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is published by Medicare EDI Services for EDI submitters, vendors, billing services and clearinghouses. This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins are available at no cost from our website at: <http://www.highmarkmedicare.com>

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PC-ACE Pro32 Version 1.79 Upgrade Available via Internet Download!

PC-ACE Pro32 is a Medicare offered software product that offers the ability to prepare Medicare Part A HIPAA-compliant electronic claim files. To provide the most up-to-date information within PC-ACE Pro32, the product is updated quarterly. The last upgrade was released at the end of October 2006.

To streamline the distribution process, the PC-ACE Pro32 software program is available via an internet download. This internet download is available free of charge for all new and existing PC-ACE Pro32 customers.

As of September 5, 2006, there is a \$25 fee for all PC-ACE Pro32 requests via CD-ROM. The \$25 fee is charged for shipping and handling of the CD-ROM per quarterly release. This fee will be billed at \$100 annually, covering the initial CD-ROM and any upgrades issued within the next year. To save time and money for you and the Medicare program, we strongly encourage you to download this program when enrolling or upgrading.

If you are interested in more information about PC-ACE Pro32 and would like to enroll to begin using this product, please visit our website <http://www.highmarkmedicare.com/parta/edi/pcace32.html>. If you have questions or require additional assistance, please contact an EDI Analyst at 1-866-488-0546, option 2.

Important Contact Information

When mailing or faxing information to Medicare EDI Services, please make sure to use the correct address and fax number:

Mail: Highmark Medicare Services - EDI 1B/L2
P.O. Box 890011
Camp Hill, PA 17089-0011
Fax: 717-302-4252

If you have a different mailing address or fax number for Medicare EDI Services, please update your records accordingly. Requests mailed or faxed to the incorrect location may suffer processing delays or may not reach the correct destination.

IMPORTANT - Download of the Implementation Guides Are No Longer Free

The Centers for Medicare & Medicaid Services (CMS) had funded the Washington Publishing Company (WPC) to allow the implementation guides adopted as Health Insurance Portability and Accountability Act (HIPAA) standards to be downloaded without charge to facilitate implementation. Effective October 23, 2006, CMS no longer funds free downloads of the version 4010.A1 guides. For more information, please refer to the MLN Matters Article posted at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5308.pdf>

Although CMS no longer funds free downloads of the 4010.A1 guides, the implementation guides are available for a fee from WPC at: <http://www.wpc-edi.com/HIPAA>. To download implementation guides from WPC, you must set up a user name and password for the WPC site and follow the instructions on the site to setup a new account and download the guides.

276/277 Claims Status Code Update

The Health Care Claims Status Codes and the Health Care Claims Status Category Codes for use in the X12N 276/277 Claim Status Inquiry/Response Transaction will be updated. Please note that the codes designated as “new as of 10/06” will not be used by Medicare Carriers and Intermediaries until January 2, 2007.

PC-ACE and PC-Print Software

Currently, PC-ACE and PC-Print software programs are available free of charge if downloaded via the internet; however, there is a \$100 fee (\$25 for each quarterly upgrade, billed annually) to obtain PC-ACE via CD-ROM. As of October 23, 2006, there is also a \$25 fee for PC-Print if requested via CD-ROM instead of via an internet download. As always, these products are available free of charge if downloaded from the internet. To save time and money for you and the Medicare Program, we strongly encourage you to download these products when enrolling/upgrading. For more information, please refer to the MLN Matters Article posted at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5308.pdf>

Valid Taxonomy Codes Required

Effective January 1, 2007, Institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a valid Taxonomy Code in the following locations of the ANSI ASC X12N 837 version 4010.A1 or a rejection will occur:

- Billing/Pay to Provider Loop 2000A.
- Service Facility Loop 2310E whenever the service was furnished at an address other than the address reported on the claim for the billing or pay-to-provider.

In addition to reporting a valid Taxonomy Code in the locations specified above, you must also:

- Submit separate batches of claims for each subpart identified by a different Taxonomy Code.
- Submit a 9-digit Zip Code on claims for your primary facility and its subparts.

