to identify a provider. The first character is a 1 or 2 and the last character is a check digit designed to help ensure validity of the number. There is no embedded intelligence in the NPI—it is simply a unique number to identify a provider regardless of the provider's location, type, or specialty.

The National Provider Identifier and N.C. Medicaid

Effective January 1, 2008, all claims (except pharmacy claims and claims for atypical providers) submitted to N.C. Medicaid must contain the Medicaid Provider Number (MPN), NPI, and taxonomy. Like many other payers, N.C. Medicaid is adopting a mapping solution in which the NPI billed on the claim is mapped to the MPN for claims adjudication. This crosswalk method of matching the NPI to the MPN allows claims to process using current policy without any changes to claim processing edits and audits. Ideally, an NPI will be linked to only one MPN, otherwise known as a one-to-one match. If this one-to-one match does not occur, N.C. Medicaid has developed a mapping solution to determine the appropriate MPN to assign to the claim. This mapping solution is built around a hierarchy using data elements from the claim, such as taxonomy codes, service location, billing provider ZIP codes, and procedure codes.

Atypical Providers

"Atypical" providers are providers that do not provide health care services and will not be issued NPIs. Atypical providers are individuals or businesses that bill Medicaid for services rendered but do not meet the definition of a healthcare provider according to the NPI Final Rule 45 CFR 160.103 (for example, non-emergency transportation providers). Claims filed by atypical providers will continue to use their legacy MPN for billing.

Obtaining the National Provider Identifier

Healthcare providers can apply for their NPIs at https://nppes.cms.hhs.gov/NPPES/Welcome.do (click on the link to *National Provider Identifier* and follow the instructions for applying). All HIPAA-covered physicians, suppliers, and other health care providers must apply for and be issued NPIs in order for their claims to adjudicate. In addition, all health plans must be able to accept the NPI instead of the plan-specific provider identifiers on all HIPAA standard transactions by **May 23, 2008.** When applying for an NPI, providers are urged to include all MPNs on the NPI application form and indicate North Carolina as the state name.

Note: Applying for an NPI does not replace any enrollment or credentialing processes for N.C. Medicaid.

Once NPIs are obtained, they must be reported to N.C. Medicaid. A copy of the National Plan and Provider Enumeration System (NPPES) certification letter or e-mail for each NPI number reported must also be provided.

National Provider Identifier Subparts

Any health care provider, including individuals and organizations (such as health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form) should have an NPI. A group or organizational provider may elect to subpart, i.e., request multiple NPIs, for specific entities within their organization. A provider is a legal entity; a subpart is not a legal entity, but it furnishes health care. An example of a subpart is a hospital that subparts its NPI into separate NPIs for specific units within the hospital.

If a provider has multiple MPNs but does not elect to subpart, the claim will adjudicate through the mapping solution to determine which MPN is associated with the particular NPI billed. Whereas the paper Remittance and Status Report (RA) will reflect the MPN selected in addition to the NPI, the 835 transaction will contain only the NPI on an 835 transaction. There is no way to distinguish claims from multiple provider numbers that are paid under a single NPI.

Individuals cannot subpart. N.C. Medicaid strongly recommends that all other providers consider obtaining a NPI for each of their regular MPNs. It is the choice of the provider whether or not to enumerate into multiple NPIs. Reporting one NPI for each MPN will help ensure that claims are processed correctly and will allow for easier identification for claims payment. (See **National Provider Identifier Effects on the Remittance and Status Report and the 835 Transaction,** below, for further information.)

The National Provider Identifier and Provider Enrollment

Effective January 1, 2007, all provider enrollment applications and provider change forms must include the NPI and the address's ZIP+4. Providers applying for a new MPN are required to submit the NPI and a copy of the NPPES certification letter or e-mail.

Reporting the National Provider Identifier

Providers are required to report the NPI for each MPN to N.C. Medicaid before claims can be paid. Providers are encouraged to access DMA's NPI and Address Database at http://www.ncdhhs.gov/dma/NPI.htm using either their MPN or their NPI and verify the NPI, site address, and billing address.

- If all information is correct, no action is necessary.

- To correct typographical errors in the database, print the form, make corrections, and fax to the number on the printable form.

- To correct more serious (non-typographical) errors, submit a Provider Change Form (http://www.ncdhhs.gov/dma/formsprov.html#admin) and include any other applicable documentation.

- If the NPI does not appear in the database, print the form, enter the NPI, and fax to the number on the printable form with a copy of the NPPES certification.

