

**Centers for Medicare & Medicaid Services  
NPI Roundtable Conference Call  
Speaker: Nicole Cooney  
May 10, 2007  
2:00 pm ET**

Operator: Welcome to the CMS HIPAA Roundtable discussing the Medicare Fee-for-Service NPI Contingency Plan.

All lines will remain in the listen-only mode until the question and answer session.

Today's conference call is being recorded and transcribed.

I will now turn the conference call over to Nicole Cooney.

Ms. Cooney, you may begin.

Nicole Cooney: Thank you. Good afternoon, everyone. I'm Nicole Cooney from the Provider Communications Group at CMS. I'd like to welcome you to the 23rd HIPAA roundtable conference call. This is the fourth roundtable specifically dedicated to NPI, the National Provider Identifier. CMS appreciates your participation in today's call. We are once again looking forward to a very informative session this afternoon. Today's topic of discussion is the Medicare fee-for-service NPI

contingency plan that was released on April 24 as outlined in Change Request 5595, Transmittal Number 1227.

Before we begin, there are several important items that I would like to mention. CMS strongly urges providers to pay attention to information from the various health plans they bill or with whom they conduct any HIPAA transactions, so that they are aware if and when any of those other health plans announce their own contingency plans. This is true for other CMS health plans, including Medicare Advantage, Part D, and state Medicaid Plans.

Currently there is no update on the National Plan and Provider Enumeration System, also known as NPDES, data dissemination notice. So we will be unable to answer any questions related to this topic.

The industry has made us well aware of the need for NPDES data in order to verify or obtain providers' NPIs. Once this notice is released we will schedule a national roundtable to discuss the content and address questions.

Be reminded that we have materials available from CMS' dedicated NPI website that deal with sole proprietors and subparts. We have two FAQs on sole proprietors and sole proprietorship and the fact that they are individuals and are eligible for only one NPI.

We also have a guidance document entitled, "Medicare Expectations on Determination of Subparts by Medicare Organization Healthcare Providers Who are Covered Entities under HIPAA" that can be downloaded. That document explains the subpart concept as presented in the NPI final rule, helps providers determine whether or not they have subparts and gives providers Medicare's recommendations on the NPI enumeration of subparts. The NPI Enumerator is not responsible for answering questions on these

topics and refers people who contact them about these issues to the dedicated CMS NPI website.

Please remember that all NPI-related information is posted on CMS' dedicated NPI website. This website contains information relevant for all HIPAA-covered entities and most certainly for all health care providers, which includes the Medicare provider community.

The URL for this website is lengthy. It's <http://www.cms.hhs.gov/nationalprovidentstand>. If you didn't catch that you can also go to <http://www.cms.hhs.gov> and click on the NPI banner on the right-hand side of the page or use the search tool and type in NPI.

Finally, if there are any providers who have not been enumerated, please do so immediately. You can apply for an NPI online at <https://nppes.cms.hhs.gov>.

Providers can contact the NPI Enumerator directly to obtain information related to the status of their NPI application, and updates and deactivations, but please remember that the NPI Enumerator can only address the following types of issues: the status of an application, forgotten or lost NPI, a lost NPI notification letter for providers enumerated via paper or web-based application, trouble accessing NPPES, forgotten passwords or User ID, need to request a paper application, and the need for clarification on information that is to be supplied in the application.

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203.

The format for today's call is similar to other roundtables. We will start with the brief presentation and then we'll open the lines for questions.

With that we'll begin our presentation. Lorraine Doo, Senior Policy Advisor in the office of EHealth Standards and Services, will provide a brief introduction. After that, Marlene Biggs, NPI Medicare fee-for-service lead from the Office of Information Services, will begin the presentation on Medicare's fee-for-service contingency plan.

Lorraine.

Lorraine Doo: Thank you, Nicole. I actually just wanted to remind everyone about the overarching contingency plan and guidance for all covered entities.

Just as a reminder, NPI contingency plans may begin May 23, 2007, and must end by no later than May 23 of 2008, and during that time non-compliant covered entities must develop contingency plans. If there are issues working with other covered entities or between covered entities and their vendors, I am going to give the website for the filing of complaints at the end of my remarks.

Complaints will be accepted after May 23 of 2007 with the compliance dates in effect. A lot of questions have come in related to what contingency plans should look like or what they should contain. We are not going to have a checklist per se that's going to be posted because each case is going to be evaluated individually based on the issues at hand.

However, if we do receive complaints, there are a number of things that we may ask for and these lists are small and are not necessarily exhaustive but I will give you some ideas. For providers, we'll, we be looking at the date you received your NPI and when you actually shared the NPI with your health plans and clearinghouses.

We'll also look at the schedule you have for testing the use of NPI in various transactions.

For health plans and clearinghouses we'll look at the schedule for testing with trading partners, the communications you've made with trading partners, particularly providers for your contingency plan and test and implementation schedule, and what your timeframe is for completing any crosswalks that are necessary.

With respect to software vendors, CMS does not have authority over such entities. Nonetheless, they are an important part of the equation. So if there are complaints related to a vendor behavior we will exercise some level of judgment in helping to facilitate some communication. Again we don't necessarily have authority, but we may help in terms of gaining cooperation.

So some final reminders: non-compliant entities should be developing and communicating their contingency plans now. It's only two weeks away from the compliance date. And testing should be starting immediately if it has not already.

CMS will reserve the right to investigate complaints that come in after May 23, 2007, and retains the right for enforcement actions and for invoking civil money penalties.

I want to give everyone the website. And you can get it easily by going onto the CMS web page and clicking on the HIPAA Administrative Simplification page under Regulations and Guidance and there you will find a whole section on enforcement.

The website directly linked to the ASET system or a complaint system is <https://htct.hhs.gov/aset/>.

And again it's very easy to find that site or the link to it on our website. So that's just the general information about overall contingency plans and what we'll be looking for. And with that I'd like to turn it over to Marlene.

Marlene Biggs: Thank you, Lorraine and thank you very much and good afternoon. We're glad you could join us for today's roundtable call on the Medicare fee-for-service NPI contingency plan.

Medicare is regularly evaluating a number of factors to determine when to begin rejecting claims without an NPI in the primary provider fields. If the analysis demonstrates a sufficient number of factors regarding the NPI are acceptable, claims without primary NPIs will reject as early as July 1, 2007.

If Medicare does not begin rejecting claims by that date, we will continue to assess readiness and begin rejecting claims with only legacy numbers as the primary provider identifier at a later day.

Medicare will provide advanced notice to providers and Medicare contractors prior to rejecting claims.

Medicare fee-for-service primary provider fields are the billing, pay-to and rendering for professional and institutional claims and the retail pharmacy number for NCPDP claims.