CMS strongly recommends submitting both the OSCAR and NPI numbers on claims submitted through May 22, 2007. In preparation for the implementation of the NPI, Medicare has identified the need to create a crosswalk for claims from the legacy identifier to the NPI. Because some institutional providers may not choose to apply for a unique NPI, it has been determined that it is necessary to require those providers to submit a Taxonomy Code on their claims. The Taxonomy Code will assist in appropriately crosswalking claims submitted with the NPI of the provider to each of its subparts. The Provider Taxonomy Code will be edited to ensure it is a valid value. If a Provider Taxonomy Code is reported, it must comply with the data attributes reported in the Implementation Guide for the data element, as well as be an approved Provider Taxonomy Code. A list of approved Provider Taxonomy Codes is available at: <http://www.wpc-edi.com/codes>. A claim level rejection will be encountered for any claims containing an invalid Provider Taxonomy Code.

For more details, please read the MLN Matters article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf>

REPORTING TIPS

Attention Pennsylvania Part A Providers Regarding EDI Enrollment Forms

As a reminder, new EDI Enrollment forms for Pennsylvania Medicare Part A Providers, Billing Services and Clearinghouses were introduced this past summer. The new forms replaced the old Veritus Medicare Services (VMS) EDI Enrollment forms.

The new EDI Enrollment forms for PA Providers are:

- Electronic Data Interchange (EDI) Agreement Form (8277-1)**
- Electronic Data Interchange (EDI) Setup Requirements (8278-1)**
- EDI Enrollment Instructions (10213-1)**
- Electronic Remittance Advice Form (8286-1)**
- PC-ACE Pro32 Agreement Form (8287-1)**

The above forms replaced the old VMS EDI Enrollment Form, VMS EMC Request Form, VMS ANSI 835 ERA Request or Change Form and the Form to request additional DUN accounts. **As of August 1, 2006, we only accept the new EDI enrollment forms for processing consideration. EDI enrollment requests received via the old VMS EDI Enrollment Form, VMS EMC Request Form, VMS ANSI 835 ERA Request or Change Form and the Form to request additional DUN accounts will be returned as unprocessable.**

First Time EDI Customers

If you are **not** currently an electronic biller and want to enroll to become an electronic biller, complete and return the “Electronic Data Interchange (EDI) Agreement Form” (8277-1) and the “Electronic Data Interchange (EDI) Setup Requirements Form” (8278-1).

If you want to receive Electronic Remittance Advice (ERA) and/or the PC-ACE Pro32 billing software, you also need to complete the Electronic Remittance Advice Form (8286-1) and/or the PC-ACE Pro32 Agreement Form (8287-1).

Please print these forms along with the EDI Enrollment Instructions (10213-1) from:
<http://www.highmarkmedicareservices.com/parta/edi/toenroll.html>.

Existing EDI Customers

If you are **currently** an electronic biller and want to change your EDI enrollment status (e.g., to change software vendors, use or change a billing service or clearinghouse, etc.), complete and return the “Electronic Data Interchange (EDI) Setup Requirements Form” (8278-1). Note: the EDI Agreement Form (8277-1) is not required for existing electronic billers.

If you want to receive Electronic Remittance Advice (ERA) and/or the PC-ACE Pro32 billing software, you also need to complete the Electronic Remittance Advice Form (8286-1) and/or the PC-ACE Pro32 Agreement Form (8287-1).

Please print these forms along with the EDI Enrollment Instructions (10213-1) from:
<http://www.highmarkmedicareservices.com/parta/edi/toenroll.html>.

Got NPI?



