

National Provider Identifier (NPI) Application Guidance
For Local Public Health Departments in North Carolina
Provided by the North Carolina Division of Public Health
“How To Get Started and How To Apply for NPIs”

I. Introduction:

1. What is NPI?

The Health Insurance Portability & Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for health care providers. The Standard Unique Health Identifier for Health Care Providers Final Rule issued January 23, 2004 adopted the national provider identifier (NPI) as this standard.

The NPI is a 10-digit, intelligence free, numeric identifier consisting of 9 numbers plus a check-digit in the 10th position. Intelligence free means that the NPI numbers do not embed (carry information) about health care providers such as the state in which they practice or their provider type or specialization. The NPI will replace health care provider identifiers in use today in HIPAA standard transactions such as electronic claims. The NPI will also replace these numbers on paper claims filed via the CMS-1500 or UB-04. Current provider numbers assigned by payors include Medicare legacy IDs (UPINs, OSCAR, PIN, and National Supplier Clearinghouse or NSC), Blue Cross & Blue Shield Numbers, CHAMPUS, Medicaid numbers, etc. When NPI is fully implemented, covered entities will use only the NPI to identify health care providers in all standard transactions and the legacy number will not be permitted. There will be a transitional period when payors will request both a provider’s NPI and the payors assigned legacy provider ID.

Once a health care provider is assigned an NPI, the provider’s NPI will not change and will remain with the provider regardless of job or location changes. Only in rare and unique circumstances, such as fraudulent use of NPIs by another, will health care providers be able to contact the NPI Enumerator in order to obtain a new NPI to replace the one that was initially assigned to them.

If the health care provider changes jobs, location, or specialty, the health care provider must furnish updates to its data within 30 days of any changes.

2. What is the compliance date for using an NPI?

The compliance date for all covered entities is May 23, 2007 (except that small health plans that earn less than 5 million dollars in annual revenues do not need to comply until May 23, 2008.)

In addition, the Centers for Medicare & Medicaid Services (CMS) have announced the transition plan below to implementing NPIs in the Medicare program for fee-for-service (FFS) providers. If a covered entity is not a Medicare FFS provider or supplier, or if the covered entity has other assigned legacy provider numbers, the covered entity needs to be aware of the NPI readiness schedule for each of the health plans with which it does business, as well as any practice management system companies or billing services (if used). They should determine when each health plan intends to implement the NPI in HIPAA standard transactions.

Medicare Implementation Schedule

- Between May 23, 2005, and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject, as unprocessable, any claim that includes only an NPI.
- Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number or an NPI as long as it is accompanied by an existing legacy Medicare number.
- Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number and/or an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.
- Beginning May 23, 2007, CMS systems will only accept an NPI.

3. Who can and who must apply for an NPI?

All health care providers (e.g., physicians, suppliers, clinics, hospitals, and others), as defined in 45 CFR 160.103, are eligible for NPIs. Health care providers are individuals or organizations that render health care.

HIPAA covered health providers (health care providers who transmit any health information in electronic form in connection with a transaction for which a HIPAA standard has been adopted § 160.103, e.g., claims) are required to obtain and use NPIs. All health care providers who are HIPAA covered entities, whether they are **individuals** or **organizations**, are required to obtain an NPI to identify themselves in HIPAA standard transactions.

Entities that do not provide health care (e.g., non-emergency transportation services) are not eligible to be assigned NPIs because they do not meet the definition of health care provider and are not subject to HIPAA regulations.

IMPORTANT: There are two types of health care providers in terms of NPI: Type 1 for Individuals and Type 2 for Organizations. Each type is required to obtain an NPI if billing for health care services in electronic form in connection with a HIPAA covered transaction.

The NPI will be used when submitting claims to and receiving RAs from payors, including Medicaid via HSIS, Medicare, etc. NPIs will be used to identify the following types of providers on claims submissions:

- Billing Provider ID
- Pay-to Provider ID
- Rendering (attending) Provider ID
- Referring Provider ID
- Supervising Provider ID
- Purchasing Provider ID
- Service Location ID

Refer to the document sent to local public health departments on 07/28/06 entitled, "HIPAA-New Revised CMS-1500 Claim Form," for more detailed information on the new requirements for the CMS-1500 claim form.

