

## **The 15th National HIPAA Implementation Roundtable/12/10/03**

Follow up questions and answers:

**1-Laurie Sexton** - Question regarding outpatient claims and the 837 I claim regarding dates of service. Are dates of service required with every revenue code regardless of whether there's a CPT or HCPCS code associated with it?

**Answer:** Yes. The HIPAA 837I Implementation Guide (available from the Washington Publishing Company - [www.wpc-edi.com](http://www.wpc-edi.com)) Service Line Date note 1 on page 456 states: "Required on outpatient claims when revenue, procedure, HIEC, or drug codes are reported in the SV2 segment". A date range may be used when billing outpatient drugs (per note 2, same page).

**2 - Desla Mancilla** - I just have a question about the tax ID code that we've asked about the last couple of teleconferences. The Tax ID number for a physician is a situational data element. And we were told at a previous conference that if it's unknown you don't have to use it. My question is though one of the issues that we've had, of course, is getting the physician population to want to give us that information. And at the last conference, we were told that there was a frequently asked question (FAQ) out there on that. However, when you look at the FAQ, it addresses EIN and Social Security numbers, not tax ID numbers. So I'm wondering if there is some change part of what the status is with the tax ID number for physicians.

**Answer:** A physician's Tax ID number is either their Social Security number or their EIN, so the FAQ applies.

**3- Michael Lisamel** I have in my hand a Palmetto GBA information dispatch informing us that they disconnected their server in region C and will no longer accept DMARC claims. Is this against the contingency plan? I don't understand how you could have the contingency plan and we would have it in place and then be told that we have to migrate. I'm a little confused if you could clarify that. It's dated December 3, 2003.

**Answer:** Palmetto did shut down their servers for the legacy formats, however, they are still accepting electronic UB-92s and NSF claims through their Bulletin Board System. Submitters who were previously using CONNECT:MAILBOX to submit UB-92 & NSF claims are now required to submit claims through one of their Bulletin Board Systems due to technical problems with the SPC server. Notices of this system transition were posted to our Web site along with e-mail messages to those registered on our listserv requesting EDI-related information.

**4- Samantha Haygood-** We are currently testing with region D. One of the rejects that we received on the error report was 66072, which is service date not within NDC range. My question is where does the drug information come from? Is it first data bank information? How do we know what dates will be good for these claims, for these NDCs?

**Answer:** Medicare validates all claims submitted (not only those with NDC codes) to ensure that the service line dates fall within the effective begin and end dates of the HCPCS/NDC code. The CMS Medical Director feels it is sound medical practice to not pay for older drugs on the shelf, when the expiration date of the drug has been reached.

**5- Sydney Tilton** If our systems are not working properly, especially for DMERC, how do we submit the claims?

**Answer:** This was referred to Jamie McLeod, the CCMS for Palmetto (DMERC for Region C). They have has contacted Dynasplint (Ms. Tilton). They needed a submitter ID.

**6- Lisa Kibe** - I see that you – there's a new segment, an SB5 segment which looks like it pertains to DME equipment only. When we are transmitting a claim for a piece of DME equipment, does the HCPC code just – and all the information specifically go in an SV5 segment or do they go in SV1 and SV5?

**Answer:** We contacted her and explained that the HCPCS goes in the SV1 segment and only in the SV5 segment if they are reporting rental DME. This is stated in the 837P Implementation Guide.

**7- Jonathan Ellis-** I have one intermediary that is – still has proprietary format that's not in the 835 standard and I cannot get an answer from them as to whether when they're going to change over.

**Answer:** We spoke with Jonathan Ellis on his statement regarding our use of local formatted remittances.

Mr. Ellis apologized for the confusion. As requested, Mr. Ellis checked previous remittances to find that he receives only the 835 standard remittance from the Georgia Medicare Part A Contractor. The confusion arose when Mr. Ellis inquired of our office regarding the HIPAA version 4010 A1 remittance. Since there were known issues with the HIPAA version, we were unable at that time to go live with the HIPAA version. However, we are now providing remittance receivers with parallel 4010 A1 remittances for their move into production upon good test results.

**8- Suzanne Soutard** - My question is our Missouri Medicaid requires us now to have J-codes on all our injectable drugs. Will this bother the Medicare claim if the J-code is now on all our injectable drugs?

**Answer:** It is o.k. to bill Medicare FIs with J codes.

9- **Stacy Smith** - First off we are a small pharmacy and we're sending out batch claims electronically and through that we also use Medicare on assigned claims. And I'm wondering do we need to send those electronically or can those be sent hard copy?

**Answer:** Ms. Smith did not indicate the number of full-time equivalent employees involved with the supply of prescription drugs in her small pharmacy so I cannot determine whether she qualifies for an automatic waiver of the electronic filing requirement due to its size. She needs to review CR 2966 published on 12/19/03. It contains detailed information on how she can determine whether the pharmacy qualifies as a small provider, as well as information on other waiver and exception criteria that apply to the electronic filing requirement. If the pharmacy does not qualify for any of the exceptions or does not meet criteria for submission of a written request to their DMERC for a waiver, the pharmacy is expected to submit their claims to Medicare electronically.

10- **Mary Blane**- State laws requiring you to provide NDC numbers to whom?

**Answer:** She wanted to know when CMS required NDCs on oral anti-cancer drugs. I left a message that the effective date of this requirement was 1994.