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NPI Edits for Secondary Providers

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Effective May 23, 2008, claim rejections 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 rejection edits are 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 NPIREQD	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)

As of May 23, 2008, all electronic claim status requests (ANSI ASC X12N 276) must use the HIPAA mandated NPI for provider identification. Claim status requests that do not have the NPI are being returned to the sender. All claim status responses (ANSI ASC X12N 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 response. The same policy applies to direct data entry claim status inquiries. The absence of an NPI results in the rejection of the inquiry by these direct data entry processes.

For more information, please read the MLN article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5726.pdf>.



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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NEWS BYTES

Clinical Trial Policy Number Requested

Providers and suppliers are encouraged to report the 8-digit clinical trial number on Medicare claims submitted on or after April 1, 2008, for items and services provided in clinical trials. Reporting this number is voluntary and claims submitted without the clinical trial number will be paid the same as claims containing a number.

While reporting is voluntary, the number will assist the Centers for Medicare & Medicaid Services (CMS) in informing beneficiaries about the availability of clinical trials and to use claims information for coverage decisions. The clinical trial number that the CMS is requesting to be voluntarily reported is the number assigned by the National Library of Medicine (NLM) Clinical Trials Data Bank when a new study is registered by a sponsor or investigator. CMS uses this number to identify all items and services provided to beneficiaries during their participation in a clinical trial.

When reporting the clinical trial registry number on ANSI ASC X12N 837I electronic claims, this number is to be reported in loop 2300, segment HI – Value Information, qualifier BE.

For more information, please read the MLN Matters article located at:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5790.pdf>.

Shared Systems Participation in Claim Adjustment Reason Code and Remittance Advice Remark Code Maintenance

The Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) posted at <http://www.wpc.-edi.com/codes> include the start date, last modified date, and stop date. Both code lists are updated three times a year. Based on the most recent update to these lists, FISS is creating two new MEDATRAM edits: **OTHPYR PD DT LESS OR EQUAL TO TERM DATE** and **PAID DATE IS LESS/EQUAL TO TERM DATE**.

Effective for claims received after 4 p.m. on Friday, April 4, 2008, these new edits were implemented. The reason code submitted in the CAS segment must be current based on the most recent codes supplied on the WPC website mentioned above.

Help Us To Help You Faster

When you call the Highmark Medicare Services' EDI helpdesk, please have your Medicare Submitter ID and PTAN (legacy 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 PTAN (legacy Provider number) in the same place you have the phone number for Medicare EDI Services.

REPORTING TIPS

New! PC-ACE Pro32 Combined Institutional and Professional Version 1.94 Upgrade Available via Internet Download

A new PC-ACE Pro32 product is now available for Institutional and Professional claims, to support our new J12 Part B customers using PC-ACE and any new EDI customers that would like to take advantage of the free software offered by Highmark Medicare Services.

PC-ACE Pro32 is a Medicare software product that offers the ability to prepare Medicare Part A and Part B 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 **July 31, 2008**. This upgrade includes the PC-ACE Pro 32 Version 1.94 Download. 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 please visit our website at: <http://www.highmarkmedicareservices.com/parta/edi/products.html>. If you 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.

I Submitted an EDI Agreement Form. When Can I Start Billing Electronically?

You sent an EDI Agreement Form and you're anticipating the benefits of electronic billing. But when can you start billing electronically?

EDI Agreement Forms are processed in the order that they are received. **Please allow at least ten business days for processing.** Although it will add a few days to the process, we recommend EDI Enrollment Form(s) be submitted via the mail. If you fax your EDI Agreement Form(s), the forms must be clear and legible. The EDI Agreement Form is a legal document, so if the forms are blurred, cut off, have lines going through them, or anything else that compromises the integrity of the form, it will be returned to you. Therefore, it is best to send your EDI Enrollment Form(s) via the mail.

Once the EDI Agreement Form is processed and approved, we will notify you by mail regarding the outcome of your request. If you requested to bill Medicare directly, the information will be mailed to you. If you requested to use a Billing Service or Clearinghouse, the notification will be mailed to the Billing Service or Clearinghouse.

Are You Using the Most Current EDI Enrollment Forms?

EDI Enrollment Forms are often updated to ensure the most recent data is collected. 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 began returning all EDI Enrollment Forms received that contain a form revision date older than January 2008.** The form revision date is located in the lower left-hand corner of all EDI Enrollment Forms.

Before completing and submitting an EDI Enrollment Form, please visit:

www.highmarkmedicareseervices.com/parta/edi/toenroll.html 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.