All other provider numbers are considered secondary but may be required on certain claims. Medicare fee-for-service will continue to allow legacy only, NPI only, and NPI-legacy combinations for secondary provider numbers on professional and institutional claims through May 22, 2008.

NPI and NPI legacy combinations will be permitted in primary provider identification number fields through May 22, 2008.

I want to talk to you now about paper claims. Medicare will begin rejecting the old Part A paper form UB-92 after May 22, 2007, and we'll only accept the UB-04. We will continue to accept the old CMS 1500 (12/90) until July 1, 2007.

Medicare will begin rejecting the CMS 1500 version (12/90) form received on or after July 1, 2007. The UB-04 and the CMS 1500 version (08/05) allow reporting of the NPI, the legacy provider number or both of these numbers together.

For NPI purposes, Medicare will treat paper claims, direct entry claims and claims submitted using our free billing software, the same as electronic claims.

Whatever date Medicare begins rejecting electronic claims that lack NPIs in the primary provider fields-- we will also reject paper, DDE, and free billing software claims without NPIs for primary providers..

For NCPDP claims, the Medicare fee-for-service claims processing system will accept either the NSC legacy or the NPI for retail pharmacies until May 22, 2008. The NCPDP transaction does not allow for reporting of more than one number per provider.

Now I'd like to discuss electronic and paper remittance advice. Beginning October 1, 2007, if an NPI is received on a professional or institutional claim,

the NPI will be returned on all remittances with one exception. If both the NPI and legacy are sent on the claim, only the NPI will be returned.

Remittance advices for DME claims with an NPI will contain only the NPI July 1, 2007.

Since the NCPDP claim format only allows for either the NPI or NSC number, the remittance advices generated from NCPDP claims will have either NSC number or NPI, depending on what came in on the claim.

For additional information about interactive voice response or IVR, an MLN Matters special edition article will be published shortly. CMS is writing instructions to address discontinuation discontinuations of UPINs and closing down the UPIN registry. Once implemented, new providers cannot register for a UPIN and will be required to submit an NPI. No further information is available at this time.

Finally, I want to reiterate our recent Medicare communications about a correction to professional claims processing system known as the Multi-Carrier System or MCS. Medicare has identified instances where MCS is correcting billing and pay-to-provider data on Part B claims submitted by group practices.

As of May 18, 2007 the MCS claims processing system will no longer correct claims submitted by group practices that are reporting the individual rendering provider's identification number or the individual rendering provider's National Provider Identifier in either the billing or the pay-to-provider field.

Groups should either enter their group NPI or their group NPI-legacy number combination in either of these fields; otherwise, claims will be rejected.

Everyone should understand that the responses to questions received today apply to Medicare fee-for-service plans only. You should check with your other health plans for their instructions.

But once again I'd like to thank everyone for their participation and the call will now provide instructions for questions.

Nicole Cooney: Thank you, Marlene. Before we begin our question and answer session, I need to go over a few points so that we can maximize our time here today and answer as many questions related to the topic at hand.

Due to our limited time today we can only answer questions related to Medicare fee-for-service contingency plan. If you have other questions, we ask you to visit the CMS NPI web page and scroll down to NPI Frequently Asked Questions and click on the link to see if your question is addressed there.

If you still do not find the information you need, you may click the submit Feedback button at the bottom of your screen and submit your questions.

While we cannot respond to individual questions, we do use your feedback to create new or update existing Frequently Asked Questions.

Additionally this call is intended to address questions from Medicare providers. To allow maximum time to providers, Medicare Carriers, FIs, or MACs should not use this forum to get technical directions. Contractors should use the established protocol for communication with CMS.

When you're asking your question please remember that there are others who have questions as well, so kindly be concise and specific.

We ask that callers please limit themselves to one question. Please be prepared to ask your question as soon as the line is open. The Operator will queue you by name when it is your turn.

After you've asked your question there may be a brief pause while we prepare our response.

Now we'd like to start our question and answer session. Operator, we're ready to take our first question please.

Operator: Thank you. At this time if you would like to ask a question please press star then the number 1 on your touchtone phone. Again, that is star 1. When it is your turn to ask a question you will be prompted by the operator to remove yourself from the queue and you may press the pound key.

Today's conference is being recorded and transcribed so please say your name and organization prior to asking your question.

We'll take our first question from Therese Wood.

Therese Wood: Yes, I wanted to clarify the dates regarding the electronic claims. You mentioned October 1, 2007. Could you go over that again please?

Marlene Biggs: This is Marlene. Yes, as of October 1, 2007, the professional and institutional claim will only contain the NPI, the remittance, excuse me. The remittance will only contain the NPI. And for DME claims that date is July 1, 2007.

*[Post Call Clarification from CMS: Effective July 1, 2007 for DME claims including prosthetics, orthotics and supplies, and effective October 1, 2007 for all other types of claims,*

*when an NPI, or an NPI and a legacy provider identifier, is used to identify the payee or a rendering provider on Medicare claims, the X12 835 electronic remittance advice or any standard paper remittance (SPR) advice issued for those claims will contain the NPI as the sole identifier for the payee and any rendering provider. The legacy identifier will not be included in the 835 or the SPR, even if submitted on the claims for which information is reported in the 835 or SPR.*

*Medicare will continue to accept either a National Supplier Clearinghouse (NSC) number or an NPI to identify retail pharmacies in National Council of Prescription Drug Program (NCPDP) claims until May 23, 2008. The NCPDP format does not permit more than one identifier to be reported for any provider. Either an NSC number or an NPI can be reported for a pharmacy but not both. As result, whichever retail pharmacy identifier is reported on the claims will also be reported in the 835 or SPR issued in response to those claims.]*

Nicole Cooney: Next question please.

Operator: Your next question is from Mannie Sim.

Mannie Sim: This is Mannie Sim. I work for Dallas Land Foundation. You mentioned testing for your NPI. Where do I find the information to go over that?

Lorraine Doo: This is Lorraine. For Medicare fee-for-service you would work with your carrier or your clearinghouse to make sure your transactions are in order and that your NPI is successfully going through. So whomever you are accustomed to doing your transactions with, such as your carrier or fiscal intermediary, arrange your schedule for testing.

Nicole Cooney: Next question please.

Operator: Your next question comes from Anna Brooks.

Anna Brooks: Yes, this is Anna Brooks from the Allergy, Asthma and Sinus Center. And I was questioning the last statement that Marlene made regarding the May 18, 2007 deadline. She stated that we needed to be utilizing our group NPI, not

individuals. So when we are recording claims at that point forward, we no longer will utilize an individual NPI on claims at all.

Woman: You would utilize the rendering NPI at the rendering level but at the billing and pay-to levels, you need to identify your group NPI.

