



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2007-14

March 2007

TO: All Providers (non-Pharmacy)

SUBJECT: National Provider Identifier (NPI), UB-04 and CMS-1500 Updates

Introduction

The purpose of this bulletin is to provide updated information from the Department of Social Services (DSS) and EDS regarding the implementation of the National Provider Identifier (NPI), the new UB-04 and CMS-1500 (08/05) claim forms. Important information related to the schedule of events, upcoming provider workshops, paper claim form updates, impacts to electronic claim submission and answers to frequently asked questions are provided to ensure a smooth transition to NPI and the new claim forms. All HIPAA covered healthcare providers must apply for an NPI, report their NPI and

taxonomies to EDS and begin submitting their NPI and taxonomies by May 11, 2007 on all paper claims, and by May 18, 2007 on electronic claims and all other electronic transactions. **Providers who have not yet applied for their NPI are strongly encouraged to do so as soon as possible.**

Non-medical or atypical providers

Non-medical or atypical providers are not defined as covered entities by the Centers for Medicare and Medicaid Services and are not eligible to receive an NPI. Non-medical providers enrolled in the Connecticut Medical Assistance Program who supply non-healthcare services, such as non-emergency transportation, will continue to submit claims and other transactions to EDS using their current provider ID. Non-medical providers in the Connecticut Medical Assistance Program are identified in a provider type/specialty crosswalk located on the Web site at: www.ctmedicalprogram.com. From the homepage click on NPI Information → Connecticut Medical Assistance Program Type/Specialty Taxonomy Crosswalk → Type/Specialty Taxonomy Crosswalk. Those providers considered non-medical will be indicated in the Provider Taxonomy column.

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Some non-medical providers may have successfully obtained an NPI as they provide other services that qualify them as a healthcare provider. If a non-medical provider has successfully obtained an NPI, they **must** report their NPI and taxonomies to EDS and begin submitting claims using their NPI and taxonomies on all claims, both electronic and paper, and on all other electronic transactions on or after the above mentioned implementation dates.

Schedule of Events

March 2007

- **NPI Submission Form** – Providers must complete the NPI Submission Form and send it to EDS Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104. If you have previously submitted this form, no further action is necessary.

The NPI Submission Form is available to providers on the Connecticut Medical Assistance Program Web site at www.ctmedicalprogram.com. From the homepage click on NPI Information → NPI Provider Information Form or from the homepage click on Publications → Forms → NPI Provider Information Form. Failure to submit this form to EDS prior to the NPI implementation will result in claim denials.

- **Provider Workshop Invitations** – You will receive an invitation to scheduled NPI workshops. Topics will include changes related to the submission of the NPI and CMS-1500 and UB-04 claim form changes. A workshop schedule and registration forms are located on the Web site at www.ctmedicalprogram.com. From the homepage, under Hot Topics, click on Provider Workshop Schedule → Workshop under Provider Type.
- **Provider Workshops** – A provider workshop presenting **NPI and CMS-1500** claim form changes will be held for Professional providers at the following location on the following date. Additional Professional workshops will be held in April, 2007.

Connecticut Hospital Association
110 Barnes Road
Wallingford, CT 06492

March 30, 2007
9:00 – 11:00

April 2007

- **Provider Workshops** – Provider workshops presenting NPI and claim form changes will be held for Institutional, Professional and Dental providers at the following locations and dates.

Institutional Providers	Professional Providers	Dental Providers
Connecticut Hospital Association 110 Barnes Road Wallingford, CT 06492	Connecticut Hospital Association 110 Barnes Road Wallingford, CT 06492	Connecticut Hospital Association 110 Barnes Road Wallingford, CT 06492
April 2, 2007 9:00 – 11:00	April 3, 2007 9:00 – 11:00	April 4, 2007 9:00 – 11:00
April 16, 2007 9:00 – 11:00	April 30, 2007 9:00 – 11:00	April 23, 2007 9:00 – 11:00

May 2007

- **May 11, 2007:**

- EDS will no longer accept the CMS-1500 (12/90) claim form. All CMS-1500 (v 12/90) claim forms received on or after this date will be returned to the provider.