NPIs are required when sending any claims to a billing service, or if using any payor online claims submissions such as Blue-e, Medicare Part B, or Medicaid online. NPIs are required on the new CMS-1500 paper form and may be required by other payors even for paper claims.

Health Departments will need to apply for Type 2 NPIs for their agency and either apply for, or ensure you have, Type 1 NPIs for individual health care providers.

Type 1 Providers: Health care providers who are individuals include physicians, physician assistants, family nurse practitioners, dentists, nurses, pharmacists, licensed social workers, physical therapists, nutritionists, allied health professionals and all health care providers who are sole proprietors. An individual is eligible for only one NPI.

Health departments need to ensure that they have NPIs for all Type 1 Individual Providers for all their employed health care providers whose names and NPIs would appear on the new revised CMS-1500 claim form either as physician or rendering health care provider or require them to apply for their own NPI. They must provide their NPI to the health department for billing purposes.

The health department can apply for NPIs for their staff or require that the individuals apply for their own NPI. Contract staff (physicians, nurses, therapists, etc.) should apply for their own numbers as they are either sole proprietors, individually incorporated, or part of a group practice. After contract staff receive their NPIs, they must share it with the health department for billing purposes.

A sole proprietor/sole proprietorship is an individual and is eligible for an NPI. The sole proprietor must apply for an NPI using his or her own social security number, not an employer tax ID (EIN) number even if he/she has an employer tax ID (EIN) number. (Because a sole proprietor is an individual, he/she cannot be a subpart and cannot designate subparts “Subparts” are explained below.)

Type 2 Providers: Health care providers who are organizations, includes physician group practices, hospitals, nursing homes, home health agencies, clinics, residential treatment centers, ambulance companies, HMOs, suppliers of durable medical equipment, pharmacies, laboratories, and the corporation formed when an individual incorporates him/herself.

-Organizations must determine if they have “subparts” that need to be uniquely identified in HIPAA standard transactions with their own NPIs. A subpart is a component of an organization that furnishes health care and is not itself a separate legal entity. (“Subparts” are explained below.)

-Individuals who are health care providers and who are also incorporated may need to obtain an NPI for the individual (Type 1) and an NPI for the corporation or LLC (Type 2).

Health departments need to apply for Type 2 Provider numbers for their agency. The health department also needs to consider what other parts of their agency might require a separate NPI for particular types of services they provide. These are called “subparts” in the NPI rule. (See more about designating subparts below).

4. Who cannot apply for an NPI?

Any entity that does not meet the definition of health care provider at 45 CFR 160.103, which would include billing services, value-added networks, re-pricers, health care clearinghouses, health plans, non-emergency transportation services, and others are not eligible to receive an NPI.

A government agency that is not a health care provider cannot receive an NPI for itself.

Example: A county government does not provide health care services directly, but does so through the health department, which is the actual provider of services. The county government is **not** eligible for an NPI but the health department **is** eligible for an NPI.

Health plans, billing services, and clearinghouses, however, **must** use the NPIs of any covered health care provider (and its subparts, if applicable) to identify the health care provider or subpart in HIPAA standard transactions by the 5/23/07 compliance deadline.

5. Will the NPI process replace the Medicare certification or enrollment process or other health plan provider credentialing and enrollment process?

No. The NPI process will not change or replace the current Medicare enrollment or certification process. A HIPAA covered provider or supplier will not receive payment from Medicare until it is properly certified and enrolled in the Medicare program. Effective July 3, 2006, providers are required to have an NPI prior to enrolling in Medicare.

The NPI process also will not replace the health plan enrollment and credentialing process, although each health plan will determine how they will integrate the NPI process into their enrollment standards.

