



NPI Implementation Information

The IHCP has developed several system enhancements in an effort to address and resolve provider inquiries and concerns related to NPI-only claim submission, which is mandatory for all claims received on and after May 23, 2008. These enhancements will alleviate many of the concerns brought forward by the provider community and reduce the number of NPI related claim denials.

In order for NPI-only claims to process, the IHCP must be able to establish a one-to-one match between the provider's NPI and the LPI. The claims processing system, *IndianaAIM*, can easily establish a one-to-one match when a provider has only one NPI and one LPI. However, if a provider shares a single NPI among multiple LPIs then a one-to-one match is more difficult to accomplish.

Because providers were not required by CMS to enumerate in any standard or specific manner, each provider selected the enumeration strategy that best fit their individual situation. This has resulted in similarly situated providers being enumerated very differently making it very difficult to establish a single mechanism to establish the one-to-one match.

EDS uses its Standard NPI Crosswalk to establish a one-to-one match with the NPI and LPI using the billing provider office location zip code + 4 and the billing taxonomy code (if sent). Due to the various crosswalk methods used by Medicare and commercial payers, as well as system constraints of both EDS and the provider community, EDS has developed a second crosswalk, called the Progressive Crosswalk, which will be implemented on May 23, 2008. Further, on May 23, 2008, EDS will implement the NPI Default process to support claim payment on and after May 23, 2008. The NPI Default will give providers the ability to select a "default" billing provider office location that *IndianaAIM* will use to process claims. Based on input received from the provider community it is believed that these three strategies will resolve the NPI matching problems for the vast majority of providers.

NPI Only Claim Submission

Providers submitting NPI-only claims are encouraged to include the appropriate qualifier followed by the taxonomy code associated with the billing provider office location.

Claim Form	Taxonomy Qualifier and Field Locator	Taxonomy Field Locator
CMS-1500	ZZ Qualifier – Box 33b	Box 33b (following the qualifier)
UB-04	B3 Qualifier – Box 81CCa (small box)	Box 81CCa (large box)
ADA 2006	No Qualifier	Box 52A

Additionally, in order for *IndianaAIM* to determine the provider's physical location, the billing provider's office location (office address), including the zip code + 4 must be included in the appropriate field locator (or electronic equivalent).

Claim Form	Address Field Locator
CMS-1500	Box 33
UB-04	Box 1
ADA 2006	Box 48

The billing provider's office location is defined as the physical address where patients visit the provider to receive care and where medical records are housed (such as a provider's main office or one of the satellite office locations which are currently identified with an alpha suffix appended to the LPI).

NOTE: Each LPI with a service location suffix is considered a unique LPI.

Example: 123456789A
123456789B

This definition may not apply to non-office based providers (such as anesthesiologists)

Optical Shops and other Physician DME

Medicare requires providers to obtain a separate NPI when submitting claims for certain DME items, including optical goods. Historically, these providers have not been required to obtain a separate Medicaid LPI for the purposes of submitting claims for these items. However, Medicaid cannot match multiple NPIs to a single LPI. Therefore, if a provider has obtained a separate NPI for billing these DME items, the provider will be required to complete an IHCP enrollment application in order to establish a new LPI. To establish a new LPI providers must complete the *IHCP Billing Provider Application and Maintenance Form*.

Standard Crosswalk

The Standard Crosswalk was introduced to providers in BT200819 and uses the billing provider NPI, taxonomy code (if sent), and billing provider office location zip code + 4 to establish a one-to-one match between the LPI and NPI. If a match is established the claim is processed with no NPI alerts. If a one-to-one match is not established, the provider will receive one of several NPI alert messages. On May 23, 2008, if a match is not established, IndianaAIM will then look to the Progressive Crosswalk.

Progressive Crosswalk

The Progress Crosswalk will use the following data elements in the following sequence:

- NPI Only
- NPI and billing provider taxonomy (if sent)
- NPI and billing provider office location zip code + 4
- NPI and billing provider office location five-digit zip code
- NPI and taxonomy code and billing provider office location five-digit zip code

Based on EDS' research of claims currently displaying NPI error messages, utilization of the progressive crosswalk should resolve the majority of NPI matching problems and allow the claim to continue processing. However, if the claim fails the Progressive Crosswalk and a one-to-one match cannot be established, IndianaAIM will look to see if the provider has selected a default location. If so, the default option will be used to process the claim. If no default has been selected the claim will be rejected and will not be processed. A rejected claim will not appear on the provider's remittance advice statement because the system cannot identify which provider submitted the claim.

Default Location

Providers who do not believe that establishing a one-to-one match between the NPI and LPI will be successful with the Standard or Progressive Crosswalks may want to select a default location. For some providers, designating a default location will resolve the NPI alerts/rejections.

If a provider chooses to select a default location, attempts to obtain a one-to-one match between the NPI and LPI will first be made by the Standard and Progressive Crosswalks before utilizing an LPI that has been designated as the default.

