



## New NPI Edits for Secondary Providers

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Effective May 23, 2008, claim rejections will occur if the secondary provider’s National Provider Identifier (NPI) is missing on a claim when secondary provider information is reported on the claim. Secondary providers include attending, operating, other, and facility providers. When secondary provider information is submitted, the NPI must be submitted or the claims will be rejected.

The following new rejection edits will be encountered on the IG Edit Report for electronic claims received effective May 23, 2008, when a valid NPI is not received for secondary providers.

Edit Message	Loop	Segment and Data Element	Edit Logic
ATT/OPER/OTH UPIN NOT ALLOWED	2310A 2310B 2310C 2310E 2420A 2420B 2420C	REF01	The value reported in the REF segment is equal to IG and the receipt date is on or after the ‘Allow UPIN’ in the system control file.
ATT/OPER/OTH NPI REQD	2310A 2310B 2310C 2310E 2420A 2420B 2420C	NM108	The value reported in NM108 is not equal to XX and the receipt date is on or after the ‘SEC NPI’ in the system control file.

### Rejection of Electronic Claim Status Requests that Lack National Provider Identifiers (NPIs)

Beginning May 23, 2008, all electronic claim status requests (X12 276) must use the HIPAA mandated NPI for provider identification. Claim status requests that do not have the NPI will be returned to the sender. All claim status responses (X12 277) returned to the sender as a result of the claim status request will contain only NPIs as of May 23, 2008, even if the claim status request is received prior to May 23, 2008, using a legacy number. In returning the NPI, Medicare will use a crosswalk file that relates the legacy number to the provider’s NPI. If the legacy number maps to more than one NPI, Medicare will return the first active NPI in the 277 response. The same policy applies to direct data entry claim status inquiries. The absence of an NPI as of May 23, 2008, will result in the rejection of the inquiry by these direct data entry processes.

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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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## Rejection of Electronic Claim Status Requests that Lack National Provider Identifiers (NPIs), continued from Front Page

Providers are strongly encouraged to begin submitting their NPIs in their X12 276 inquiries prior to May 23, 2008. It is particularly important if the provider has more than one NPI, but was assigned only one legacy number by Medicare for claims submission purposes. For more information, please read the MLN article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5726.pdf>.

## PC-ACE PRO32 Version 1.89 Upgrade Now Available

PC-ACE PRO32 is a Medicare 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 most recent upgrade was released on **January 23, 2008**. 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. Download instructions were mailed to existing PC-ACE PRO32 customers on the release date.

As of September 5, 2006, there is a quarterly \$25 shipping and handling fee for all PC-ACE PRO32 requests via CD-ROM. This fee will be billed at \$100 annually, covering the initial shipping and handling of the CD-ROM and the shipping and handling for any additional 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 or would like to enroll to begin using this product, please visit our website at <http://www.highmarkmedicareservices.com/parta/edi/pace32.html>.

The PC-ACE PRO32 Release Newsletter can be viewed on our website at: <http://www.highmarkmedicareservices.com/parta/edi/qtrly-pace-newsletters.html>

If you have questions or require additional assistance, please contact an EDI Analyst at 1-866-488-0546, option 2.

## Save Time and Money by Working Smarter, Not Harder!

The Electronic Remittance Advice (ERA) is the electronic version of the paper remittance and it can help you work smarter, not harder. How can it do that? The ERA is created on a daily basis for Pennsylvania Part A EDI customers and on a weekly basis for Maryland/DC Part A EDI customers. No more waiting for your paper remittance to arrive in the mail! Most software products, including PC-Print, offer the ability to print the ERA in a paper remittance format. This is especially helpful when you need to forward claim information to a secondary payer.

Depending on your software program, the ERA may also be used for accurate posting to your Accounts Receivable system (check with your software vendor for availability). This means you no longer need to spend valuable time doing manual bookkeeping and generating patient bills. It can all be done for you electronically!