Receiving an NPI does not:

- Ensure that a provider is licensed or credentialed
- Guarantee payment from a health plan
- Enroll a provider in a health plan
- Turn a provider into a HIPAA covered provider
- Require a provider to conduct HIPAA transactions (e.g., submit claims electronically)

6. How long will it take to get an NPI?

The amount of time it will take to obtain an NPI cannot be predicted because of several factors. Such factors include the volume of applications being processed at a given time, whether the application was submitted electronically or on paper, and whether the application was complete and passed all edits and verification checks. We expect that a health care provider who submits a properly completed electronic application could have his/her NPI in 10 days.

7. Will a health care provider have to pay for an NPI?

No. A health care provider will not be charged, nor have to pay, a fee to obtain an NPI.

8. What are “subparts?”

Subparts are simply parts of the legal/covered entity. “Subparts”, however, should not be confused with “covered health care components” within a legal/covered/hybrid entity. There is no necessary correlation between “subparts” and “health care components” as the nature and function of the Privacy and Security standards differ from those of the Health Care Provider Identifier standards.

Example:

The county has an EIN number. The health department gets an NPI under this EIN as well as separate NPIs for its subparts (e.g., home health, family planning, materials, etc.). The billing provider is the health department and the pay-to provider is the county. The deliverer of the specific service is the subpart.

Also, under the county EIN number, EMS will have a separate NPI, billing provider, and service location; however, the pay-to provider will be the county.

Exception: Some public health authorities and districts may possibly have their own EIN number. In these situations, the EIN of public health authority or district would be used to apply for the NPI and not the county EIN. If a public health authority or district presently uses a county EIN, they should use the county EIN when applying for their NPI.

Depending on how EINs are assigned in district health departments, district health departments would have an NPI for the district and designate the various counties within the district as subparts as well as designating subparts as explained in Question #9 for each county in the district. If separate EINs are used within the district, NPIs would be applied for based on the EIN used by that county within the district.

Covered organizational health care providers are responsible for determining if they have “subparts” that need to have NPIs. If such subparts exist, the covered organization health care provider must ensure that the subparts obtain their own unique NPIs or they must obtain them for them. Subpart determination is necessary to ensure that organizational components within a covered organizational health care provider are able to be uniquely identified in HIPAA standard transactions.

A subpart is a component of an organization health care provider that:

- furnishes health care and is not itself a legal entity
- may or may not conduct its own standard transactions (Note: According to CMS Overview of the NPI, April 18, 2006, if subparts conduct their own standard transactions, they must obtain NPIs.)
- may or may not be designated as a covered health component
- may or may not be at the same or different address than organization provider “parent” (Note: U.S. DHHS does not believe an NPI needs to be assigned to every address at which a service can be provided.)
- may or may not be certified separately from the organization provider “parent” by the State
- may or may not have a taxonomy (Medicare specialty) that is the same as the “parent” organization of which it is a part
- may or may not furnish services of a type different from that of the organization provider “parent”

A subpart cannot be an individual and an individual cannot have subparts.

Example #1: Example of a designated subpart that most likely is also a covered health component of the covered/hybrid entity:

A health department may have a home health agency as part of its organizational structure. The health department is the covered/hybrid entity and obtains an NPI. The home health agency is designated as a subpart and also obtains an NPI.

Example #2: Example of a designated subpart that most likely has not been designated as a covered health component of the covered/hybrid entity:

A health department may designate its Carolina Access Medicaid Managed Care Program as a subpart because this program currently has its own Medicaid provider ID number and the health department wants it to have its own NPI number for the Carolina Access Medicaid Managed Care Program; however, this program most likely has not been designated as a covered health component. The health department would obtain an NPI for the health department as the organizational provider as well as obtaining an NPI for the designated subpart, the Carolina Access Medicaid Managed Care Program.