Operator: Our next question comes from Marlene Schreiber.

Marlene Schriever: Yes. My question is that we have a waiver from Medicare for paper claims. We do not send electronically. We have complied as if we would be sending anything electronically.

But my question kind of has to do with if we're still using the old claim form, the 1500 and we have, you know, and there's a variance given to that so we can continue to use that, how do you want us to put the NPI on there with the legacy number since that form is not set up, you know, for the NPI. Are we supposed to be writing it in or typing it in or whatever, since, you know, we like to use these forms as long as we can because we paid for them?

Marlene Biggs: You need to discontinue using the old forms, the 12/90 forms and start using the 08/05 Form as of July 1, 2007. You would put your billing provider NPI in block 33.

Operator: Our next question comes from Sandy Collins.

Sandy Collins: Hi. This is (unintelligible) Medical Center and we have providers that refer patients in for lab work and that won't have an NPI number. What do we do in that situation since they are the referring provider?

Woman: Referring providers you can continue to use legacy numbers through May 22, 2008.

Operator: Our next question comes from Pamela Koper.

Pamela Koper: Hi. This is Pamela Koper with Cleveland Radiology Associates. I believe my question was just answered. We provide services at a hospital and at our office and we have probably 1,000 referring providers, so at block 17 on the, for example, on the form, still can use the legacy – UPIN number for the referring physician. Is that correct?

Marlene Biggs: That is correct.

Pamela Koper: Okay. And then on Block 33 I'll use our group NPI and then under the Block 24 I'll use individual physician NPI.

Marlene Biggs: That is correct.

Pamela Koper: Okay. Thank you.

Operator: Our next question comes from Eileen Hewlett Kosky.

Eileen Kosky: My question was answered, too. It was regarding referring physicians and when we needed to have those in order to get paid.

Marlene Biggs: Thank you.

Operator: Your next question comes from Carol Beechman.

Carol Beechman: This is Carol Beechman with Beechman Blue Shadow of Idaho. In your contingency plan for fee-for-service, you say that you will allow legacy until a sufficient number of providers are submitting NPIs. Can you give us any more clear guidance as to what you consider a sufficient number?

Woman: At this time we don't have a clear defined number.

Cathy Carter: This is Cathy Carter. And as indicated in Marlene's remarks we're looking at a number of factors. We do not have a specific statistic in mind at this point. It's not just a number. It's other factors as well. And our goal is really to implement NPI as quickly as we can without adversely affecting Medicare, providers and other interested parties. So there is no specific statistic that we are looking at this point.

Operator: Our next question comes from Kathy Kelly.

Kathy Kelly: Hello. My name is Kathy Kelly. I'm calling from Manatee Glen Corporation. I want to get some clarification on the dates for the UB-04. For the paper claims we have until May 23 to also implement using the new UB-04 also and the electronic.

Marlene Biggs: The paper form UB-92 will be rejected after May 22, 2007. Only the UB-04 will be accepted.

Kathy Kelly: And you did say that we would have to be in touch with our health plans that we are providers for to find out their contingency plans or what have you on receiving these forms.

Marlene Biggs: That is correct.

Operator: Our next question comes from Shirley Novak.

Shirley Novak: Hi. We've been using the direct data system to enter our claims. For some months we have been using the NPI and Legacy. Is that sufficient information?

Marlene Biggs: As of a certain date undetermined at this time, Medicare will treat Direct Data Entry claims like electronic claims and you will be required to use your NPI in the primary provider field.

Operator: Our next question comes from Wendy McCarthy.

Wendy McCarthy: Hi. I'm just questioning is this NPI going to take place of the doctor's UPIN number. And if so is there a list of NPIs out there that are for the doctors?

Pat Peyton: This is Pat Peyton. And yes, NPI will be replacing the UPIN and all the other legacy numbers. And the Department of Health and Human Services has prepared a policy relating to the dissemination of information from our database, the NPPES; however, that notice is still in clearance within OMB so I really can't go into any kind of detail about the availability of NPI information at this time.

Operator: Your next question comes from Christine Miller.

Christine Miller: Hi. This is Christine Miller and I'm calling from Saint Elizabeth's. And is there somewhere – I've been looking on the website to see a copy of the CMS form and exactly where you put NPI numbers when, for instance, you have several offices in – our software company has set up our paper CMS form. But I'm not sure they've done it right. And I want to verify what numbers are supposed to go where.

Kathy Simmons: This is Kathy Simmons at the CMS. I assume that you're talking about the 1500 Form, particularly the new form, the 08/05 form. Our instructions for completion of that form are available through the web. And you would again go to the cms.hhs.gov site that Medicare has. And when you get there you'll be given a menu.

One will say Medicare and then under Medicare there is one listing for electronic data interchange. But it has paper claim information there also.

So, if you click on that that will give you a list of different types of transactions, including paper claims. And in the paper claim section on that page there is a document there that you can open up or download if you prefer that has the instructions for that form including where to put each of the different types of provider NPIs and addresses and that sort of information.

Operator: Our next question comes from Keith Wislowski. Sir, your line is open.

Your next question comes from Minnie Hattaway.

Minnie Hattaway: Hi. My name is Minnie Hattaway with Mediversic Center in Vidora, Georgia. And my question is will the physician's NPI number also have to be on our form along with our – we are a nursing home - along with our provider NPI number?

Woman: I think you're talking about your claims. Are you asking if your NPI needs to be on your claim form?

Minnie Hattaway: Well I'm asking if the physician's NPI has to be on our claim form.

Woman: Yes.

Minnie Hattaway: And it's supposed to be there where their UPIN number is now?

Woman: Are you talking about secondary or primary?

Minnie Hattaway: The primary physician on our claim form.

Woman: You would need to put...

Minnie Hattaway: It would be the UB-04.

Kathy Simmons: Well the UB-04 has a separate line for the attending physician's NPI and a separate line for the UPIN. You would want to be sure to put it in your NPI block if you're using a paper form.

Minnie Hattaway: Okay. Well we use the DDE system, Direct Data Entry.

Kathy Simmons: Okay. I'm trying to remember how they programmed that.

Woman: But you would need to call your contractor and actually get instructions.

Kathy Simmons: Actually I think if you pull up the DDE screen for claims you will see that it also has separate blocks there for NPI and UPINs. The screen will have a label for the fields to say which is which.

Operator: Your next question comes from Jennifer Vatill.

Jennifer Vatill: Yes, my question is regarding the remittance advice. The NPI is – appears on the remit as of October 1. Will that be both the group NPI and the provider level NPI or will it just be the group?

Kathy Simmons: It will just be the payee NPI.