Important note: The Centers for Medicare & Medicaid Services (CMS) has discovered that incorrectly formatted versions of the updated CMS-1500 (v 08/05) forms are being sold by print vendors, specifically by the Government Printing Office (GPO). Properly formatted CMS-1500 (v 08/05) claim forms have approximately a ¼” gap between the tip of the red arrow above the vertically stacked word “CARRIER” (on the upper right hand corner) and the top edge of the paper. Incorrectly formatted CMS-1500 (v 08/05) forms can be identified if the tip of the red arrow is touching or is close to touching the top edge of the paper. **Claims submitted on the incorrectly formatted CMS-1500 (v 08/05) forms will be returned to the provider.**

- EDS will no longer accept the UB-92 claim form. UB-92 claim forms received on or after this date will be returned to the provider.
- Providers must submit the new UB-04 claim form at this time.
- All **paper** claims, including institutional, professional, dental and crossover claims, received by EDS must contain the NPI and taxonomy as described in each of the claim form updates below. Failure to notify EDS of your NPI and taxonomy via the NPI information form or failure to submit the NPI and taxonomy where required on your claim will result in claim denials.
- Non-medical providers who have not obtained an NPI will continue to submit claims using their existing provider ID.

- **May 18, 2007**

- All **electronic** claims must contain the NPI and taxonomy as described in each of the claim form updates below. Non-medical providers will continue to submit their claims using their existing provider ID. Failure to notify EDS of your NPI and taxonomy via the NPI information form or failure to submit the NPI and taxonomy where required on your claim will result in claim denials.

- **June 8, 2007**

- First claims processing cycle in which EDS will adjudicate claims submitted with the NPI and taxonomy.

Claim Form Updates

- **CMS-1500**

- Effective May 11, 2007, providers must submit the updated CMS-1500 (v 08/05) claim form following the claim billing instructions below. Billing instructions for all other fields remain the same.

Field	Field Name	CMS-1500 (08/05) Billing Instructions
17	Name of referring physician or other source	When required, this field must contain the name of the referring provider.
17a	Untitled	If available, the first block must contain the two character taxonomy qualifier (ZZ) and the referring provider's taxonomy code in the second block. This field is not required as long as field 17 is populated with the referring provider's name.
17b	NPI	If available, this field must contain the referring provider's NPI. This field is not required as long as field 17 is populated with the referring provider's name.
21	Diagnosis	Although there are no physical changes to this field, EDS will now accept and capture up to four diagnosis codes.
24	Supplemental Information	When billing a drug procedure code, the NDC will no longer be inserted on the line directly below the HCPCS drug procedure code. The NDC must be entered on the same detail line as the procedure code, beginning in field 24A, in the shaded area as the following example illustrates.

NDC Code

2. I.		4. I.											
24. A. DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From	To	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER						
00074115278	HEPARIN SODIUM INJECTION												
02	01	07	02	01	07	031	J1642						
								123	5.00	6		ZZ	207R00000X ---
												NPI	0123456789

24E	Diagnosis pointer	Enter the diagnosis pointer referring to the line number from field 21 (Diagnosis Code) that relates to the reason the service(s) was performed. The reference numbers should be a 1, 2, 3, 4; or multiple numbers if applicable. ICD-9-CM diagnosis codes must be entered in field 21 only. Do not enter them in 24E.
24I shaded	ID Qual.	When a rendering/performing provider is required, this field (shaded area) must contain the two character taxonomy qualifier (ZZ).
24J shaded	Rendering Provider ID. #	When a rendering/performing provider is required, this field (shaded area) must contain the rendering/performing provider's taxonomy code.
24J un-shaded	Rendering Provider ID. #	When a rendering/performing provider is required, this field (un-shaded area) must contain the rendering/performing provider's NPI.
32	Service Facility Location Information	When required, enter the name and address of the service facility.
32a	Untitled	If available, this field must contain the service facility's NPI. This field is not required as long as field 32 is populated with the service facility's name and address.
32b	Untitled	If available, this field must contain the two character taxonomy qualifier (ZZ) followed immediately by the service facility's taxonomy code. This field is not required as long as field 32 is populated with the service facility's name and address.
33	Billing provider Info & Ph #	This field must contain the billing provider's name and address. The address must include a 9 digit zip code.
33a	Untitled	This field must contain the billing provider's NPI. Non-medical providers will submit their provider ID in this field.
33b	Untitled	This field must contain the two character taxonomy qualifier (ZZ) followed immediately by the billing provider's taxonomy code.