For more information on Medicare Subpart Expectations, please visit the Medicare Subpart Guidance Paper at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>

9. How should health department designate their subparts when applying for their Type 2 NPI?

The HIPAA NPI Rule states that covered organizational health care providers are responsible for determining if they have “subparts” that need NPIs; therefore, we cannot tell you how you must designate your agency’s subparts. We can, however, provide you information to assist you in making these decisions.

It is recommended that you consider applying for an Type 2 organization NPI for your agency as well as designating subparts and applying for Type 2 NPIs for them as well.

- a. **Think through your billing process. Having only one agency billing provider number is not how your agency operates now.** Your agency currently has several different Medicaid and Medicare provider numbers and services are billed under the appropriate provider billing number. Subsequently, as RAs and payments are received, they are separated according to the agency provider number under which they were billed, payments are posted, and deposits are made accordingly.

If your agency decides to use only one Type 2 NPI for filing all claims, when you receive an RA, all your paid claims will appear on one RA under one Type 2 NPI. Your staff responsible for reconciling RAs will then have to reconcile that RA line item by line item to determine in which local program to post payments and deposit the revenue.

- b. Collect all the Medicare, Medicaid, Blue Cross Blue Shield, CHAMPUS, etc. agency provider numbers that your agency has been assigned and consider designating the major common categories as subparts. By doing this, you will at least have the same program separations, as far as the present billing process is concerned, as your agency has now.

The NPI assignments are based primarily on Medicare numbers; however, your agency has been assigned North Carolina Medicaid providers numbers for programs for which you have no Medicare number. It is recommended that you consider designating these areas as subparts for the same reasons listed in #a.

In addition, Medicare, Medicaid, Blue Cross Blue Shield, and other payers are creating cross-walks of legacy number to NPI numbers. The cross walks may be available at a later date on the CMS web site various payor web sites; however, North Carolina DMA (NC Medicaid) is not planning to publish its crosswalks. It is important that provider numbers currently assigned to you are matched appropriately when you are assigned your NPI.

- c. Below are examples of subparts for which your agency may want to designate subparts as you most likely already have agency providers numbers for these areas in your health department:
1. Home Health Agency
 2. Hospice (some health departments in NC include Hospice in their organization structure)
 3. Managed Care Provider
 4. Carolina Access Provider
 5. Primary Care Provider
 6. Behavioral Health Provider (some health departments in North Carolina provider limited behavioral health services)
 7. Mass immunization clinic provider (for mass flu/pneumonia clinics)
 8. School Based Clinics owned and operated by the health department
 9. HSIS assigned Medicaid numbers (all health departments have at least three)
 - one for Maternal/Child Health services
 - one for Family Planning services
 - one for Children's Special Health Services
 10. Medicare durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers

Medicare DME suppliers are required to obtain an NPI for every location. The only exception to this requirement is the situation in which a Medicare DME supplier is a sole proprietor. A sole proprietor is eligible for only one NPI (the individual's NPI) regardless of the number of locations the supplier may have.

The requirement for Medicare DME suppliers to obtain NPIs for every practice location applies also to those Medicare DME suppliers who do not send electronic claims to Medicare. Federal regulations require the unique enumeration of every location of a Medicare DME supplier regardless of how claims are submitted. (Again, sole proprietors are eligible for only one NPI.)

Failure to comply with this requirement may result in delayed processing or the rejection of Medicare claims.

Other considerations for which you may not presently have assigned agency provider numbers but may wish to designate as a subparts are:

11. Dental Health
12. Laboratory (CLIA labs are licensed; therefore, are required to have a subpart NPI)
13. CAP Program (some health department in NC include this program in their organization structure)
14. Migrant Health
15. Any other designated organization or programmatic component subpart for which the agency determines is appropriate in order to track services and cash flow separately.

Subparts may have the same or different taxonomy codes that the organizational provider. (Example: The health department will have a taxonomy code for the organizational NPI and the family planning clinic (as a type of clinic) will have a different taxonomy code. (See more about taxonomy codes below.)