Jennifer Vatill: Okay. So at the provider – I have multiple clinics that are all under – they’re all going to be under one Medicare number and one NPI. And so I won’t be able to identify which patient is for which provider based upon what’s on the remittance advice.

Kathy Simmons: Right. The rendering and the pay to or billing NPI will be on the remit.

Jennifer Vatill: So hopefully based on the rendering you’d be able to tell where it came from.

Operator: Your next question comes from Debra Farley.

Debra Farley: If a provider is eligible for only an “entity one” NPI number, I just wanted to verify that when submitting a claim on his behalf his “entity one” NPI would be placed by 24J and Box 33A on the new HIPAA ?

Kathy Simmons: This is Kathy Simmons. Are you talking about a single individual? Isn’t that what you mean be “entity one?”

Debra Farley: If you were a single individual and you weren’t a member of the group, you would record the information about that individual in the billing provider loop. I assume that person would be submitting his or her own claim. And, if the person who rendered the care is the same person that’s billing, you actually only have to fill out the billing provider information, you don’t have to duplicate it in the rendering block.

Operator: Your next question comes from Billy Lee.

Billy Lee, your line is open.

Billy Lee: Hi. Our question is we have our NPI numbers. We've had them since, I don't know, I guess almost two years now or however long it's been that you could go out and get them. But our software isn't ready yet to use those. Is it possible at this point for us to test making sure that the system reads our NPI numbers correctly just with a few DME claims knowing that the majority of our claims would still come through electronically with our old legacy number? Or is it better to wait until the software is ready to go?

Woman: You would need to call your contractor and ask them if they're ready to begin testing.

Billy Lee: Okay.

Cathy Carter: This is Cathy Carter. I think it'd be good to – our advice has been instead of just waiting and submitting all of your claims with NPIs to start with, it is best to submit a small number to make certain that that works on your end in particular. So I think that would be good advice to start with a smaller number. And then move to your entire claims volume.

Billy Lee: Okay.

Operator: Your next question comes from Stacy Rabeki.

Stacy Rabeki: Hi. I was hoping you could clarify the May 18, '07 deadline.

Marlene Biggs: This is Marlene – as of May 18 the MCS system will no longer plug the group provider number in the billing or pay- to field. You as a group you need to enter your group NPI or NPI and legacy number in those fields to get paid.

Woman: Oh, okay.

Operator: Your next question comes from Cynthia Galatin.

Cynthia Galatin: Hello. This is Cynthia Galatin. I've got a question on the HCFA 1500 Form. I am a sole proprietor but I am also a corporation. And I have been – and I paper bill. So under the rendering provider I put my NPI – my personal NPI for Cynthia Galatin. I also have an NPI for Active Rehab, my company. But Medicare told me about a couple of weeks ago that, unless I have other employees, I will not be using that Active Rehab NPI anywhere on this HCFA 1500 Form. So I've been putting my personal NPI under Box 33 as well. Is this correct?

Pat Peyton: This is Pat Peyton. I don't see any reason why, if your corporation is the billing provider, that the NPI for the corporation wouldn't go on the claim as the billing provider. But I also have to say that ordinarily a sole proprietor is not a corporation. And you sound like an incorporated individual who as such will be able to get an NPI for yourself and then an NPI for the corporation.

Cynthia Galatin: Correct. And I have to right now. I have one for Cynthia and one for Active Rehab.

Pat Peyton: Right.

Cynthia Galatin: So should my Active Rehab NPI go in 33A?

Pat Peyton: Yes. That would be the billing provider and presumably that would also be the pay to provider and the third provider would be the rendering provider.

Cynthia Galatin: Correct. Cynthia does the therapy but Active Rehab gets paid. Okay, so one goes one where and then Active Rehab goes under 33A. Okay. Thank you very much.

Pat Peyton: You're welcome.

Operator: Your next question comes from Stewart Prether.

Stewart Prether: Hi. My question is how will the reports that come back to providers – cost reports, cost reports and PS & Rs. Will they contain legacy numbers or NPIs?

Pat Peyton: This is Pat Peyton. It's my understanding that the PS & Rs and the cost reports are going to continue to see OSCAR numbers which will be called the certification numbers.

Stewart Prether: Okay. And what about the MEDPAR file?

Woman: Can anyone answer that?

Woman: I'm sorry, Stewart. We don't have anyone in the room to answer that. If you can give me your phone number I'll find someone and get you an answer.

Stewart Prether: Sure. It's XXX-XXX-XXXX.  
*CMS is still working on a response to this question.*

Woman: Thank you.

Stewart Prether: Okay.

Operator: Your next question comes from Gary Binadi.

Gary Binadi: Thank you. This is Gary Binadi from Kaiser Permanente in California. And we have a question related to the ERA or the 835 file. We understand that currently we're getting the OSCAR provider ID on the claims and NPI code Level 2 if we send it on a claim and on 5/23 they will no longer send the OSCAR provider. Will they send an NPI Level 2 for all claims, even those we have sent prior to that date that did not have an NPI code on it?

Kathy Simmons: Kathy Simmons at CMS. Actually there really isn't going to be a change in what you're seeing in 835s come May 23, 2007. But certainly by May 23, 2008 we will be reporting NPIs on 835s to the extent that they were reported on claims.

If there was a claim that was received before that date that the – well I don't think it's going to be an issue for Medicare because we're not expecting to keep – expecting claims right up to May 23, 2008 that don't have an NPI for a primary provider. So we're expecting that our effective date for requiring those NPIs for a primary is going to be a lot earlier, in which case we really won't have an issue come May 23, 2008.

Operator: Our next question comes from Harry Osenvit.

Harry, your line is open.

Our next question comes from Amanda Berry.

Amanda Berry: Hi. This is Amanda calling from Anesthesia Business Consultant. Is it possible that CMS will make the use of the NPI number mandatory before the May 23, '08 deadline?

Woman: Well we are expecting to make it mandatory before 5-23-08 at the primary provider level.

Woman: Except on a NCPDP claims. They will accept either number up until May 23, 2008, but certainly for anesthesiologists, yes, it should be earlier.

Amanda Berry: Okay. And you'll announce that, though.

Woman: That's correct.

Amanda Berry: Okay, thank you.

Operator: Our next question comes from Susan Harris.

Susan Harris: Hi. I send most of my claims electronically. But I have a few secondary Medicare claims that I send on paper. Is it all right to hand type them or do they have to be typed or computer generated?

Woman: It's probably best that they're typed or computer generated because the majority of the contractors are scanning those claims so there is less room for error.

Operator: Our next question comes from Tammy Taylor.

Tammy Taylor, your line is open.

Our next question comes from Kimberly Rogers.

