

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
 www.scdhhs.gov

April 23, 2007

MEDICAID BULLETIN

CHIR	07-06	OMP-NPS	07-06
CLTC *	07-05	OMP-PSY *	07-08
DEN	07-10	OMP-THER-AUD	07-06
DME	07-09	OMP-THER-OT	07-06
HH	07-05	OMP-THER-PT	07-06
HOS-IP-GEN	07-08	OMP-THER-SP	07-06
HOS-IP-IMD	07-09	PHARM	07-06
HOS-IP-RTF	07-09	PHY-ALG	07-09
HOS-OP	07-10	PHY-ANES	07-09
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MC-CCDC	07-05	PHY-ENT	07-09
MC-DE	07-05	PHY-ER	07-10
MC-DHEC	07-10	PHY-MSP-CBP	07-11
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MC-MCHC	07-10	PHY-PC-GER	07-10
MC-PDN	07-05	PHY-PC-INT	07-11
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MCCA	07-04	PHY-PC-PED	07-11
MHRC-ADA	07-07	PHY-PC-PED/SUB	07-11
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NF-GEN	07-04	PHY-S	07-09
NF-ICF/MR	07-04	PHY-SPEC	07-09
NF-IMD	07-04	PHY-SURG	07-09
NF-IP/IMD	07-04	POD	07-09
NF-SB	07-04	TRANS-AMB	07-06
OMP-CRNA	07-07	VIS	07-05
OMP-NM	07-08	XRAY-IND	07-06
OMP-NP	07-08		

TO: Providers Indicated

*** Targeted Providers**

SUBJECT: National Provider Identifier Contingency

On April 2, 2007, the Centers for Medicare and Medicaid Services (CMS) announced it is implementing a contingency plan for covered entities who will not meet the May 23, 2007, deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The CMS contingency plan allows covered entities that have been making a good faith effort to comply with the NPI provisions to implement contingency plans for a period up to twelve (12) months after the compliance date. Contingency plans can include accepting legacy provider numbers on HIPAA transactions.

In response to this announcement, the South Carolina Department of Health and Human Services (SCDHHS), will implement the following contingency plan effective May 23, 2007, through May 23, 2008.

Effective May 23, 2007, providers may use any of the following to identify themselves on standard transactions and hard copy claims:

- Six-Character Legacy Medicaid Number Only (Only Medicaid legacy numbers are used on the claim.)

- Six-Character Legacy Medicaid Number and NPI: Both the Medicaid legacy number and the NPI are used for each billing/pay to and rendering provider on the claim. For example, do not enter the Medicaid legacy number only for one provider on the claim and the NPI only for another provider on the claim.
- NPI Only: Only NPI numbers are used on the claim. The provider must ensure that NPIs used on the claim are registered with SCDHHS prior to using NPI only.

Providers are strongly encouraged to continue the dual use strategy of using their NPI and taxonomy code and their legacy Medicaid number on claims. Doing this will allow SCDHHS adequate information to verify crosswalk strategy for each provider number and will ensure that accurate payments are made. Providers may refer to the South Carolina Companion Guides for information regarding placement of the NPI, taxonomy, and legacy provider number on electronic claims. The Companion Guides are located on the SCDHHS Web site at www.scdhhs.gov; click on “Electronic Data Interchange” under Programs and Services, then select “S.C. Medicaid Companion Guides.” For hard copy claims, providers can reference the following table.

Claim Form	Field Number	Field Name	Special Note
CMS-1500 (08-05)	24I Shaded	ID Qualifier	Enter 1D for Medicaid provider. ZZ for taxonomy cannot be used during dual use of Medicaid number and NPI. *
	24J Shaded	Rendering Provider ID #	Enter the Medicaid legacy number of the provider that rendered the service. The taxonomy code cannot be included during dual use of the Medicaid number and NPI. *
	24J Unshaded	Rendering Provider ID #	Enter the NPI of the provider that rendered the service.
	32	Service Facility Location Information	Enter the address where the services were rendered. Include the 9-digit zip code.
	33a.	Billing Provider Info	Enter the NPI for the billing provider.
	33b.	Billing Provider Info	Enter 1D and the Medicaid legacy number of the billing provider (ex: 1D123456). ZZ and the taxonomy cannot be included during the dual use of the Medicaid number and NPI. *

*If the provider chooses to use NPI only on the claim, the qualifier **ZZ** must be included in field 24I, the taxonomy must be included in 24J, and the qualifier **ZZ** and taxonomy must be included in field 33b. (Ex: ZZ1234567890)

