



*New Mexico  
Coalition for Healthcare Information Leadership Initiatives \**

**New Mexico HIPAA Conference, September 22, 23, 2001  
Session Results**

**Session Name: Provider Identifiers and Specialty Coding**  
**Session Number: 122**

TOPIC	DISCUSSION	ACTION
1. Introduction	(Audience) Is Behavioral Health a specialty code? (Speaker) Yes.	
2. Overview of HIPAA Law	This session only talks about Section II – Administrative Simplification and has two thrusts: <ol style="list-style-type: none"> <li>1. Data Standardization – Transactions: format and content (including specialty codes)</li> <li>2. Privacy &amp; security of “individually identifiable health information”</li> </ol> <i>Specialty codes for providers is finalized October 2002.</i>	
3. Who has to comply?	<ul style="list-style-type: none"> <li>• Health Plans – Medicare, Medicaid, PPO’s, Self Insured, etc. Individual Plans should get legal consultation.</li> <li>• Health Providers – Physicians, Mid-Levels, Facilities, Chiropractors, Dentists, Transport services, DME Suppliers, etc.</li> <li>• Clearinghouses – ACS (Consultec), AmpMed, XactaMed, MedImpact, etc.</li> </ul>	
4. HIPAA Opportunities	HIPAA isn’t all bad ( <i>Audience Laughter</i> ) <ul style="list-style-type: none"> <li>• Processes Improved! Coding/Data collection, Provider Identifier verification, Payer/Provider coordination, claims will process quicker and won’t be as confusing</li> <li>• Data Standardization! ONE provider identifier, Eliminate non-standard billing codes</li> <li>• Improved member/patient trust</li> </ul>	

<p>5. Two separate but related issues</p>	<ul style="list-style-type: none"> <li>• “Taxonomy Coding” <ul style="list-style-type: none"> <li>○ Regulation final with a deadline of Oct 16, 2002</li> <li>○ Nat’l Uniform Claim Committee (NUCC) to maintain coding: <a href="http://www.nucc.org/Taxonomy/index.html">http://www.nucc.org/Taxonomy/index.html</a>.</li> <li>○ List of codes available online at <a href="http://www.wpc-edi.com/Taxonomy/">http://www.wpc-edi.com/Taxonomy/</a></li> </ul> </li> <li>• Standard Provider ID <ul style="list-style-type: none"> <li>○ Regulation proposed; final reg anticipated next year</li> <li>○ National standard provider identifier (NPI) to be maintained by CMS (HCFA)</li> <li>○ Proposed regs at <a href="http://aspe.os.dhhs.gov/admsimp/index.htm">http://aspe.os.dhhs.gov/admsimp/index.htm</a></li> </ul> </li> </ul>	
<p>6. Provider Specialty Coding (Taxonomy)</p>	<p>Used when conducting the following transactions electronically.</p> <ul style="list-style-type: none"> <li>• Reception, Admitting &amp; Verification <ul style="list-style-type: none"> <li>○ Eligibility Inquiry (270) &amp; Response (271)</li> </ul> </li> <li>• Utilization Review <ul style="list-style-type: none"> <li>○ Referral/Auth Request (278) &amp; Response (278)</li> </ul> </li> <li>• Billing , Collection &amp; Claims Processing <ul style="list-style-type: none"> <li>○ Claim/Encounter (837)</li> <li>○ Status Inquiry (276)</li> <li>○ Status Response (277)</li> <li>○ Payment/Remittance (835)</li> </ul> </li> </ul> <p><b>Only necessary if the transaction is in electronic format.</b></p> <p><u>Questions &amp; Answers</u>  (Audience) Where are specialty codes available?  (Speaker) Please see your handout under “Two Separate but Related Issues”</p> <p>(A) What are specialty codes?  (S) Identifies what type of provider</p>	

you are.

(Audience Discussion)

- Some of the transactions are conducted by phone or paper
- Law makers envision they will all be done electronically in the future
- The 'electronic' mandate has no time frame, but any electronic transaction must follow this standard
- The format is mandated by the government so all payers and providers talk in the same language

(Speaker)

- You can send transactions to a clearinghouse who will format them correctly, but the law mandates the content of the transaction must be standardized
- Includes non-medical data code sets and medical data code sets as outlined in an implementation guide

(A) Is there a guide for each specialty?

(S) No, it is a guide of how to submit a transaction. There is a separate guide for each type of transaction. If you are submitting paper HCFA 1500s, don't worry about the transaction but you will have to worry about content.

(S) How many in the room are doing claims via clearinghouse (clearinghouse meaning all claims are processed through them, not just commercial or medicare, etc)?

(A) Most use only ACS. ACS is set up to take a specific format. Is this like an internal transaction?

(S) No, because the transaction is between to separate organizations. ACS is a clearinghouse, they can take any format they wish and translate it to the standard.

	<p>(A) If we send claims to a clearinghouse (i.e. AmpMed) in our own format and they translate it, who is legally responsible?  (S) AmpMed is responsible for format, the provider is responsible for content.</p> <p>(A) If we submit only on paper, we may get out from under this law. So will payers no longer take paper?  (S) No one wants one set of content for paper and another for electronic. The organizations responsible for HCFA 1500's and UB may be revising the forms for HIPAA compliance however there is no legal mandate and there is a large demand. The HCFA1500 is further along than the UB's in terms of revision.</p>	
<p>7. Provider "Taxonomy"</p>	<p>10-digit Alphanumeric with 4 levels of classification:</p> <ul style="list-style-type: none"> <li>• Provider Type (2 bytes) <ul style="list-style-type: none"> <li>○ Dental, Family Practice, OB, etc.</li> </ul> </li> <li>• Classification Code (2 bytes) <ul style="list-style-type: none"> <li>○ Dentist, Hygienist, etc.</li> </ul> </li> <li>• Area of Specialization (5 bytes) <ul style="list-style-type: none"> <li>○ Dental Surgery, Orthodontia, etc.</li> </ul> </li> <li>• Training/Educ Requirement (1 byte) <ul style="list-style-type: none"> <li>○ Yes/No</li> </ul> </li> </ul>	
<p>8. Current Status of Specialty Coding</p>	<p>The law requires specialty coding  (A) Doesn't Medicare have to pay the same fee to all docs regardless of specialty?  (S) That is not a requirement of HIPAA</p> <p>(A) Will it impact payment?  (S) All this session can answer is that HCFA wants the information and now requires a specialty code. Some groups want this changed to optional and only when the payer needs the information to pay the claim.</p> <p>(A) If specialty codes are not required, would we need it at some point?  (S) Having it as an option is only a recommendation. The payer may not need it. Chances are you'll need it on your</p>	

	<p>claim.</p> <p>(A) Will the specialty code replace the UPIN?  (S) No, the National Provider Identifier (NPI) will replace the UPIN. The specialty codes do not.</p> <p>(A) A provider may have more than one specialty code, how do you know which one to use?  (S) Yes, there is a lot of variety and a provider may play various roles. I don't have the answers to that.</p>	
<p>9. Unresolved Questions on Specialty Codes</p>	<p>Who will assign specialty coding for providers?</p> <ul style="list-style-type: none"> <li>• So far, look at the list and assign yourself.</li> </ul> <p>What criteria will be used to assign coding?</p> <p>What are the consequences of using this field "incorrectly"?</p> <p>Another question should be added: What if you have more than one specialty code, which do you use?</p> <p><u>Questions &amp; Answers</u></p> <p>(A) Why did "they" include the training requirement field?  (S) It is just to indicate of there is national training required.</p> <p>(A) Why send this on every transaction?  (S) The goal is a national provider databank. Fraud and Abuse will likely be attached</p> <p>(A) What if a family practice physician removes a wart? Do we send a Dermatologist specialty code?  (S) No, send the family practice specialty code, but use your CPT codes correctly.</p>	

<p>10. Implications for Providers</p>	<p>Working Assumptions</p> <ul style="list-style-type: none"> <li>• Medicare probably would continue to require specialty coding; possibly some payers as well.</li> <li>• It is a good idea to be prepared to send this coding on all claims.</li> </ul> <p>Over the next year:</p> <ul style="list-style-type: none"> <li>• Look at the list of codes online.</li> <li>• Chances are that over the next year, the federal government will give some guidelines.</li> <li>• Listen to your trade association.</li> <li>• If you are doing electronic claims with clearinghouses ask if this field is included and how.</li> <li>• If using paper claims, stay aware of changes to the HCFA1500.</li> <li>• Many payers will be issuing new provider manuals.</li> <li>•</li> </ul> <p>(A) Where can we find changes to the HCFA1500?  (S) NUCC website and NPI frequently asked questions.</p>	
<p>11. Provider Identification Numbers</p>	<p>The National Provider Identifier (NPI) will replace UPINs and other numbers.</p> <p>Each health care provider must:</p> <ul style="list-style-type: none"> <li>• Obtain, by application if necessary, an NPI.</li> <li>• Accept and transmit NPI's wherever required on standard transactions</li> <li>• Communicate within 60 days any changes to data in national NPI database.</li> <li>• Receive and have only one NPI</li> </ul> <p>The final rule was delayed because this is a complicated and unfounded requirement.</p> <p>It is thought that Medicare and Medicaid providers may automatically get a NPI.</p> <p><u>Questions &amp; Answers</u>  (A) Will we be fortunate enough to get all providers issued on the same day?  (S) No, it will probably be phased</p>	

	<p>process.</p> <p>(A) Will every payer accept the NPI? (S) Yes, by federal mandate.</p> <p>(A) As a provider, how do we get these numbers? Do we apply? (S) None of this exists yet but enumerators will be created.</p> <ul style="list-style-type: none"> <li>• Health Services Corp. (HSC) would be a good group to do it.</li> <li>• Enumerators haven't been identified yet.</li> </ul> <p>(A) How can this roll out if it's a number for all claims? Will it be rolled out provider by provider? (S) This is still an unresolved question.</p> <p><b>Unresolved Questions:</b></p> <ul style="list-style-type: none"> <li>• Who will be the third party "enumerators" who assign NPI's and work with providers to maintain them?</li> <li>• What will be the roll-out process and schedule for issuing an NPI?</li> <li>• What will providers who have not yet received an NPI put on their claims and other electronic transactions?</li> </ul>	
<p>12. Implications for Providers</p>	<p>Working Assumptions</p> <ul style="list-style-type: none"> <li>• Continue to submit payer specified identifiers until further notice.</li> <li>• Anticipate final NPI regulation sometime next year with two years to implement thereafter.</li> </ul> <p>Longer term implications for providers:</p> <ul style="list-style-type: none"> <li>• Apply for NPI through an "enumerator" organization (probably certain health plans)</li> <li>• Update NPI registry as changes occur through enumerator.</li> <li>• Utilize NPI in transactions (replaces UPIN, Medicaid Number, Payer ID's, etc.)</li> </ul> <p>Final Thoughts</p> <ul style="list-style-type: none"> <li>• In New Mexico, begin discussions of issues through NM CHILI:</li> </ul>	

- Can providers & payers all agree on specialty coding for given providers?
- Who might be “enumerator” and what will the process be?
- Where would we maintain this information for NM providers?
- Could we collaborate through HSC as we currently do on other credentialing issues

(Audience Comment and Clarification)

There are so many deadlines!

Oct 2000 – Specialty Codes required

NPI – no set date as of yet.

We should collaborate as a state by bringing all parties together.

(Speaker Comments)

If there are those of you wanting to work on NM CHILI to work on these issues, please write it on your evaluation sheet.