CMS has prepared a document describing the subpart concept and its relationship to the way in which Medicare enrolls its organization providers. This document may be helpful in understanding more about designating subparts. For more information on Medicare subpart expectations, please visit the Medicare Subpart Guidance paper at:
<http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>

10. Our health department has already applied for and received our Type 2 NPI; however, we did not designate any subparts. Is it possible to re-apply for subparts?

Yes, you may go back on-line to update your agency's NPI enumeration and apply for subparts and it is recommended that you do so. (You aren't really re-applying; you are applying for a "new" NPI for a subpart.)

11. Our county is implementing HIPAA from the county level approach and the county is the legal/hybrid entity and the health department is a covered component of the county. Should the county and the health department apply for NPIs or can the health department apply for its own NPI?

The health department may apply for its own NPI and designate its own subparts; however, consult with the county HIPAA coordinator to be sure no one in the county is applying for all Type 2 NPIs for the covered components (i.e., health department, ambulance services, DSS, etc.) of the hybrid entity. Each of the county HIPAA covered agencies may apply for their own Type 2 NPI and designate its own subparts (and apply for their own NPIs for their designated subparts).

II. Type 2 (Organization) NPIs:

12. What should be done to prepare for applying for a Type 2 NPI?

Prior to completing the application, whether you apply for NPIs on a paper application or on a web-based application, begin collecting the information that will be needed to complete the application.

- a. Begin collecting all Medicare, Medicaid, Blue Cross Blue Shield, CHAMPUS, and any other third party agency provider numbers that are currently assigned to your agency. When reporting a Medicaid number, be sure to include the associated state name. This information is critical for payors in developing the cross walk to aid in the transition to NPI.
- b. Begin collecting all legacy provider numbers assigned to your individuals and your agency (OSCAR, PIN, UPIN, etc.).
- c. Decide which organizational components within your agency that you will designate as the subparts for which you will apply for an NPI.
- d. Begin collecting all license numbers assigned to your designated subparts (Home Health, Hospice, CLIA license number for laboratories, etc. Please refer to information in Item #14 regarding CLIA license numbers.)
- e. Begin collecting all addresses and phone numbers for locations of the primary agency location and subparts that you intend to designate.
- f. Determine the legal name and EIN under which the agency operates (legal business name used to file tax returns with the IRS)

The following organizations are also required to submit a license number. You must provide your license number(s) and state(s) where issued:

Home Health Agency
 Clinical Medical Laboratory
 Managed Care Organization
 Pharmacy

13. Are taxonomy codes required when applying for a Type 2 NPI?

Yes, agency taxonomy codes are required and we have been advised that agencies should use the “most granular” level of taxonomy rather than a broad category of taxonomy.

Healthcare Provider Taxonomy Codes (HPTC) are an external non-medical data code set designed for use in classifying healthcare providers in an electronic environment according to provider type or practitioner specialty and are required when applying for Type 2 NPIs. HPTCs are scheduled to be updated twice per year (April and October).

The updated code list is available from the Washington Publishing Company at <http://www.wpc-edi.com/codes/taxonomy> in two forms: free Adobe PDF download or available for purchase. You may look up the appropriate taxonomy for your agency and subparts; however, some taxonomies that will most likely be used by health departments and designated subparts are listed below. Possible subpart designations are not limited to those listed.

Agency and/or subpart designation	Taxonomy Code
Public Health Clinic/Center, State or Local (Ambulatory Health Care Facility)	261QP0905X
Home Health Agency	251E00000X
Hospice	251G00000X
Dental	261QD00000X
Family Planning, Non-surgical	261QF0050X
Primary Care	261QP2300X
Medical Specialty code may used for an entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to a specific area of medial specialization. Frequently used for Title V related Children’s Specialty services or to meet specific public health needs (e.g., infectious diseases or breast and cervical center.) This code may be used for both Maternal/Child Health and Children’s Special Health Services subparts, or other appropriately designated subparts.	21QM2500X
Migrant Health	261QM1000X
Clinical Medical Laboratory	291U00000X

14. CLIA License Numbers:

All county health department laboratories in North Carolina are CLIA licensed and are, therefore, required to have a subpart NPI. Some health department laboratories are independently licensed and have an independent CLIA license number; some are licensed via State contract and have a state contract CLIA license number.