To enroll for ERA, please complete and return the ERA Agreement Form, which is available on our website at: <http://www.highmarkmedicareservices.com/parta/edi/toenroll-era.html>

If you have questions regarding ERA, contact an EDI Analyst at 1-866-488-0546, option 2.

# REPORTING TIPS

## New Look to EDI Enrollment Forms

EDI Enrollment Forms are often updated to ensure the most relevant data is collected and to make the enrollment process more efficient. Highmark Medicare Services has revised the separate Part A and Part B EDI Enrollment Forms and combined them into one set of forms, which can be used when enrolling either EDI Part A or Part B. However, you cannot enroll for both EDI Part A and Part B simultaneously on one form. If you wish to enroll for both EDI Part A and Part B, you must submit separate Enrollment Forms for your Part A and Part B enrollment. **The new forms show a revised date of 01/08.**

It is important that you use the most recent version of any EDI Enrollment Form when enrolling for EDI or updating your existing EDI status. **Effective March 3, 2008, Medicare EDI Services will begin to return all EDI Enrollment Forms received that contain a form revision date older than 01/08.** The form revision date is located in the lower left-hand corner of all EDI Enrollment Forms. Due to the form consolidation, some forms are being eliminated. The following chart shows the current form number with a crosswalk to the new form number.

Form Name	Current Form Number and Revision Date	New Form Number and Revision Date
EDI Enrollment Instructions	10202 W 06/07 (Part B) 10213-1 C 09/06 (Part A PA) 10213 E 09/06 (Part A MD/DC)	10202 X 01/08
EDI Agreement Form	8275 H 11/06 (Part B) 8277-1 D 11/06 (Part A PA) 8277 F 11/06 (Part A MD/DC)	8275 J 01/08
EDI Setup Requirements	8276 H 06/07 (Part B) 8278-1 C 09/06 (Part A PA) 8278 F 09/06 (Part A MD/DC)	8276 J 01/08
PC-ACE PRO-32 Agreement Form	8287 F 01/07	8287 G 01/08
MCE Agreement Form	8726 W 07/07	8726 X 01/08
Electronic Remittance Advice (ERA) Enrollment Form	8262 J 09/06 (Part B) 8286-I D 09/06 (Part A PA) 8286 E 09/06 (Part A MD/DC)	8262 K 01/08

Before completing and submitting an EDI Enrollment Form, please visit our website at: [www.highmarkmedicare.com](http://www.highmarkmedicare.com) and download the most recent version of all EDI Enrollment Forms. This will ensure you are completing and submitting the most recent version of the EDI Enrollment Forms.

## Who to Call for Part A Help

For assistance, please use the following information to reach the appropriate contact.

Call your **Software/Hardware Vendor** for the following:

- Communication software to connect to the EDI Front-End Platform
- Communication software assistance if modem does not dial or connect with Highmark Medicare Services
- Assistance with error messages in software billing program
- Questions on reports generated by software program (Pre- or post-billing reports)

Call your **Third-Party Secure Direct Data Entry (DDE) Vendor** for the following:

- DDE connection or usage instructions

Call **Medicare EDI Services at 1-866-488-0546, option 2** for the following:

- Enroll as EDI biller
- Enroll for Electronic Remittance Advice
- Transmission protocol and bulletin board access information
- X12N Implementation Guide Questions
- Reset EDI reports or questions about EDI reports generated by Highmark Medicare Services
  - X12N TA1 Interchange Acknowledgment
  - X12N 997 Functional Acknowledgment
  - IG Edit Report
  - Accept/RTP Report (PA Part A Only)
  - X12N 835 Electronic Remittance Advice (ERA)
  - Out-Of-Balance and Forced Balance Reports
- PC-ACE and PC-Print Software Support (excluding PrintLink support)

### 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, NPI, and Provider Number in the same place you have the phone number for Medicare EDI Services.