

NPI Frequently Asked Questions

Are “Referring Provider” NPI numbers required on claims?

MVP: Not at this time.

TVHP: The referring provider# field is not a required field.
If populated, it must be a valid NPI#

FAP: Not at this time.

Will claims deny if only NPI is listed as of 5/23/07?

MVP: MVP is encouraging continuation of either dual submission or legacy ID# only.

MVP has developed a crosswalk list. If the provider submits a claim using just their NPI, the claim will pend until their NPI is loaded into the claims system. This will cause a slight delay in claims adjudication, but claims will still be processed within the 45-day clean claim requirements.

MVP would like provider offices who are submitting electronic claims with NPI only to contact the MVP EDI Coordinators at 1-877-461-4911 to confirm that all electronic transactions are coming through successfully, or to make any needed adjustments.

If the claim is submitted with the NPI only **AND** MVP/VMC hasn't received the NPI yet, then the claim will reject. Providers can confirm that we have their NPI's by following the process on the MVP Web. MVP does not want providers to re-program their systems to go back and use the legacy ID number. However, providers need to know that claims could reject if MVP / VMC hasn't received the NPI's.

Electronic Claims:

Claim comes in with MVP PID/Legacy # AND NPI--- If MVP does not have the NPI loaded in their system, they will load the NPI and pay the claim.

Claim comes in with NPI ONLY--- If MVP does not have the NPI loaded in their system, they will pend the claim, load the NPI and then pay the claim. MVP would like provider offices who are submitting electronic claims with NPI only to contact the MVP EDI Coordinators at 1-877-461-4911 to confirm that all electronic transactions are coming through successfully, or to make any needed adjustments.

Claim comes in with MVP PID/Legacy # ONLY--- MVP will pay the claim until such time that CMS changes the rule and requires only NPI on the claim.

Paper Claims:

Claim comes in with MVP PID/Legacy # ONLY--- MVP will pay the claim until such time that CMS changes the rule and requires only NPI on the claim.

TVHP: Electronic Claims:

Only a valid NPI# will be required.

Paper Claims:

As of 8/1/07, all paper claims must be submitted with NPI only.

FAP: Electronic Claims:

Apex will accept any of the following combinations on claims until January 1, 2008.

- Legacy # only
- Legacy # & NPI
- NPI only

Paper Claims:

Apex will accept any options with no cut off date, since NPI is not required for paper.

- Legacy # only
- Legacy # & NPI
- NPI only

How will the claim be handled if the provider submits a claim without an NPI after 5/23/07?

MVP: MVP will continue to be processed as usual. While dual submission was recommended, MVP did not require it and still doesn't.

TVHP: Effective 8/1/07 all claims must contain NPI# or claims will reject back to provider as invalid.

FAP: All claims will process. As of 1/1/08 all claims must be submitted with valid NPI

How will the claim be handled if the provider submits a claim with both the legacy number and the NPI?

MVP: MVP is extending the CMS dual strategy approach adopted in 2006. Until further notice, providers and facilities should continue to submit both an MVP provider ID (legacy) number and NPI number on all HIPAA covered transactions, including claims submitted electronically. For paper claims the NPI number should appear in field 33A. The MVP provider ID (legacy) number should appear in field 33B. The field should include the G2 qualifier.

TVHP: Effective 8/1/07 all claims must contain NPI# or claims will reject back to provider as invalid.

FAP: All claims will process.

On the new HCFA form, what are the fields that MUST be completed to prevent a claim from denying?

MVP: Providers need to complete their claim forms as usual. The addition is if they're submitting using both their NPI and legacy #'s. then they need to submit their #'s as described above.

TVHP: No new edits have been added to the claims system. Providers should complete their claims as usual. Additional information on TVHP claims submission requirements can be found at www.bcbsvt.com

FAP: Providers should complete claim forms as usual. Providers can visit www.medical-coding.net/claimforms for guidance.

Are the HCFA mandatory fields communicated to the various clearing houses, or directly to the provider offices?

MVP: Yes, the clearing houses should be well aware of the fields needed for MVP – and the providers, if they use the web, cannot submit an incomplete claim. There is also a claims section in the MVP Provider Manual (available on the MVP Web site) for reference.

TVHP: This has been communicated to both clearinghouses and providers. The companion guide was also updated to include any and all changes made for NPI and UB04 for the purpose of electronic billing.

FAP: Yes, the clearing houses are aware of any mandatory fields needed for processing claims.

Is there any validation process the provider must go through prior to submitting claims?

MVP: MVP would like provider offices who are submitting electronic claims with NPI only to contact the MVP EDI Coordinators at 1-877-461-4911 to confirm that all electronic transactions are coming through successfully, or to make any needed adjustments.

The NPI can be validated by going on the web. On the home page, providers click on the NPI link in the upper right hand corner. Then they click on provider NPI search. The provider will then need to log in and will have to conduct the provider search – select HMO – then select VT – select the PCP or Specialist in the Search For option. At that point the provider can scroll down to the provider info section and put in their information. The NPI information is listed toward the bottom of that screen if MVP has it on file.

TVHP: Yes, our EDI Department will need to be contacted to test the data changes prior to go live date of 5/23/07. A minimum of one successful test is required before we move provider, clearing house or vendor to active/live status.

FAP: FAP will be validating that the NPI number is a valid NPI number based on the “check-digit” logic. There is nothing further that the clearinghouses or providers must do.

Given my dual role of both PCP and Specialist, how will the payers know if I am billing as a PCP or as a Specialist?

All Payers: Dual-role providers (both PCP and Specialist) must submit claims with appropriate taxonomy codes (field FL19 for TVHP and FAP; field 33 for MVP) to reflect Services rendered as a PCP or as a Specialist.