If a county leaves the State contract, that county surrenders the State contract license number and obtains an independent CLIA license number.

If a county joins the State contract, that county surrenders its independent CLIA license number and obtains a new license number under the State contract.

Below is a list of counties under State contract and area license numbers. Counties not listed below have independent CLIA license numbers.

<u>CLIA License Numbers for Local Public Health Laboratories in North Carolina as of 07/01/06</u>			
<u>Area A</u> <u>Counties Using</u> <u>State Contract</u> <u>CLIA License</u> <u>#34DO865328</u>	<u>Area B</u> <u>Counties Using</u> <u>State Contract</u> <u>CLIA License</u> <u>#34DO865330</u>	<u>Area C</u> <u>Counties Using</u> <u>State Contract</u> <u>CLIA License</u> <u>#34DO865177</u>	<u>Area D</u> <u>Counties Using</u> <u>State Contract</u> <u>CLIA License</u> <u>#34DO865324</u>
Alexander Burke Cabarrus Cherokee Clay Graham Swain Toe River District: Avery Mitchell Yancey Union	Appalachian District: Alleghany Ashe Watauga Caswell Davidson Granville Orange Person Rockingham Vance Warren Yadkin	Anson Bladen Columbus Hoke Johnston Nash Onslow Richmond Sampson Wayne Wilson	Beaufort Dare Edgecombe Greene Hertford Hyde Jones Lenoir MTW District: Martin Tyrrell Washington Pamlico Pitt

15. How to apply for Type 2 NPIs:

Health care organization providers may apply for their NPIs in one of two ways:

- a. By using the web-based process of the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- b. By filling out a paper NPI application/update form and mailing it to the CMS contracted enumerator, Fox Systems. The paper application form may be found at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIapplication.pdf>

16. Organization health care providers are responsible for their NPI:

Regardless of the number of different contracts an organization health care provider may have with health plans and other health care providers, organizations are eligible for only one NPI and NPIs for their designated subparts. These NPIs belong to the organization for the life of the organization and will never expire or be recycled and assigned to a different health care provider. Only in rare and unique circumstances, such as fraudulent use of NPIs by another, will a health care provider be able to contact the NPI Enumerator in order to obtain a new NPI to replace the one that was initially assigned to them.

Organization health care providers are responsible for up-dating their NPI-related information with NPPES the National Plan and Provider Enumeration System. Covered health care providers must report any changes to any of the information that was furnished to obtain their NPI within 30 days of the change.

Organization health care providers are also responsible for sharing their NPIs with payors, hospitals, and health care providers to whom they refer patients. These health care providers cannot be reimbursed unless they know your NPI so that they can use it in the standard claims transactions that they conduct. Health plans in which your organization is enrolled as a health care provider and to whom you submit claims need to know your NPI.

III. Type 1 (Individual) NPIs:

17. What should be done to prepare for applying for a Type 1 NPI?

If the agency is going to apply for Type 1 NPIs for their staff, prior to completing the application, whether you apply for NPIs on a paper application or on a web-based application, begin collecting the information that will be needed to complete the application.

- a. Begin collecting all Medicare, Medicaid, Blue Cross Blue Shield, CHAMPUS, and any other third party agency provider numbers that are currently assigned to your individual health care providers. When reporting a Medicaid number, be sure to include the associated state name. This information is critical for payors in developing the cross walk to aid in the transition to NPI.
- b. Begin collecting all legacy provider numbers assigned to individual providers (OSCAR, PIN, UPIN, etc.).
- c. Begin collecting all license numbers assigned to your individual health care providers
- d. Begin collecting all addresses and phone numbers for locations of the primary agency location and subparts that you intend to designate where these individual health care providers will be rendering services.