- **UB-04**

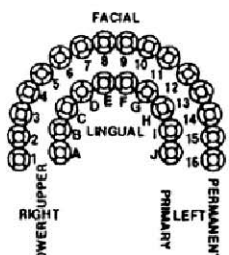
The UB-04 will be implemented in conjunction with the NPI implementation. Effective May 11, 2007, providers must submit the updated UB-04 claim form following the claim billing instructions below. Billing instructions for all other fields remain the same. For a complete list of UB-04 claim changes, go to www.ctmedicalprogram.com and from the home page click on NPI Information → UB-04 claim form.

Field	Field Name	UB-04 Billing Instructions
1	Unlabeled	This field must contain the billing provider's name and address. The address must include a 9 digit zip code.
4	Type of Bill	The Type of Bill (TOB) increased to 4 characters. According to the National Uniform Billing Committee's Data Specifications Manual, the first digit is a leading zero. EDS will accept either a 3 or 4 digit TOB. Providers do not need to change their current billing practice.
25 – 28	Condition Codes	Four additional condition codes may be entered in these fields.
36	Occurrence Code From/Through	An additional Occurrence Code and Span From and Through date may be entered in this field.
39	Value Codes/ Amount	With the deletion of the Covered and Non-Covered Days fields, the following value codes must be entered in this field: Value Code 80 = Covered Days Value Code 81 = Non-Covered Days The number of days associated with these value codes must be entered in the amount field. Value codes for coinsurance and deductible billing remain the same.
44	HCPCS/Rate/HIPPS Code	Enter a 5 digit procedure code followed by up to four 2 digit modifiers, if applicable.
45	Creation Date	The date the claim was created must be entered in this field, failure to do so will result in the claim being returned to the provider.
56	NPI	This field must contain the billing provider's NPI.
57a	Taxonomy	This field must contain the billing provider's taxonomy code .
63	Treatment Authorization Codes	While this field has expanded, EDS will continue to require a 8 digit prior authorization number.
67	Principle Diagnosis Code	Enter the 5 digit primary diagnosis code from the International Classification of Diseases, 9 th Revision, Clinical Modification (ICD-9-CM) Manual.
67A - Q	Other Diagnosis	Enter any additional ICD-9-CM diagnosis codes, if applicable.
76	Attending	Enter the name or NPI of the attending physician or the physician who had primary responsibility for the client's care and treatment. The QUAL/ID is not required.
77	Operating	Enter the name or NPI of the physician who performed the principal surgical procedure, if any. The QUAL/ID is not required.
78	Other	Enter the name or NPI of the referring, rendering or other operating physician if applicable.

- **Dental Claim Form**

Effective May 11, 2007, dental providers must submit the NPI and taxonomy on all paper claim forms following the claim billing instructions below. Billing instructions for all other fields remain the same.

Field	Field Name	Dental Claim Form Billing Instructions
9	Provider Name, Address and Provider Number	This field must contain the billing provider's NPI, taxonomy, name and address. The address must include a 9 digit zip code.
16	This Patient Referred By	Enter the name of the referring provider, if applicable. The referring provider's NPI may also be entered in this field, but it is not required.
19	Performing Provider ID	Enter both the performing provider's NPI and taxonomy. Due to the limited size of this field, the taxonomy will be entered on the next detail line directly below the performing provider's NPI.

9. J.J. DENTAL CENTER 100 MAIN STREET HARTFORD, CT 06104-1805 DENTIST NAME DENTIST ADDRESS DENTIST MEDICAID PROVIDER NUMBER										0 1 2 3 4 5 6 7 8 9 1 2 2 3 G 0 0 0 1 X		10. IS TREATMENT A RESULT OF OCCUPATIONAL ILLNESS OR INJURY? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		13. REMARKS							
										11. IS TREATMENT A RESULT OF AUTO ACCIDENT? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>											
										12. IS TREATMENT A RESULT OF OTHER ACCIDENT? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>											
14. PLACE OF TREATMENT OFFICE <input checked="" type="checkbox"/> HOSP. IP (1) HOSP. OP (2) N.H. (7) OTHER (0)			15. RADIOGRAPHS ENCLOSED? NO YES HOW MANY? <input type="checkbox"/> <input type="checkbox"/> (7)			16. THIS PATIENT REFERRED BY:		MEDICAID PROVIDER NO.		17. PRIMARY DIAGNOSIS		18. SECONDARY DIAGNOSIS									
IDENTIFY MISSING TEETH WITH "X" 										19. EXAMINATION AND TREATMENT PLAN-LIST IN ORDER FROM TOOTH NO. 1-32 USE CHARTING SYSTEM SHOWN. ONLY ONE TOOTH OR DESCRIPTION PER LINE MAX OF 15 ITEMS PER CLAIM											
LINE NO.		TOOTH #OR LETTER	SURFACE CODE	QTY.	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)				DATE SERVICE PERFORMED MO. DAY YR.			A.D.A. CODE	CHARGE		PERFORMING PROVIDER NO. GROUPS ONLY.						
1				1	PROPHYLAXIS - ADULT O				07 15 06			D1110	45 00		1234567890						
2															124Q00000X						
3		3	M	1	AMALGAM, 1 SURFACE PERMANENT				07 18 06			D2140	110 00		4567891234						
4															122300000X						