Taxonomy and the National Provider Identifier

When a one-to-one, NPI-to-MPN match does not occur, the taxonomy will play an important role in determining the appropriate MPN to use for claim processing. Providers may refer to the Washington Publishing Company website (http://www.wpc-edi.com/taxonomy) and the DMA website (http://www.ncdhhs.gov/dma/NPI/taxonomy_codes.html) in order to determine the appropriate taxonomy. The taxonomies recommended are not all-inclusive and are to be used for claims processing only. Providers are not required to change the taxonomy that was previously reported to NPPES or N.C. Medicaid Provider Enrollment.

Unknown National Provider Identifier Report

Providers whose NPIs are not on file before NPI is implemented will have their claims denied. Because these NPIs are not on file, these claims will not appear on the RA but on a new report, the Unknown NPI Report. The report is generated on the same schedule as the Medicaid checkwrite cycle, but it will be delivered in a separate envelope from the paper RA, and will be sent to the billing provider address submitted on the 837 transaction or NCECSWeb submission.

The Unknown NPI Report lists the Medicaid claims for which the submitted NPI is unknown along with the following information:

- Recipient's last name and first name

- Service date

- Recipient's Medicaid identification number

- Patient account

- Claim number (internal control number, ICN)

- Total amount billed

- Submitted NPI

To resolve these claims, follow these steps:

Action	Resolution
Was the NPI keyed correctly? (Check the Unknown NPI Report.)	If the NPI was incorrect, resubmit the claim as a new claim with the correct NPI. If the NPI on the report is correct, determine if the NPI was reported to DMA. If the NPI was not reported to DMA, follow instructions above on how to report the NPI.
Is the provider enrolled in the N.C. Medicaid program?	If not enrolled, go to http://www.ncdhhs.gov/dma/provenroll.htm for instructions to enroll as a Medicaid provider.
The NPI was correctly entered and has been reported to DMA, and the provider is enrolled in N.C. Medicaid, but the Unknown NPI Report has been received nevertheless.	Call EDS Provider Services at 1-800-688-6696 for assistance.

The status of claims identified on the Unknown NPI Report will not be available on the Automated Voice Response (AVR) system. Once the NPI has been reported to DMA and the claims have been resubmitted, claim status will be available.

Unresolved National Provider Identifier Report

If a claim is submitted to N.C. Medicaid and the mapping solution cannot narrow the NPI submitted to one MPN, the claim will be defined as "unresolved." The provider will receive the Unresolved Report sent to the address on the claim, which will include instructions for required action(s).

The National Provider Identifier and the Automated Voice Response System

The AVR system will allow callers to use either their NPI or MPN for inquiries. If the NPI is the chosen method to obtain information from the AVR system, some options will require knowledge of the existing MPN(s).

If a provider chooses to use the NPI for inquiry, depending on how the provider enumerated with DMA, up to 15 validated MPNs will be returned to the voice server. If you have more than 15 numbers, you may be unable to use the AVR system with NPI.

The two pricing options (procedure code and CAP pricing), the prior approval option, and the optical confirmation option within AVR system will require a single MPN in order for the correct information to be obtained. When an NPI has been entered and multiple validated MPNs have been returned, the objective is to derive a single MPN. The provider must enter the MPN directly, or select it from an orated list. The caller may also obtain the correct MPN to use from the RA.

National Provider Identifier Effects on the Remittance and Status Report and the 835 Transaction

Beginning in January 2008, paper RAs will display the billing provider's NPI in addition to the MPN. The NPI will appear directly above the MPN on each page of the RA. Attending provider NPIs will not be displayed. The NPI shown on the RA will be the NPI reported to N.C. Medicaid for the billing MPN. If no NPI appears, N.C. Medicaid does not have that NPI in the provider database and it should be reported as soon as possible. To report an NPI, visit the DMA NPI and Address Database at http://www.ncdhhs.gov/dma/NPI.htm.

Providers will receive a separate 835 transaction for each NPI and a separate RA for each MPN.

Here's a sample RA containing an NPI:

National Provider Identifier and Claim Submission Guidelines

Paper Claim Submissions
Refer to **Section 5, Submitting Claims to Medicaid** in the *Basic Medicaid Billing Guide*
(http://www.ncdhhs.gov/dma/medbillcaguide.htm) or the June 2007 Special Bulletin, *New Claim Form
Instructions* (http://www.ncdhhs.gov/dma/bulletinspecial.htm).