Kimberly Rogers: Hey, everyone. Thank you for hosting the call. My question is in reference to the fact that we're a national provider of DME and IV Services and also enteral. And as a national provider we have a NPI and we are paid for each of our physical branch locations across the country. We are now being told by some different payers, including Medicaid that we need an NPI for each type of service, not per each physical location.

So we could possibly need a few NPIs for a physical location, in which we would need an NPI for IV versus DME versus enteral even though we do all of these services out of the same physical location. And if that's a correct statement then I would think that this kind of defeats the purpose of an NPI. So is that correct and should they be telling us that?

Pat Peyton: Pat Peyton. There is no requirement in the Final Rule for them to have different NPIs for each type of service furnished in the same location. It's really the provider's decision. Since you're a Medicare DME supplier, you must have an NPI for yourself as well as for each location at for which you dispense DMEs and claims to beneficiaries.. A health plan is not permitted to require that you do additional subparting, obtain more than one NPI per location

Kimberly Rogers: But if the payers aren't going to pay you would have to accommodate them.

Pat Peyton: That becomes a rather sticky issue. The final rule makes it clear that it is your decision. And I do believe that the CMS Medicaid office sent a letter out to all the states in September of last year that cautioned them about forcing providers to obtain NPIs for subparts if the entities didn't want to obtain multiple NPIs.

Rick Friedman: Yeah, this is Rick Friedman on the Medicaid side of CMS. Is it one particular state or multiple states in terms of Medicaid? Hello. Have we lost Kimberly?

Operator: That line has been closed.

Richard Friedman: Oh I didn't – if she's still listening, if she would like to send me an email I can follow up. It's [richard.friedman@cms.hhs.gov](mailto:richard.friedman@cms.hhs.gov) .

Operator: Our next question comes from Jackie Hollis.

Our next question comes from Suzanna Johnson.

Suzanna Johnson: All right, I need to know if a doctor is incorporated would he require an NPI for the location and himself because he's incorporated? Or would he need just an NPI just for himself?

Pat Peyton: This is Pat Peyton. It depends on whether the corporation bills any health plans, presumably the corporation is also a health care provider, in which case, the corporation would be eligible for an organization NPI Type 2. And he as an individual is eligible for an NPI Type 1, an individual NPI.

Operator: Our next question comes from Keith Wislowski.

Elizabeth Fair: Hi. This is Elizabeth Fair on Keith's line with Regence Oregon. And my question has to do with the referring . Providers in Canada can refer patients down here. And the answer I got was just after or up until 2008. What happens after May 2008 with the Canadian referral? Are we okay with that knowing they're coming from Canada and won't have an NPI?

Woman: There is placeholder for foreign (unintelligible).

Pat Peyton: This is Pat Peyton. You don't have to be in the United States to be eligible for an NPI. They can apply for an NPI.

Elizabeth Fair: Anyone outside the United States that wanted to refer in, we would have to help them for apply for an NPI number?

Pat Peyton: We have providers in our system who are from out of the country.

Elizabeth Fair: Okay.

Woman: Get you the website.

Woman: So the Canadian health care system is familiar with us going to the NPI.

Woman: I'm sorry...

Elizabeth Fair: We just have a couple of Canadian providers referring in who don't have them. And so I guess I should just direct them back to the website.

Woman: Direct them to the NPPES website. I believe they told you that website address at the beginning of the presentation.

Elizabeth Fair: So they will still need it.

Pat Peyton: Yes.

Elizabeth Fair: Okay, thank you.

Operator: Your next question comes from Lori Shannon.

Lori Shannon: Hi. We're North \_\_\_\_\_ Group and our physicians obviously do surgery at hospitals. Are we required to get the hospital's NPI numbers to go in Box 32A?

Kathy Simmons: Yes, this is Kathy Simmons. Well 32A for the Place of Service location. And you are required to report if a service is provided in the hospital.

Lori Shannon: So we would need to get the hospital's NPI number?

Kathy Simmons: Actually this is a little bit sticky. The implementation guide for a completion of the claim form actually leaves recording of the number itself, I don't want to say optional, but it encourages you to record it on the claim but it doesn't absolutely require it. Let me put it this way as long as you've got the name and address of the hospital, the NPI may not always be needed.

Lori Shannon: All right. Thank you.

Operator: Your next question comes from Christopher Russo.

Christopher Russo: Hi. This is Chris Russo. I'm a Director of Pharmacy at King's County Hospital in Brooklyn. My question is as Director of Pharmacy I know our institution currently has an NPI number. Should I be directing and ensuring every one of my pharmacists gets an individual NPI number? And if the answer is yes, when will we use that individual NPI number?

Pat Peyton: This is Pat Peyton. That depends on whether the retail pharmacy drug claim requires the identification of the pharmacist. I don't have that transaction in front...

Kathy Simmons: This is Kathy Simmons. I don't believe it (the NCPDP claim) requires identification of the pharmacist. But I had heard there were some states that had policies in effect where they allow pharmacists to actually order certain lower level type prescription drugs. Now in a case like that perhaps the pharmacist might have to be listed as they prescribe.

Christopher Russo: Hi. Well in our case and again in New York they don't allow pharmacists to do any kind of prescribing. In our case we purchase our medication centrally through, you know, through our corporation through the hospital. There's no individual ordering of drugs, you know, via pharmacist.

Kathy Simmons: Okay. Well that shouldn't be an issue for you then. You should be able to just show the corporate NPI if you're the one that is actually going to be paid for the retail drugs.

Christopher Russo: Right. It would be from the institution. So therefore I wouldn't need to have to go process each one of my 40 pharmacists here to get their own NPI number. That would make sense, right.

Kathy Simmons: Right. I don't – I can't think of any place where that would even be able to report that on an NCPDP claim.

Christopher Russo: All right. Well if you can't think of any place that's good enough for me. Thank you.

Operator: Your next question comes from Nina Mimento.

Nina, your line is open.

Nina Mimento: Hello.

Woman: Hello.

Nina Mimento: Hello. Yes, hi. I was calling up because I work for a (unintelligible) therapy and we are a physical therapy center. And all of our physical therapists and our occupational therapists have an individual let's say their Medicare number. Now you were saying before that it's a group we can only after July 1, if I understand it was just to use the group NPI and not the individual. But what happened was each person had their own individual because Medicare was, I guess, taking away their Medicare number had they not used it or had it not been on any claims were not processed under each of the individual people providing that service. So I'm not clear on should we still be using their individual NPI number?

Marlene Biggs: If they rendered the service – this is Marlene – you would need to use their rendering at the rendering level you would need to use their NPI identifier. At the group level you would put your group identifier at the billing in the pay-to.

Operator: Our next question comes from Carol Suit.

((Crosstalk))

Julie: Yes, I'm wondering – this is Julie with Whitman Enterprises. I'm wondering if we still need to use the generic UPIN SLF000 for ambulance claims.