18. Are taxonomy codes required when applying for a Type 1NPI?

Yes, agency taxonomy codes are required and we have been advised that agencies should use the “most granular” level of taxonomy rather than a broad category of taxonomy.

The NPI application requires the submission of at least one taxonomy code in the primary application (primary specialty).

Healthcare Provider Taxonomy Codes (HPTC) are an external non-medical data code set designed for use in classifying healthcare providers in an electronic environment according to provider type or practitioner specialty and are required when applying for Type 1 NPIs. HPTCs are scheduled to be updated twice per year (April and October).

The updated code list is available from the Washington Publishing Company at <http://www.wpc-edi.com/codes/taxonomy> in two forms: free Adobe PDF download or available for purchase. You may look up the appropriate taxonomy for your individual health care providers.

19. Is it possible for an individual health care provider to use more than one taxonomy code?

Yes, individual health care providers can and should submit more than one taxonomy code in their application if that individual has more than one specialty or provides more than one specialty health care service. When filing claims, the individual should use the appropriate taxonomy associated with the service that was rendered.

20. How to apply for Type 1 NPIs:

Individual or group health care providers may apply for their NPIs in one of three ways:

- e. By using the web-based process of the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- f.
- g. By filling out a paper NPI application/update form and mailing it to the CMS contracted enumerator, Fox Systems. The paper application form may be found at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIapplication.pdf>
- h. Beginning May 1, 2006, CMS announced the capability for health industry organizations to submit individual health care provider’s applications for NPIs to NPPES via Electronic File Interchange (EFI). With EFI, a CMS-approved health industry organization can submit a health care provider’s NPI application data, along with data of many other health care providers, in a single electronic file in a CMS-specified format.

EFI is an alternative to health care providers having to apply for their NPIs via the web-based or paper application process. After the NPPES processes a file, it makes available to the organization a downloadable file containing the NPIs of the enumerated health care providers. Interested health industry organizations should avail themselves of the EFI materials available from the CMS NPI page (<http://www.cms.hhs.gov/NationalProvIdentStand/>) and from the NPPES page (<https://nppes.cms.hhs.gov>) before downloading and completing the Certification Statement (available at <https://nppes.cms.hhs.gov>) and registering as EFI Organizations. A completed Certification Statement must be approved by CMS before an interested health industry organization can participate in EFI.

21. Individual health care providers are responsible for their NPI:

Regardless of the number of different places an individual health care provider furnishes health care or the number of different contracts they may have with health plans and other health care providers, they are eligible for only one NPI. Their NPI is theirs for life and will never expire or be recycled and assigned to a different health care provider. Only in rare and unique circumstances, such as fraudulent use of NPIs by another, will a health care provider be able to contact the NPI Enumerator in order to obtain a new NPI to replace the one that was initially assigned to them.

Individual health care providers, not the organizational provider, are responsible for up-dating their NPI-related information with NPPES the National Plan and Provider Enumeration System. Covered health care providers must report any changes to any of the information that was furnished to obtain their NPI within 30 days of the change.

Example: An on-staff physician (not contract employee) may decide to leave employment with the health department. The individual physician, not the health department, is responsible for reporting and updating any changes about them, their job, and their location to NPPES.

The health department may, however, when conducting exit interviews, provide the physician (and/or other individual health care providers) information that they must update their NPI information with NPPES and a fact sheet on how to go about doing so. The health department may also remind the physician that this update must be reported within 30 days of the change.

Individual health care providers are also responsible for sharing their NPIs with their employers, hospitals where they may have privileges, and health care providers to whom they refer patients. These health care providers cannot be reimbursed unless they know their NPI so that they can use it in the standard claims transactions that they conduct. Also, health plans in which you are enrolled as a health care provider and to whom you submit claims need to know individuals' NPI.

22: If I am an individual health care provider and receive my NPI, do I still need to enroll with Medicare as well?