Electronic Claim Submission

ASC X12N 837 Institutional Health Care Claim

The ASC X12N 837 Institutional Health Care Claim is used to bill Long Term Care, Hospital and Home Health claims. Beginning on May 18, 2007, providers must submit their NPI and taxonomy and their respective qualifiers when transmitting electronic claims. The NPI and taxonomy must be submitted as follows:

Loop	Reference Designator	Billing Instructions
2000A	PRV02	This field must contain the taxonomy qualifier ZZ.
2000A	PRV03	This field must contain the billing provider's taxonomy.
2010AA	NM108	This field must contain the NPI qualifier XX.
2010AA	NM109	This field must contain the billing provider's NPI.
2010AA	N403	This field must contain the billing provider's 9 digit zip code.
2310A	NM108	This field must contain the attending NPI qualifier XX.
2310A	NM109	This field must contain the attending provider's NPI.
2310B	NM108	If applicable, this field must contain the operating NPI qualifier XX.
2310B	NM109	If applicable, this field must contain the operating provider's NPI.

ASC X12N 837 Professional Health Care Claim

The ASC X12N 837 Professional Health Care Claim is used to bill professional claims. Beginning on May 18, 2007, providers must submit their NPI and taxonomy and their respective qualifiers when transmitting electronic claims. The NPI and taxonomy must be submitted as follows:

Loop	Reference Designator	Billing Instructions
2000A	PRV02	This field must contain the taxonomy qualifier ZZ.
2000A	PRV03	This field must contain the billing provider's taxonomy.
2010AA	NM108	This field must contain the NPI qualifier XX.
2010AA	NM109	This field must contain the billing provider's NPI.
2010AA	N403	This field must contain the billing provider's 9 digit zip code.
2310A	NM108	If applicable, this field must contain the NPI qualifier XX.
2310A	NM109	If applicable, this field must contain the referring provider's NPI.
2310A	PRV02	This field must contain the taxonomy qualifier ZZ.
2310A	PRV03	This field must contain the referring provider's taxonomy.
2310B	NM108	If applicable, this field must contain the NPI qualifier XX.
2310B	NM109	If applicable, this field must contain the performing/rendering provider's NPI when the performer is the same for all services billed on the claim.
2310B	PRV02	This field must contain the taxonomy qualifier ZZ.
2310B	PRV03	This field must contain the performing/rendering provider's taxonomy.
2310D	NM108	If applicable, this field must contain the service facility NPI qualifier XX.
2310D	NM109	If applicable, this field must contain the service facility provider's NPI.
2420A	NM108	If applicable, this field must contain the

		performing/rendering NPI qualifier XX.
2420A	NM109	If applicable, this field must contain the performing/rendering provider's NPI. This is only required if the performing/rendering provider is not the same for all services billed on the claim.
2420A	PRV02	This field must contain the taxonomy qualifier ZZ.
2420A	PRV03	This field must contain the performing/rendering provider's taxonomy.

ASC X12N 837 Dental Health Care Claim

The ASC X12N 837 Dental Health Care Claim is used to bill dental claims. Beginning on May 18, 2007, providers must submit their NPI and taxonomy and their respective qualifiers when transmitting electronic claims. The NPI and taxonomy must be submitted as follows:

Loop	Reference Designator	Billing Instructions
2000A	PRV02	This field must contain the taxonomy qualifier ZZ.
2000A	PRV03	This field must contain the billing provider's taxonomy.
2010AA	NM108	This field must contain the NPI qualifier XX.
2010AA	NM109	This field must contain the billing provider's NPI.
2010AA	N403	This field must contain the billing provider's 9 digit zip code.
2310A	NM108	If applicable, this field must contain the NPI qualifier XX.
2310A	NM109	If applicable, this field must contain the referring provider's NPI. This is not required if the referring provider's name is submitted in NM103, NM104.
2310B	NM108	If applicable, this field must contain the NPI qualifier XX.
2310B	NM109	If applicable, this field must contain the performing/rendering provider's NPI when the performing/rendering provider is the same for all services billed on the claim.
2310B	PRV02	This field must contain the taxonomy qualifier ZZ.
2310B	PRV03	This field must contain the performing/rendering provider's taxonomy.
2310C	NM108	If applicable, this field must contain the service facility NPI qualifier XX.
2310C	NM109	If applicable, this field must contain the service facility provider's NPI. This is not required if the service facility's name is submitted in NM103.
2420A	NM108	If applicable, this field must contain the performing/rendering NPI qualifier XX.
2420A	NM109	If applicable, this field must contain the performing/rendering provider's NPI. This is only required if the performing/rendering provider is not the same for all services billed on the claim.
2420A	PRV02	This field must contain the taxonomy qualifier ZZ.
2420A	PRV03	This field must contain the performing/rendering provider's taxonomy.

Frequently Asked Questions:

Q: Will the AVRS ID that is used to access the Automated Voice Response System (AVRS) change?

A: **No.** Providers will continue to use their existing nine digit AVRS ID and the associated PIN to access the AVRS. NPI cannot be used to access the AVRS.

Q: Will the Web Logon ID that is used to access the client eligibility or the Portable Document Format (PDF) version of the Remittance Advice change?

A: **No.** Providers will continue to use their existing nine-digit Web Logon ID and the associated password to log on to the EDS Web site www.ctmedicalprogram.com for the purpose of verifying eligibility or to download their RA. NPI cannot be used to access these tools.

Q: Will the Trading Partner Agreement (TPA) ID used to upload claims and other transactions to the EDS Web site change?

A: **No.** Providers will continue to use their existing nine-digit TPA ID and the associated password to log on to the EDS Web site www.ctmedicalprogram.com for the purpose of uploading claims or other transactions.

Q: Will the PDF version of the RA continue to be produced for each existing provider ID as it does today?

A: **Yes.** The PDF version of the RA will continue to be produced as it does today.

Q: Will the NPI be added to the PDF version of the RA?

A: **Yes.** The PROVIDER NUMBER field located at the top of each page will contain the NPI and a description of the provider's type and specialty. RAs for non-medical providers will continue to report the nine digit provider ID. The example below illustrates the NPI of 1098502341 on the RA.

CONNECTICUT MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE

RA NUM: 04197683

PROVIDER NUMBER: 1098502341 TYPE/SPEC: NURSING HOME SNF

DATE 11/21/07

PAGE: 1

Q: Will the ASC X12N 835 Health Care Claim Payment/Advice be impacted?

A: **Yes.** The ASC X12N 835 Health Care Claim Payment/Advice will contain the NPI submitted on the claim to EDS.

Q: Will the TPA ID continue to be linked to existing provider ID's for the ASC X12N 835 electronic RA as it does today?

A: **Yes.** The ASC X12N 835 files will continue to report claims associated to an existing provider ID.

Q: Will Electronic Funds Transfer (EFT) be impacted by NPI?

A: **No.** EFT will not be impacted. Providers currently enrolled in EFT do not need to take any action. Deposits will occur as they do today.

Q: Will Provider Electronic Solutions be upgraded to support NPI?

A: **No.** Provider Electronic Solutions currently supports NPI and taxonomy. Effective with claims submitted on or after May 18, 2007, the billing and performing provider ID's must be submitted with the NPI, the NPI qualifier of XX and the taxonomy.

Provider manuals will soon be updated to reflect revised field-by-field claim submission instructions. Provider manuals can be found in their entirety on the Connecticut Medical Assistance program Web site at: www.ctmedicalprogram.com. From the home page click on Publications → Provider Manuals.

EDS continues to post NPI related information on the www.ctmedicalprogram.com Web site. This information can be accessed by clicking on NPI Information from the homepage. Providers should visit this site often to obtain current information regarding the NPI implementation.

This bulletin and other program information can be found at www.ctmedicalprogram.com. Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free..... 800-842-8440 or
Out-of-state or in the
local Farmington, CT area 860-409-4500

EDS
PO Box 2991
Hartford, CT 06104