Kathy Simmons: This is Kathy Simmons. Actually if the ambulance company has their own NPI they should use that. Or are you talking about the NPI for the person who

may have ordered the ambulance? I'm not sure in what situation you were actually using the SLF000.

Operator: Our next question comes from Debra Farley.

Debra Farley: Yes, we were aware that on institutional claims only the taxonomy numbers have to appear. However, what if an entity one or an entity two application contains an incorrect taxonomy code? How that does affect claims?

Pat Peyton: This is Pat Peyton. You mean the NPPES records have an incorrect Taxonomy Code?

Debra Farley: Yes, correct. Well providers can correct that at any point in time. And I think you look at the UPIN on the CR.

Woman: Right. I'm not sure if you're talking about institutional claims here or professional claims here. Oh it is institutional...

Debra Farley: Yeah, right.

Woman: I don't think that's going to...

((Crosstalk))

Pat Peyton: Pat Peyton. If it's wrong in NPPES then the providers should correct it. But on those institutional claims Medicare is looking at the crosswalk of the Medicare provider number type to the taxonomy code. There was an attachment to that CR and that's what they're looking at. You could have a situation where you may have a hospital and the hospital is using one NPI to bill for all of the units of the hospital.

Kathy Simmons: And for instance there are certain special units in the hospital that Medicare may pay at different rates. And, if you're using the same NPI for all of the charges that you're billing for the hospital, we in that case would have to depend on the taxonomy code to realize that this is a special unit that this particular claim was being submitted for. So that's our primary use of taxonomy codes on an institutional claim.

Operator: Your next question comes from Tammy Griffin.

Tammy Griffin, your line is open.

Our next question comes from Lisa Wyatt.

Lisa Wyatt: Yes, my name is Lisa Wyatt. I'm (unintelligible) with Mercy Medical Centers. What would the hospital do if they're submitting mammography claims for, you know, it's a self-referred? Could we use as the NPI referring physician on that? Currently we use the SLF000.

Kathy Simmons: And at this time and through May 22, 2008, you can continue to use that number. CMS will publish instructions for replacement of use of SLF000 on claims before May 22, 2008.

Lisa Wyatt: They will. Okay thank you.

Operator: Your next question comes from Cheryl Inman.

Cheryl Inman: Hi. I am calling from Heinz Hospice in Fresno, California. We do bill Medicare for the Hospice benefits. And we are making every attempt to get

physician NPI numbers, you know, quick fashion. But what happens to our claims if they do not have an NPI number or have not given us one?

Kathy Simmons: I would think that you're probably identifying those physicians as the attending physician in the hospice.

Cheryl Inman: Yes, ma'am.

Kathy Simmons: Okay. Now, if you're submitting an electronic claim, the implementation guide actually requires that an NPI be reported for an attending physician.

Cheryl Inman: Right.

Kathy Simmons: For Medicare purposes, though, an attending physician is in our secondary provider group so through May 22, 2008 we would continue to accept a UPIN. It would be the UPIN of the attending physician.

Cheryl Inman: Okay. So we can continue to try to get those from them but they are considered secondary until '08.

Kathy Simmons: Exactly, yes.

Cheryl Inman: Great. Thank you very much.

Operator: Your next question comes from Wendy Mills.

Wendy Mills: Hi. This is Wendy Mills from the Foot Ankle Institute. My question is we've been billing electronically with both legacy numbers and NPIs, we should keep doing that through May 23 until further notice. Or should as of May 23 should we just go to straight NPIs?

Marlene Biggs: This is Marlene. Yes, you should continue to build with both until May 22, 2008.

Wendy Mills: Oh okay. Thank you.

Marlene Biggs: Thank you.

Operator: Your next question comes from Sandy Curtiss.

Ms. Curtiss, your line is open for questions.

Your next question comes from Donna Burt.

Your next question comes from Trisha Anderson.

Tony: Tony Rehab in Nursing Centers and I have a question similar to what you had earlier. It was about Richard Friedman had asked about a Medicaid. Our Medicaid had said after May they will not pay for our oxygen. And this is Illinois. If we don't have another NPI number because our NPI number, the one we have only is for skilled nursing facility and I went in and tried to add another taxonomy and I didn't have any luck. What should I do?

Richard Friedman: You should write me an email and explain and I will be happy to pass it along to a Regional Office as well as the State of Illinois. You're way down in the weeds in terms of my understanding the issue. But if you'd write it down I'd be happy to pass it along to the people who actually understand this stuff and would try to help you.

Tony: Okay. Thank you very much.

Kathy Simmons: You gave your email address before but I don't think you mentioned that there's a period in between the Richard and the Friedman @ CMS.HHS.gov.

Richard Friedman: That's right, to avoid the 3,000 emails I'm likely to get as we made that. But it's Richard.Friedman, good Irish name, [F-R-I-E-D-M-A-N@CMS.HHS.com](mailto:F-R-I-E-D-M-A-N@CMS.HHS.com) and we'll try to help you.

(Tony): Okay, thank you.

Operator: Your next question comes from Patsy Woodcock.

Patsy Woodcock: Patsy Woodcock with Liberty. I have a question. I need some clarification. A lot of my questions have been answered. Some of them have not been answered.

If the format and we do this home health and it's electronic format for the some of the changes on the '04. We have our NPI number for our branches and facilities. However, we have to have a referring NPI number from our physicians, which I'm sure everybody out there, knows is almost impossible at this point in time to get it from all the physicians.

My question, if our software vendors and I'm sure most of them have hard coded the qualifier for the NPI number, and we can only send in our branch NPI number, our primary, and our first referring physician would have a qualifier but no NPI number and still have of course the UPIN number. Will this be rejected at the Medicare software?

Kathy Simmons: Yes, because that would be non-compliant with the format. If you matched a UPIN with an NPI qualifier, the claim would reject because a UPIN does not look like a NPI .

Patsy Woodcock : Yeah. So what I'm understanding is I can have my NPI number. I can have the referring physician's UPIN number but should not indicate in any way that there's an NPI number missing actually.

Kathy Simmons: Right. I think the 1G qualifier applies to the UPIN. And the XX qualifier applies to the NPIs.

Patsy Woodcock : Right.

Patsy Woodcock : So really I would have to get my software vendors to eliminate or drop the qualifier until we're ready for NPIs.

Kathy Simmons: Yes, I would think that would be the easiest way for you to handle it.

Patsy Woodcock : Okay, thank you.

Operator: Your next question comes from the Susan Ellen.

Susan Ellen, your line is open.

Operator: Your next question comes from Michael Chad.