Claim Form	Field Number	Field Name	Special Note
Dental Claim Form (2006)	49	NPI (for billing provider)	Enter the NPI for the billing dentist/group. (There is no field for taxonomy to be reported.)
	52A.	Additional Provider ID	Enter the Medicaid legacy number for the billing provider.
	54	NPI (for treating provider)	Enter the NPI of the treating dentist.
	56A	Provider Specialty Code	Enter the treating dentist taxonomy
	58	Additional Provider ID	Enter the Medicaid legacy number for the treating dentist.
UB-04	51 A, B, or C	Health Plan Identification Number	Enter the facility's Medicaid legacy number.
	56	NPI	Enter the facility's NPI.
	81	CC (Code Code) field)	Enter qualifier B3 and the taxonomy code for the facility (ex: B3322D00000X)

In regard to the 835 and the hard copy remittance advice, the following will occur until May 23, 2008. If the claim pays by NPI, the NPI will be sent on the 835 or the hard copy remittance advice. If the claim pays by legacy number, the legacy number will be sent on the 835 or the hard copy remittance advice.

Since providers will be required to show good faith effort toward compliance with NPI provisions, **providers are strongly encouraged to obtain an NPI by May 23, 2007.** Web-based applications can be found at <https://nppes.cms.hhs.gov> or providers can call 1-800-465-3203 or TTY 1-800-692-2326 for an application.

Once a provider obtains an NPI, the provider must share their NPI with SCDHHS.

If a provider has not previously shared their NPI with SCDHHS, they may do so by using one of the following ways:

- Online by visiting: <https://secure.dhhs.state.sc.us/npi/index.asp>
- Send a copy of the NPI enumeration document via:
 - Mail: Medicaid Provider Enrollment
 PO Box 8809
 Columbia, SC 29202-8809

- Fax: 803-699-8637
- E-mail: provider.enrollment@bcbsc.com
- **Complete the attached form and fax it to 803-699-8637**

When you share your NPI with South Carolina Medicaid, you must include your six-character South Carolina Medicaid provider ID, your taxonomy code AND your 9-digit zip code.

For additional NPI information, refer to the South Carolina Medicaid bulletins available online at www.scdhhs.gov (publication dates 10/19/05, 04/24/06, 09/11/06, 09/26/06, 10/12/06, 01/18/07, and 02/09/07).

Thank you for your continued support and participation in the South Carolina Medicaid Program. If you have questions concerning this bulletin, please contact your Program Manager.

/s/

Robert M. Kerr
Director

RMK/bmbb

Attachments

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

**SHARING YOUR NATIONAL PROVIDER IDENTIFIER WITH THE
SOUTH CAROLINA MEDICAID PROGRAM**

One way to register your NPI with South Carolina Medicaid is to complete and return the following:

GROUP/ORGANIZATION PROVIDER
(Individual providers use form titled Individual Provider)

* Indicates a required field

General Information

NPI Number *					
Date NPI Issued *					
Name of Organization or Group *					
Other Name/DBA					
EIN or SSN *					

(A 9-digit number)

Mailing Address

Street *	City *	State*	Zip + 4 *
			-

Payment Address

Street *	City *	State*	Zip + 4 *
			-

Primary Practice Address

Street *	City *	State*	Zip + 4 *
			-

Identifiers (Must have at least one)

	Medicaid Provider Number	Provider Taxonomy Code	Zip + 4
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Contact Information

First Name *	Last Name *	Title*	Phone # *	E-mail

Mail the completed form to:
 South Carolina Medicaid Provider Enrollment
 PO Box 8809
 Columbia, SC 29202-8809

Or, fax the form to:
 South Carolina Medicaid Provider Enrollment
 (803) 699-8637

**SHARING YOUR NATIONAL PROVIDER IDENTIFIER WITH THE
SOUTH CAROLINA MEDICAID PROGRAM**

One way to register your NPI with South Carolina Medicaid is to complete and return the following:

**INDIVIDUAL PROVIDER
(Group/Organization Providers use form titled Group/Organization Provider)**

*** Indicates a required field**

General Information

NPI Number *		
Date NPI Issued		
Prefix		
First Name *		
Middle Name		
Last Name *		
Suffix		
Credential		
Tax Payer ID		(If different from Provider Name)
SSN or ITIN *		(A 9-digit number)

Mailing Address

Street *	City *	State*	Zip + 4 *
			-

Payment Address

Street *	City *	State*	Zip + 4 *
			-

Primary Practice Address

Street *	City *	State*	Zip + 4 *
			-

Identifiers (Must have at least one)

	Medicaid Provider Number	Provider Taxonomy Code	Zip + 4
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Contact Information

First Name *	Last Name *	Title*	Phone # *	E-mail

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Fraud & Abuse Hotline 1-888-364-3224

Revised 03/23/07