The Centers for Medicare and Medicaid Services (CMS) are implementing the National Provider Identification (NPI) number in separate stages. On January 1, 2006, CMS began the NPI implementation process for Medicare. Between January 3, 2006 and October 1, 2006, the NPI could be submitted along with the Medicare legacy identifier in the X12 4010.A1 837 inbound claims and the 276 claims status inquiry. NPIs are subject to edits that verify basic structure requirements established for NPIs. For electronic versions other than 4010.A1 or other non-claim legacy electronic format transactions, continue to report the Medicare provider legacy identifiers. For example, if you are using the X12N version 30.51 for beneficiary eligibility, you will report your Medicare legacy provider number, not the NPI. As of October 2, 2006, through May 22, 2007, Medicare will accept an existing Medicare legacy identifier and/or an NPI on claims. **If you have an NPI, we encourage you to report both your Medicare legacy identifier and your NPI on claims. This will assist in creating a crosswalk between your Medicare legacy identifier and your NPI in preparation for May 23, 2007, when only your NPI will be reported. It will also help prevent possible claim rejection if there is an issue with the NPI reported.**

NPIs are for healthcare providers and suppliers covered under HIPAA and must be obtained to identify themselves in the HIPAA standard transactions. The NPI will not change and will remain with the provider regardless of job or location changes. Providers and Suppliers may now apply for their NPI on the National Plan and Provider Enumeration System (NPPES) which can be found at <https://nppes.cms.hhs.gov> on the CMS website. To request a paper application, call 1-800-465-3203.

NPI Timeline for Medicare FFS Providers

Medicare’s implementation involving acceptance and processing of transactions with the NPI will occur in separate stages, as shown below:

NPI Timeline for Medicare FFS Providers

Medicare’s implementation involving acceptance and processing of transactions with the NPI will occur in separate stages, as shown below:

Stage	Medicare Implementation
January 3, 2006-October 1, 2006	Medicare systems will accept claims with an NPI, but an existing legacy Medicare number must also be reported on the claim. The CMS claims processing system will reject, as unprocessable, any claim that includes only an NPI. Medicare will be capable of sending the NPI as the primary provider identifier and the legacy identifier as a secondary identifier in outbound claims, claim status response, and eligibility benefit response electronic transactions.
October 2, 2006- May 22, 2007	Medicare systems will accept an existing legacy Medicare billing number and/or an NPI on claims. If there is any issue with the provider’s NPI and no Medicare legacy identifier is submitted, the provider may not be paid for the claim. Therefore, Medicare strongly recommends that providers, clearinghouses, and billing services continue to submit the Medicare legacy identifier as a secondary identifier. Medicare will be capable of sending the NPI as the primary provider identifier and the legacy identifier as a secondary identifier in outbound claim, claim status response, remittance advice (electronic but not paper), and eligibility response electronic transactions.
May 23, 2007 – Forward	Medicare systems will only accept NPI numbers. Small health plans have an additional year to be NPI compliant.

Reporting the NPI in the Institutional 837 Claims

When submitting institutional EDI claims with the NPI, use the Identification Code Qualifier XX in the NM108 and enter the NPI in the NM109. Continue to submit your Medicare provider number in the REF segment with the appropriate qualifier. Use the 1C qualifier for reporting the Medicare provider number and the 1G qualifier for the Medicare UPIN.

Technically speaking, between now and May 22, 2007, for 837 claims, report the NPI qualifier XX in the NM108, the NPI number in the NM109 and the provider id or UPIN in the REF02 with the 1C or 1G qualifier. This information may be reported in the following loops:

2010AA	NM109 REF02	Billing Provider NPI ID Billing Provider Medicare ID
2010AB	NM109 REF02	Pay to Provider NPI ID Pay to Provider Medicare ID
2310A	NM109 REF02	Attending Physician NPI ID Attending Physician Medicare ID
2310B	NM109 REF02	Operating Physician NPI ID Operating Physician Medicare ID
2310C	NM109 REF02	Other Provider NPI ID Other Provider Medicare ID
2310E	NM109 REF02	Service Facility NPI ID Service Facility Medicare ID
2420A	NM109 REF02	Attending Physician NPI ID Attending Physician Medicare ID
2420B	NM109 REF02	Operating Physician NPI ID Operating Provider Medicare ID
2420C	NM109 REF02	Other Provider ID Other Provider Medicare ID

Help Us To Help You Faster

When you call the Highmark Medicare Services' EDI helpdesk, please have your Medicare Submitter ID and Provider Number ready. By having this information available, you will help us to help you faster, which means you can get back to your patients faster.

TIP: Write down your Submitter ID and Provider Number in the same place you have the phone number for Medicare EDI Services.