Michael Chad: Hi. This is Michael Chad with A Cathocare West. We recently got a notification from our Fiscal Intermediary in California, National Government Services, which they've been working with CMS. And that as of May 14, next Monday, that they'll begin editing the NPI/legacy number combination for

validity. So, one, are you guys aware of this and is that accurate? And then two, does that mean that we need to have NPI submitted on May 14.

Marlene Biggs: This is Marlene and that is correct. California will start editing legacy and NPI combinations against the Medicare crosswalk.

Kathy Simmons: That's when they're both submitted though. They're not required at that point to submit both numbers yet.

Marlene Biggs: No, if they come in on the claim they will be edited against the crosswalk and rejected.

Kathy Simmons: If the crosswalk indicates that the NPI doesn't belong to the same person that owns that legacy number or the pair isn't found on the crosswalk, the claim will reject.

Michael Chad: Okay. And then if we bill with the taxonomy code and the 835 will the 835 contain the taxonomy code as well?

Kathy Simmons: No, it does not have a space of reporting of taxonomy codes. That's information that's used in adjudicating the claim. But it's really not something that is needed for payment posting purposes, once the adjudication decision has been made.

Michael Chad: Okay. Thank you very much.

Kathy Simmons: Thank you.

Operator: Your next question comes from Edi Militz

Edi Militz: Hi, I have a question. I'm a facility for outpatient rehab and I have seven therapists and we're incorporated. From what I've been told, if you have one Medicare number, you get one NPI number. You don't get individual NPI numbers. I haven't been able to get a clear answer from Medicare on that.

Pat Peyton: This is Pat Peyton. And I don't know where that ever came from. Your facility is certainly eligible for an NPI and so are the providers that practice there.

Edi Militz: They don't get individually billed.

Pat Peyton: Well they can still get NPIs and should because they may need to be identified in the claim as a rendering provider. Maybe they prescribe, maybe they refer or order, you know, a whole class of reasons.

Edi Militz: It's physical therapist. They don't do any of those.

Stewart Streimer: They render.

Pat Peyton : They render. They do need to be identified as a rendering provider. That is required.

Edi Militz: Does it have to have an NPI?

Pat Peyton: Yes.

Edi Militz: Okay. Thank you.

***[Post Call Clarification from CMS: In the Medicare program, therapy providers sometimes bill Part B carriers and sometimes they bill Part A fiscal intermediaries (FIs). If the organization provider does provide PT and/or OT, the provider usually has the option of enrolling in either. If the organization enrolls with the Part B carrier, then each of the PT and/or OTs need to also be enrolled with the carrier and the individual therapists reassign their benefits to the provider organization. In this case, each therapist would absolutely have to have an NPI that is reported to Medicare in order for them to do their Medicare billing to the carrier.***

*It is also possible that an organization provider that does PT and/or OT could also enroll with an FI as a certified rehabilitation agency. Additionally, if such an organization provider also*

*does speech pathology, then the organization provider loses the option and must enroll with the FI as a certified rehabilitation agency (this is because speech pathologists cannot enroll as individuals with the Medicare program). If the organization provider enrolls with the FI, then only the organization provider (and not the therapist who rendered the service) is identified on the FI claim. In these cases, although the therapists are eligible to apply for NPIs, they do not need to report an NPI on the claim in order to bill the FI. So, if a therapy organization provider is enrolled with and submits claims to an FI, the NPIs of the individual therapists would not be reported on the claims.*

*Of course, therapy organizations providers probably also bill other payers besides Medicare and these payers have their own rules about who is identified on the claim form.*

*Even if the individual therapists don't need to have NPIs for Medicare claims, they may need them for billing other payers. It is possible that a therapy organization provider is Medicare enrolled with an FI and that every other payer it does business with does not require the individual therapist to be identified in the claims. If that is the case, then any therapist who works only for these organizations for his or her whole career might never need to obtain an NPI because it would never be required to be reported on a claim. This is probably an unlikely situation.]*

Operator: Your next question comes from Walter Suarez.

Walter Suarez: Hello.

Walter Suarez: Hi hi. Good afternoon. Thank you for holding this conference call and providing this opportunity. My question is about UPIN numbers. UPINs have been referred to several times. And the question is whether CMS has plans to change the current policy as we understand it and stopping issuing UPIN numbers as of May 23, 2007. And stop maintaining and updating the UPIN database as of July 1 of 2007. And then what would happen to the UPIN registry, the UPIN registry.com utility, during the contingency plan? Thank you.

Pat Peyton: Walter, this is Pat Peyton. And we're real close to issuing some information about the UPIN registry and UPIN numbers, etcetera maybe next week.

Operator: Your next question comes from Susan Rush.

Susan Rush: Hi. This is actually Debra sitting with Susan Rush from Southeastern Eye Centers. And I just want to make sure; my understanding is now that the 1500 forms and UB-04 forms that 2007 is the cut off. And then with the electronic it's 2008.

Kathy Simmons: This is Kathy Simmons. You may be a little confused. The UB-04 is an upgrade from the UB-92. And we're not going to accept the UB-92 Forms at all beyond May 22, 2007. So if you send us the UB-92 Form on the 23rd we're going to reject.

Now with the 1500 Form, the paper form, we're going to accept those right through June 30. But if you were to send the 1500 or, excuse me, the 12/90 version of that form on July 1 or later, it would be rejected because at that time we're only going to accept the '08 – August--'05 version of the form.

Now as far as the electronic claim formats go we're not changing those for NPI reporting purposes. The electronic formats that were adopted under HIPAA actually have always been able to report NPIs, but there just weren't initially any NPIs to be reported. So we're going to continue to accept the version 4010A X12N837 electronic format as well as the current NCPDP electronic format. We're not going to discontinue those.

We are going to be announcing the date when you're going to have to report the NPI of the primary providers. And after that we're not going to accept electronic format claims that they lack those NPIs. And the same thing will be done for the new paper forms. What we'll – once we announce that date we're going to have to start rejecting them if they come in without an NPI for the billing to or rendering provider.

Woman: Thank you so much.

Operator: Your next question comes from Patricia Bacwiyardi.

Patricia Bacwiyardi: Our question has already been answered. Thank you.

Woman: Thank you.

Operator: Your next question comes from Dottie Lopez.

Dottie Lopez: Hey. Hello. Hi, my name is Dottie. I'm from New England (unintelligible) hospital. What we're calling for is that we have a lot of doctors that don't have an NPI number. How are we going to be able to get these claims processed?

Kathy Simmons: Are you talking about no NPI for their secondary or for rendering?

Dottie Lopez: For rendering.

Pat Peyton : You should be able to get NPIs for these doctors. I'm not sure what the problem is.