Vendors and Clearinghouses
Refer to the HIPAA Implementation Guides (http://www.wpc-edi.com).

North Carolina Electronic Claims Submission (NCECS) Users
Refer to the July 2007 Special Bulletin, *NCECSWeb Instruction Guide*
(http://www.ncdhhs.gov/dma/bulletinspecial.htm).

Carolina ACCESS
Refer to **Section 4, Managed Care Provider Information** in the *Basic Medicaid Billing Guide*
(http://www.ncdhhs.gov/dma/medbillcaguide.htm).

Electronic Mailing List for National Provider Identifier Updates

Providers, software vendors, and clearinghouses may subscribe to an electronic mailing list to receive
immediate e-mail updates regarding NPI. To subscribe to the electronic mailing list, visit
http://www.ncdhhs.gov/dma/NPI.htm and click on the link for the list.

National Provider Identifier Implementation and Ready Letters

Effective May 23, 2008, all claims must contain a NPI. N.C. Medicaid will no longer accept claims
submitted without an NPI effective May 23, 2008. Unless the provider is atypical, failure to use the NPI
by this date will result in a claim denial.

All claims should contain the following information:

- **National Provider Identifier**
    - Billing provider
    - Attending provider, if applicable
    - Referring provider, if applicable

- **Medicaid Provider Number (optional after May 22, 2008)**
    - Billing provider
    - Attending provider, if applicable
    - Referring provider, if applicable

- **Taxonomy Code**
    For all claims (except pharmacy) that are submitted electronically, a taxonomy code must be
    included for the billing provider. However, if the procedure or service is billed with an attending
    provider number, only the taxonomy code for the attending provider is included on the electronic
    claim submission. For paper claims, a taxonomy code for both the billing provider and, if
    applicable, the attending provider must be included on the claim.

Note: Pharmacy providers must submit claims with their NPI number and the prescriber's NPI number or DEA number entered on the claim.

For placement of data on the 837 transaction, consult the X12 Implementation Guide at http://www.wpc-edi.com. The NCECSWeb tool now contains fields to report this information. For CMS-1500, UB-04, and ADA claim forms, consult the June 2007 Special Bulletin, *New Claim Form Instructions*, on the DMA website at http://www.ncdhhs.gov/dma/bulletinspecial.htm.

DMA encourages all providers (except pharmacies) to continue to submit their NPI, MPN, and taxonomy even after May 23, 2008. DMA will notify the billing provider by mail (Provider Ready letter) once it is determined that the NPI submitted on the claim is mapping correctly to the MPN submitted by the provider. Refer to future general Medicaid bulletins for additional information on the Provider Ready letters.

Notification of National Provider Identifier/Medicaid Provider Number Mismatch

All providers (except pharmacy) are encouraged to submit an NPI, MPN, and taxonomy code on all claims. DMA is analyzing claims that contain this information to prepare for NPI implementation on May 23, 2008. Analysis has found that some providers are submitting claims with a different NPI than what was reported to DMA for their MPN(s). At implementation, claims will process based on the NPI reported for the MPN(s) in the provider database. Therefore, it is imperative that providers use the same NPI on claims that they registered with DMA Provider Services.

DMA will send a letter to providers who are submitting claims using an NPI and MPN combination that is different from what was reported to DMA. Each mismatch will be listed in the letter. Please note that only claims submitted with an NPI, MPN, and taxonomy code are eligible for this letter. In addition, providers will receive a letter if they submit a claim with an NPI that has not been reported to DMA if their MPN is submitted on the claim.

To troubleshoot, providers can verify that the correct NPI(s) are on file by searching the NPI and Address Database (http://www.ncdhhs.gov/dma/WebNPI/default.htm). Search by NPI and MPN to ensure that each MPN has a corresponding NPI on file. Also, verify with vendors and clearinghouses that the correct NPI is being submitted on claims.

To update or change an NPI on file with DMA, print the correction form from the NPI and Address Database, make the appropriate change, and fax the form to DMA Provider Services. Allow two weeks for updates to be processed. Providers are encouraged to verify all information prior to May 23, 2008.

Referring Provider Numbers for Carolina ACCESS Referral Authorizations

Upon NPI implementation, the NPI will replace the referring provider number for Carolina ACCESS referral authorizations. Providers are encouraged to submit both the NPI and the MPN on claims until a Provider Ready letter is received, unless the referring provider is an atypical provider.

