

Bulletin Number: MSA 06-73

Distribution: All Provider

Issued: October 16, 2006

Subject: NPI Transition Plans for Medicaid FFS Providers;
Reporting Type of Bill Codes, Taxonomy Codes, and 9-Digit Zip Codes;
835 Remittance Advice and NPI

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefit Waiver, Maternity Outpatient Medical Services, and Children's Serious Emotional Disturbance Home and Community-Based Services Waiver

The purpose of this bulletin is to inform providers of the Michigan Department of Community Health's (MDCH) plan to transition to the National Provider Identifier (NPI).

The NPI is a HIPAA mandate requiring a standard identifier for all health care providers. May 23, 2007 is the compliance date on which all HIPAA covered entities must report the NPI in standard transactions. MDCH will require the NPI to be reported on both electronic and paper claim formats. The requirement to report the NPI on the paper will be dependent on the upcoming implementation dates of the revised ADA, CMS-1500, and UB 04 claim forms. The implementation schedule for these new claim forms (based on date of submission) are as follows:

- ADA 2006 Dental Claim Form March 1, 2007
- CMS 1500 (08/05) Health Insurance Claim Form April 1, 2007
- UB 04 Institutional Claim Form May 23, 2007

More details regarding this transition will be forthcoming in subsequent MDCH bulletins.

NPI Transition Plans for Medicaid FFS Providers

In order to comply with the HIPAA mandate, the following MDCH timelines will be implemented for all health care providers eligible to receive NPI's:

- **By November 15, 2006** - MDCH recommends that providers verify their NPI for our provider enrollment files by November 15, 2006 to assure a proper crosswalk from their legacy ID number. To register the NPI with Medicaid, providers must log onto the Michigan Medicaid Single Sign-On (SSO) application at <https://sso.state.mi.us> . Users may need to apply for a SSO user ID before they can subscribe to the NPI Collection application. Refer to the SSO Instructions available at www.michigan.gov/mdch >> Providers >> National Provider Identifier for further clarification.

For provider groups with 15 or more individual NPI's (Type 1), please click on "Mass Collector". This is password protected for security purposes. Therefore, please email npi@michigan.gov to receive your password and then click [Mass Collector](#) to access your spreadsheet. Once you have entered all of your NPI's and other related information onto this spreadsheet, attach it to an email and send it back to npi@michigan.gov. Please type in the subject line "Mass NPI." Further instructions are located within the NPI Mass Collector Spreadsheet.

- **January 1, 2007 – May 22, 2007** - On and after January 1, 2007, any new provider enrolling with the Program must report their NPI on the enrollment application. Also beginning in January, MDCH will be internally testing claims reporting both the NPI and legacy Medicaid numbers within the electronic 837 4010A1 professional, dental, and institutional claim formats. Both the NPI and legacy numbers must be reported in any applicable provider loop (e.g. billing, rendering, servicing, etc). Reporting the NPI on paper will not be required until the new claim forms (e.g. ADA, CMS 1500, and UB 04) are implemented by MDCH. Claim adjudication will be based on the existing Medicaid legacy provider ID until May 23, 2007.
- **May 23, 2007** - MDCH will only accept NPI numbers. Atypical providers will continue to report their legacy numbers.

Type of Bill Codes for Institutional Claims

Effective January 1, 2007, MDCH will begin editing on all digits of the type of bill code for institutional claims. The type of bill code will have an important role in the MDCH crosswalk to the unique NPI. Claims received with an invalid type of bill code may be rejected for payment.

Taxonomy Codes for Institutional Claims

As of January 1, 2007, MDCH recommends institutional providers that have only a single NPI for their primary facility and its subparts to report a taxonomy code on all claims submitted electronically using the 837 Institutional 4010A1 claim format. Within this format, report the taxonomy code in provider loop 2000A (billing/pay-to-provider taxonomy code) for successful claim adjudication. Reporting the taxonomy code on a paper claim will be addressed with the implementation of the UB 04. The taxonomy code will assist in the MDCH crosswalk when a unique NPI has not been enumerated for each subpart.

9-Digit Zip Code

To facilitate claim adjudication, the full 9-digit zip code (known as zip + 4) is requested in the following provider loops when applicable:

4010A1 Claim Format	Provider Loop
Professional	Billing Provider (2010AA) Pay-To-Provider (2010AB) Claim Level Service Facility (Loop 2310D) Service Level Service Facility (Loop 2420C)
Institutional	Billing Provider (2010AA) Pay-To-Provider (2010AB) Claim Level Service Facility (Loop 2310E)
Dental	Billing Provider (2010AA) Pay-To-Provider (2010AB)

835 Remittance Advice

MDCH will not be sending the NPI as a primary provider identifier on 835 remittance advice until May 2007. MDCH will be returning the existing legacy number back to providers on their 835 remittance advice until this date.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

For additional information regarding NPI, please refer to provider education area within the MDCH website at www.michigan.gov/mdch. Any specific questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration