#### DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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### **ADP BULLETIN**

Title

National Provider Identifier (NPI) Guidance for the Drug Medi-Cal Program

Deputy Director Approval	Function	April 10, 2007	issue ino.
(Original signed by David Monti)	[X]Information Management [ ]Quality Assurance [ ]Service Delivery	Expiration Date: <sub>N/A</sub>	07-04
David Monti	[ ]Fiscal	Supersedes Bulletin/ADP	
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Program Services Division	[ ]Other	N/A	

# **PURPOSE**

This bulletin is intended to provide National Provider Identifier (NPI) guidance to counties and all Drug Medi-Cal (DMC) certified providers for the submission of DMC claims. Additionally, this bulletin is intended to encourage counties and all Drug Medi-Cal (DMC) certified providers to apply as soon as possible for an NPI. Information on requesting an NPI can be found at National Plan and Provider Enumeration System (NPPES) website at https://nppes.cms.hhs.gov/NPPES/Welcome.doc.

# DISCUSSION

The California Department of Alcohol and Drug Programs (ADP) currently utilizes the DMC number as a proprietary identifier for DMC providers. The DMC number will be replaced by the NPI on all Health Insurance Portability Accountability Act (HIPAA) transactions. Current DMC transactions that are impacted include the 837 Professional Health Care Claim (837P) and the 835 Health Care Payment/Advice (835). The general rule for NPI use is that if a health care provider needs to be identified on a standard transaction then the provider must be identified using an NPI.

There are three primary scenarios that describe the various provider relationships for the DMC program. These are:

**County Operated Facilities (COFs)** - Counties which provide alcohol and other drug (AOD) treatment services at county owned and/or operated clinics.

**County Contracted Providers (CCPs)** – Those private, non-county operated/owned treatment providers that contract with counties to provide AOD treatment services.

**Direct Contract Providers (DCPs)** - Those providers that have a contract with ADP to submit billing directly to ADP. These providers are not COFs and do not have a DMC contract with a county.

Each provider relationship scenario is described further in the Exhibit A, including a description of "Current" requirements compared to a description of the "NPI Compliant" requirements. This comparison allows counties and DCPs to see changes that must be made to achieve HIPAA NPI compliance for DMC billing.

The following table summarizes how ADP expects counties and all DMC providers to apply the use of NPI when submitting claims. The first column in the table describes the six *Provider Types* that are supported in HIPAA compliant claim transactions. The second column identifies if the *Provider Types* are required for billing DMC. If the *Provider Type* is not required it is also not supported by ADP. The next column describes how the *HIPAA Provider Types* relate to the *Typical DMC Provider Types*. Additional information is provided in the last column. The latter two columns should provide information on how to relate the various DMC program provider types to the specific *HIPAA Provider Types*.

Table 1: HIPAA & DMC Provider Type Crosswalk

HIPAA / X12 Provider Types	Required for DMC Billing?	Typical DMC Provider Type	Additional Comments
Billing	Yes	Entity that gets paid by State Controller's Office (SCO) e.g., county or DCP. Also known to ADP as the "Contractor" which is the entity that ADP contracts with. This is never the CCP.	Billing is always equal to "Pay-to" so we never need the "Pay-to" loop "Pay-to" information is established at SCO using contract information.
Pay-to	No	N/A	See Billing Provider Comment
Rendering	Yes	This is the person that provided service to the client. Also known to ADP as a "Counselor" or "Staff".	Today the CCP, DCP, or the COF, is described as the "Rendering Provider" for NPI compliance the CCP and COF need to be called the "Service Facility Location".
Service Facility Location	Yes	This is the certified facility that provides AOD DMC services. Also known to ADP as the "Provider". This is a site location and not an individual (NPI Type 2 – Organizational Provider).	Satellite NPIs will be identified separately in the Service Facility Location provider fields as long as the services were rendered at a satellite site. CCPs, DCPs, and COFs can be "Providers".
Referring	No	N/A	Not Supported
Other	No	N/A	Not Supported

ADP is following the recommendation from national standards group WEDI (Workgroup for Electronic Data Interchange) for the transition from proprietary provider identifiers (e.g., the DMC Number) to the NPI standard provider identifier. As a result, ADP will expect claims to contain both the DMC number and the NPI number during a "Transition Period".

Collecting both numbers allows ADP to create a "crosswalk" of DMC numbers to NPI numbers. This crosswalk is necessary to allow processing of claims by the current Short-Doyle Medi-Cal (SD/MC) claims adjudication system. The "NPI Processing Summary" (Exhibit B) describes how ADP intends to process dual identifiers (DMC number and NPI number) during and after the Transition Period. This process provides additional validation of NPI numbers that are provided by trading partners (counties and DCPs).

The following items are next steps that ADP requires for all DMC providers and trading partners:

- 1. Obtain NPIs for all Service Facility Location providers, Rendering providers, and Billing providers that are required to be identified on a DMC claim. To assist providers, the Centers for Medicare and Medicaid Services (CMS) have made an instructional tool available called the NPI Viewlet. This tool provides an overview of the NPI, a review of the NPI application and a link to the National Plan and Provider Enumeration System (NPPES) where the provider may obtain an NPI. The NPI Viewlet is available at www.cms.hhs.gov/medlearn/npi/npiviewlet.asp.
- 2. DMC providers should maintain uniformity and consistency in obtaining NPIs. Uniformity guidelines encourage similar provider organizations (Treatment Centers, Clinics, etc.) to develop similar subparts for their organizations. Consistency guidelines encourage providers to bill similar services to all health plans with the same NPI. For example, Medicare should not be billed with one subpart and DMC with another subpart for the same type of service.
- 3. ADP is utilizing the WEDI recommended Dual Identifier strategy on 837P transactions to collect NPIs. ADP will be using the information provided to cross-reference Service Facility Location provider NPIs to corresponding DMC provider numbers. In order to validate the information is true and accurate, ADP is asking that you send a copy of the NPI Confirmation document received from CMS for all Service Facility Location providers which will be represented in claims. ADP will then enter this information into their Master Provider File. Documentation for NPIs issued for the rendering provider, known as the counselor or staff, is not required to be sent to ADP. Please send the aforementioned NPI documentation to the attention of Karen Woolley at 1700 K Street, Sacramento, CA 95814 or through fax at (916) 323-0653.
- 4. All HIPAA covered health care providers must obtain an NPI for use to identify themselves in HIPAA standard transactions. Covered entities must use only the NPI to identify health care providers in standard transactions after the Compliance

Deadline. Although the HIPAA NPI Compliance Deadline is currently May 23, 2007, ADP will be advising counties and all DMC certified providers of a new Compliance Deadline as well as when ADP will be able to accept the new claim format with dual identifiers.

5. ADP expects all counties and Direct Contract Providers to modify their claim transactions in accordance with ADP's Companion Guide for the 835/837 transactions (Version 1.10) during the "Transition Period" to be defined by ADP.

## **REFERENCES**

Title 45 Code of Federal Regulations, Part 162.

# **BACKGROUND**

The actions described within this bulletin are focused on bringing ADP and its trading partners into compliance with HIPAA requirements for DMC claims, including the use of standards for provider identification. Use of proprietary provider identifiers such as the DMC number will no longer be allowed after the Compliance Deadline.

# **QUESTIONS/MAINTENANCE**

If you have questions regarding this bulletin, please contact:

Steve Taketa, ADP HIPAA Project Director HIPAA Compliance Project, Program Services Division 916-327-9502 or staketa@adp.ca.gov

An additional copy of this document may be requested through the Department's Resource Center at (800) 879-2772. This bulletin is also available on the Department's Web page at www.adp.ca.gov.

## **EXHIBITS**

- Exhibit A Provider Relationship Scenarios
- Exhibit B NPI Processing Summary
- Companion Guide for 837P and 835 Transactions

# **DISTRIBUTION**

County Alcohol and Drug Program Administrators Strategic Local Government Services, LLC