Kathy Simmons: Actually I think the contingency plan said that somebody would not have a penalty as long as they showed a good faith effort to obtain an NPI and then to come into compliance. And I think one of the examples of good faith was that if you're a physician that you had gotten your NPI by May 23, 2007.

Woman: Right.

Kathy Simmons: So your doctors better get out there and get their NPIs.

Dottie Lopez: And that's the question I need to ask you. I do have Medicaid and it's steady and we needed to get a separate NPI number for Medicaid and a separate NPI for Medicare. Is that correct?

Pat Peyton: No.

Dottie Lopez: No, that's not correct.

Operator: Your next question comes from Victoria Viona.

Victoria Viona: Hello. Thank you for taking the call. My question is I think part of it has been answered. It's regarding the entity one and entity two.

Our medical group, we employ several providers, so I'm thinking the provider NPI it goes to the rendering provider NPI field that I understand. I'm thinking the NPI 2, which is our medical group, goes to Box 33B. Is that a correct statement?

Kathy Simmons: Yes.

Victoria Viona: Now the other question I have--if we have doctors who travel to different clinic locations, are we required to complete Box 32B? Or what is the requirement for I guess Box 32B?

Victoria Viona: We can get back to that.

Kathy Simmons: Sure. But the instruction form instruction does say that if the service was not provided at the same address as the billing provider's address that you have to report information in field 32. But you're not required to actually report an NPI there. You can report an NPI. And I think you said something before too

about the billing provider. You said 33B – 33B is where the PIN would go but 33A is where an NPI would be.

Victoria Viona: Okay.

Victoria Viona: So if they travel it depends on what location they are practicing at on that service date?

Kathy Simmons: If the billing location is different than where the services were rendered you'd need to complete the place of service box.

Victor Viona: Okay, thank you, thank you.

Operator: Your next question comes from Chris Prinot.

Chris Prinot, your line is open.

Your next question is comes Ron Anesca.

Ron Anesca: Yes hi. This is Ron Anesca with Guiding Your Health System. And we've not gained NPIs for a hospital on a one-to-one basis based upon taxonomy or specialty. We went and shared our NPIs with the various payers that we deal with but we have a payer who wants just one NPI to be submitted per facility. What will happen when this is cross-walked to other payers? And from a remittance perspective do they need to send it back to us with numerous NPIs or can they just send it with the one NPI?

Pat Peyton: The health plans – this is Pat PeytonPeytonPeytonn – the health plans have to be able to accept any NPI that comes in on a standard transaction as that is a

requirement of the final rule, so they're going to have to take in whatever NPI is submitted and link it to what they know you by.

Pat Peyton : So you can have a separate NPI for each of those special units.. That's your decision to make, not the other health insurance company.

Man: Right. And do they have to remit with one NPI or can they only send it back with the numerous NPIs that we submit with?

Kathy Simmons : Let's say you want the hospital to bill for all of these special units within the hospital.

Man: Right.

Kathy Simmons : Then the hospital would be listed as the biller for that special unit.

Man: The reason why I ask is they said they can't accept our numerous NPIs but more or less can accept NPIs, but still more or less feed it into one NPI within the system. So when they send that remittance back to us, I'm assuming we can use that main NPI instead of the numerous ones we'll be submitting with.

Kathy Simmons: Well if that's all they're accepting from you, but that's a violation. Do you want to say something about that Lorraine?

Lorraine Doo: Well we have to look at it – this is Lorraine Doo, sorry – if it came in as a complaint that claims were being rejected because their payment policy was different than what the regulatory policy actually is. We would have to actually look at the documentation and what they communicated to you , to look at the whole picture, for that particular instance. And I don't know to

what extent you all have been able to negotiate with them to determine what, the options are.

Kathy Simmons: The bill itself and the 835 allow both a payee to be reported and a rendering provider to be reported. So if you were able to submit two different NPIs, one for the special unit and one for the hospital as a whole, with the hospital listed as the billing and the special unit as the rendering then actually both of those would go back on the 835. But I can't, you know, I can't say exactly what this other payer is going to do. We can only talk about what we're going to do here and what the HIPAA standards allow for.

Pat Hinson: This is Pat Hinson.

Pat Hinson : Yes, we have several imaging centers and the corporate name is in Box 33 with a PO Box for the remit address because that's a bank lock box. And then the doing business as Laticia name is in Block 32. In the past we've only had one provider number or legacy number for that particular center. Am I hearing that I can still do that with one NPI number and place it in 33A because 32A is optional?

Kathy Simmons: This is Kathy Simmons. 32A only has to be reported if the location where the service was furnished is different than the billing provider address. So if the addresses are the same you don't need to use both slots.

Pat Hinson : In 33A I'll have the name of the corporation and a PO Box, oh I'm sorry. In 32 I will have the location of the service. But I have to have two NPI numbers.

Kathy Simmons: Yes, if you're going to have two different – no they wouldn't have to be different NPI numbers if they're just the same entities. You're just using two different addresses.

Pat Hinson : Yes, and they are two different names. One is the doing business as and the other one is the LLC name, but it's the same corporation.

Kathy Simmons: Yeah, it's the same entity; I'd report the same NPI in both places then.

Pat Hinson : You'd put the same NPI in both places like I have been doing.

Can I ask just one more question? I'm in radiology and there is a technical and a professional component of this billing. If I'm billing technical only, do I have to have the rendering provider's ID in Box 24J if it's technical only?

Kathy Simmons: Do you supply that today?

Woman: Actually I don't think it's the professional component you're referring to; it's really the rendering provider. You're actually rendering the service that you're billing for. That physician or whoever it is that reads the x-ray, after it's produced, he/she would submit his/her own claims. But you're only reporting rendering in regard to your bill, and you are the rendering for your bill.

So you don't have to identify that provider there that's reading the x-ray. Now the provider has ordered the x-ray they might have to be showing us the referring the provider or the ordering provider. But I don't think that's the situation you're describing.

Operator: At this time we have reached our allotted time for questions. I would like to turn the call over for closing comments.

Nicole Cooney: Okay. Thank you for participating in today's call. Again, if we were unable to answer your questions today we encourage you to visit the frequently asked questions on CMS' dedicated NPI website.

The URL again for the NPI website is.

*http://www.cms.hhs.gov/NationalProvIdentStand/* That's N-A-T-I-O-N-A-L-P-R-O-V-I-D-E-N-T-S-T-A-N-D/. Once on that page scroll down to NPI Frequently Asked Questions to see if your question is addressed there.

Please note that access information for an Encore presentation of today's call will be available on the NPI website beginning tomorrow. The Encore will run through midnight on May 17.

There will also be a transcript of this call posted on the NPI website within two weeks after the completion of today's call.

Thank you again for your participation.

Operator: I would like to thank everyone for participating on today's conference call. At this time you may disconnect.

END