To determine whether to obtain the group or individual NPI for the referral, refer to the recipient's Medicaid identification card. If a group name is listed on the card as the Primary Care Provider (PCP), obtain the group NPI. If an individual's name is listed as the PCP, obtain the individual's NPI.

National Provider Identifier – Frequently Asked Questions

1. **How can providers learn more about NPI?**
    The Centers for Medicare and Medicaid Services (CMS) has created a slide presentation to answer many NPI questions. The slide presentation can be viewed at http://www.cms.hhs.gov/apps/npi/npiviewlet.asp. Additional information, including frequently asked questions (FAQs), can be found on the CMS website and on the DMA website at http://www.ncdhhs.gov/dma/NPI.htm.

2. **How do providers know if they are eligible to receive an NPI?**
    All health care providers, as defined in 45 C.F.R. § 160.103, are eligible to obtain an NPI. Entities that do not provide health care (for example, non-emergency transportation services) are not required to obtain an NPI because they do not meet the definition of "health care provider."

3. **May health care providers use the NPI when submitting claims to N.C. Medicaid prior to NPI implementation?**
    Yes. N.C. Medicaid encourages providers to begin submitting both the NPI and taxonomy, along with the MPN, on claims. If your software is not updated to submit the NPI number, please contact your clearinghouse or software vendor as soon as possible to obtain the appropriate updates. Please ensure that you keep the capability to submit the MPN along with the NPI. N.C. Medicaid will continue to process claims using the MPN until NPI is fully implemented.

4. **If a provider has seven different offices, are they supposed to subpart?**
    While N.C. Medicaid cannot require providers to enumerate in a certain way, we recommend that providers obtain an NPI for each MPN currently in use. Refer to the Director's Letter from CMS on the DMA website (http://www.ncdhhs.gov/dma/NPI.htm, under CMS Information) for guidance.

5. **If providers currently have both group and attending provider numbers, how many NPI numbers are required?**
    N.C. Medicaid recommends that providers obtain an NPI for each MPN currently used.

6. **Do providers who have both group and individual NPIs need to report all of them to Medicaid?**
    Yes. Providers must report all NPIs to N.C. Medicaid.

7. **Will providers who have multiple Medicaid group provider numbers receive separate payments?**
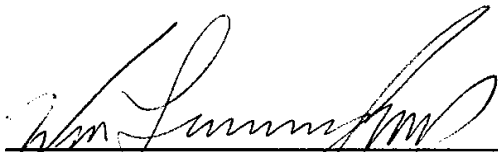   Providers receive separate RAs and separate payments for each MPN. The 835 transaction will contain only the NPI. The paper RA will contain both the NPI and the MPN.

8. **What taxonomy do providers use for Community Support services?**
    Providers must select the taxonomy code that most appropriately matches the services provided. Providers may select multiple taxonomies for each NPI. To determine the appropriate taxonomy, refer to the Washington Publishing Company website (http://www.wpc-edi.com/taxonomy) and the DMA website (http://www.ncdhhs.gov/dma/NPI/taxonomy_codes.html).

9. **Will Carolina ACCESS referrals switch to using the NPI?**
    Yes. Providers must obtain the NPI of the Carolina ACCESS primary care provider or referring provider.

10. **As a prescribing provider, do I need to share my NPI with pharmacies?**
    Yes. Pharmacies will need the prescribing provider's NPI in order for their claims to process.

11.   **Where can I find a list of recommended taxonomy codes?**
         Check the DMA website at http://www.ncdhhs.gov/dma/NPI/taxonomy_codes.html. The taxonomies recommended are not all inclusive and are to be used for claims processing only. Providers are not required to change the taxonomy code that was previously reported to N.C. Medicaid Provider Enrollment. Providers may also refer to the Washington Publishing Company website at http://www.wpc-edi.com/taxonomy.

12.   **How many NPIs should a sole proprietor have?**
         A sole **proprietor** is not an incorporated individual because the sole proprietor has not formed a corporation. Being a sole or solo **practitioner** does not necessarily mean that the practitioner is a sole proprietor, and vice versa. A sole proprietor is eligible for only one NPI, just like any other individual. For example, if a durable medical equipment supplier is a sole proprietor, he/she is eligible for only **one** NPI (the individual's NPI), regardless of the number of different locations the supplier may have, whether the sole proprietorship has employees, and whether the Internal Revenue Service has issued an Employee Identification Number (EIN) to the sole proprietorship so that the employees' W-2 forms can reflect that EIN instead of the sole proprietorship's Taxpayer Identification Number.

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