Following are several considerations related to selecting a default location:

- The default is limited to claim transactions only.
- The default process will allow for a one-to-one match on all claims, including Medicare crossover claims.
- Special logic will be implemented in IndianaAIM to accommodate practices with multiple locations that have varying levels of CLIA certification to allow lab services to process correctly.
- All rendering providers associated with the group must be linked to the default location in order to avoid denials related to rendering providers not being a member of the billing group.
- The Restricted Card Program lock-in tables include the rendering physician and the billing provider office location. If the default location selected is different than the billing provider office location on the lock-in table, claims for restricted card members will be denied. Providers who experience this type of denial should contact the Restricted Card Program to request a change in the billing provider office location.
- First Steps providers are not permitted to designate a default. First Steps providers that do not believe their NPI alerts will be resolved by the Standard or Progressive Crosswalks should contact their provider field consultant immediately for assistance.
- Providers who enumerated different provider types (Example: Hospital-owned physician practice enumerated with the same NPI as the hospital entity) under a single NPI should not select the default option as it may result in problems applying the correct fee schedule or pricing logic. Selecting a default will result in hospital claims trying to

process under the physician fee schedule methodology, or physician claims trying to process under hospital DRG methodology, depending on which LPI (hospital or physician group) is selected as the default.

- Providers who wish to choose a default must submit a *IHCP NPI Default Agreement* form as soon as possible to minimize any claim interruptions.

Example Scenarios

Example 1

ABC Medical Group has 2 physicians and one office location. The corporate entity has one NPI and each physician has an NPI. The crosswalk will work as follows:

ABC Medical Group: LPI = 123456789A NPI = 3456789111

Dr. 1: LPI = 123123123 NPI = 1212121212

Dr. 2: LPI = 123412345 NPI = 3434343434

On and after May 23, 2008, when the provider submits NPI 3456789111 as the billing provider, there is only 1 possible match – 123456789A. As such, the Standard Crosswalk or Progressive Crosswalk will obtain a one-to-one match. Utilization of the default location process should not be necessary.

Example 2

ABC Dental has 2 dentists and two office locations. The corporate entity has one NPI and each dentist has an NPI. The crosswalk will work as follows:

ABC Dental: LPI = 123456789**A** NPI = 3456789111

Practice Address: 123 Anywhere Street, Somewhere, IN 46000-0001

ABC Dental: LPI = 123456789**B** NPI = 3456789111

Practice Address: 333 Somewhere Street, Anywhere, IN 47000-2000

Dr. 1: LPI = 123123123 NPI = 1233211232

Dr. 2: LPI = 122322122 NPI = 3213213211

On and after May 23, 2008, when the provider submits NPI 3456789111 as the billing provider, there are two possible matches – 123456789**A** and 123456789**B**. EDS must be able to determine which billing provider office location is submitting the claim in order for IndianaA/M to process the claim. As a result, the Standard Crosswalk will be employed first. This crosswalk will determine that the NPI crosswalks to two different locations. The Progressive Crosswalk will be employed next. If the billing provider has included a taxonomy code on the claim the Progressive Crosswalk will compare the taxonomy code on the claim with the taxonomy codes in IndianaA/M for each of the two locations. Because the taxonomy code will probably be the same for both locations it cannot be used to distinguish the office location. The Progressive Crosswalk will then look at the 9-digit zip code (zip code plus 4 digits) indicated on the claim. If the office location 9-digit zip code matches the 9-digit zip code in IndianaA/M for one of the two practice locations the claim will process. In this example, the 9-digit zip code used on the claim was 47000-2000. Based on this zip code IndianaA/M is able to crosswalk the NPI/zip code combination to LPI 123456789**B**.

Example 3

ABC Clinic is a multi-specialty clinic with 12 physicians and three office locations. The corporate entity has one NPI and each physician has an NPI. The crosswalk will work as follows:

ABC Clinic: LPI = 789789789**A** NPI = 7777777777

Practice Address: 123 Anywhere Street, Somewhere, IN 46289-4598

ABC Clinic: LPI = 789789789**B** NPI = 7777777777

Practice Address: 124 Anywhere Street, Somewhere, IN 46289-4598

ABC Clinic: LPI = 789789789**C** NPI = 7777777777

Practice Address: 125 Anywhere Street, Somewhere, IN 46289-4598

On and after May 23, 2008, when a claim is submitted with the corporate NPI IndianaA/M will apply the Standard Crosswalk and will crosswalk the NPI on the claim to all three LPIS. Therefore, a one-to-one match will not be established with the NPI alone. The Progressive Crosswalk will then try to establish a match using the billing provider's taxonomy code, if submitted. Many providers, however, do not submit taxonomy codes on their claims, or share the same taxonomy code with each office location. Therefore, a one-to-one match is not established using the NPI and taxonomy code alone. The Progressive Crosswalk will then look at the billing provider's zip code + 4 to determine the billing provider's service location. From that point forward, if a one-to-one match cannot be established using the zip + 4 the Default process will be used to try to establish a match, if the provider elected to choose a default location. Due to the number of LPIS and service locations that crosswalk to this provider's NPI, this provider may benefit from selecting a default. In our example, the provider has selected Location A to be their default. The claim will pay to the LPI associated with this default location. Therefore, the claim will show up on the same remittance advice statement and the payments for services provided by any satellite location for this clinic will be combined on one check/EFT and remittance advice statement.