Yes. If you are an individual health care provider rendering health care services to a Medicare beneficiary and you and/or your employer is billing for those services, you must enroll as a Medicare provider. Effective May 1, 2006, CIGNA, our NC Medicare intermediary, will not process any new applications (enrollment for NC Medicare numbers) that do not include NPI numbers.

All physicians, as well as non-physician practitioners listed below, must complete an enrollment application, CMS-855I, to initiate the enrollment process.

- Anesthesiology Assistant
- Audiologist
- Certified nurse midwife
- Certified registered nurse anesthetist
- Clinical nurse specialist (Registered nurses)
- Clinical social worker
- Mass immunization roster biller
- Nurse practitioner
- Occupational therapist in private practice
- Physical therapist in private practice

Physician assistant
Psychologist, Clinical
Psychologist billing independently
Registered Dietitian or Nutrition Professional

Medicare enrollment applications will not be processed until you have proof of your notification of your NPI, so you need to apply and receive your NPI prior to applying for Medicare enrollment as a Medicare health care provider. Individual providers are required to include their NPI on all Medicare enrollment applications and attach a copy of their NPI notification letter from the NPI Enumerator, or the NPI confirmation email if they applied for and received their NPI through the electronic filing process. If a new provider is joining the organization, the organization NPI must also be included. Effective June 3, 2006, only the new CMS-855I application will be accepted. The new applications are currently available on the CMS Web site. Providers may download the new application by logging on to <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>. A copy of the instruction manual for completing the CMS-855I can be at <http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf>

IV. General Notes:

23. Keep your NPI notification:

When an organization (Type 2) or an individual (Type 1) applies for an NPI, NPPES will send a paper or electronic notification of the NPI that has been assigned. Agencies and individuals **must** save a copy of this notification for agency and individual files. Agencies and individuals may be asked by payors or other certifying or accrediting agencies/organization to provide a copy of this notification as verification of the NPI.

-The organization NPI and all designated subpart NPIs (Type 2) belong to the agency.

-The individual NPI (Type 1) for individual health care providers such as nurses, physicians, etc. belongs to the individual and not the agency; however, individuals must provide their NPI to the billing agency for billing purposes. If these individuals change jobs or locations, they will need the paper or electronic notification at their next job or location.

24. Medicaid Information:

Beginning September 1, 2006, the N.C. Medicaid Program will begin collecting the National Provider Identifier(s) (NPI) from currently enrolled Medicaid providers. The N.C. Medicaid NPI form will be published in the September general Medicaid bulletin and will also be available on DMA's website at: <http://www.dhhs.state.nc.us/dma/forms.html>. The form can be returned by fax or mail to the address listed on the form. Providers must also include with the NPI form a copy of the notification letter from the National Plan and Provider Enumeration System (NPPES).

DMA is pursuing options for e-mail, web-based and electronic batch submission. Details will be provided in future bulletins.

Providers are encouraged to apply for their NPI immediately. Please go to the website <http://nppes.cms.hhs.gov>. Please indicate North Carolina as your state name and include your Medicaid provider number(s). Claims submitted after May 23, 2007, will deny without an NPI number.

Applying for an NPI does not replace any enrollment or credentialing processes for N.C. Medicaid.

25. HSIS Information:

HSIS screens will be changed to accommodate NPIs and batch file formats will be updated. The NPI remediation strategy for HSIS is underway and more information will be forthcoming from appropriate sources at later dates. Health departments with practice management systems (batch counties) need to work with their vendors to ensure their software will be compliant with the NPI standard.

26. NPI Resources:

CMS has numerous educational resources listed on their web page at http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp#TopOfPage. Fact sheets, guidance, frequently asked questions, etc. are available at the bottom of the page. An NPI viewlet (slide presentation) is available to walk you through a brief NPI overview and how to apply for your NPI.

NPI application instructions may be found at <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

27. Local Contact Information:

Local public health department questions regarding applying for organization or individual NPIs should be directed to Frances Taylor, HIPAA Liaison to Local Public Health Departments, at frances.q.taylor@ncmail.net or HIPAA Hotline at 919-715-3358.