



National Provider Identifier (NPI) Seminar

February 2008

Presented by: EDS



Objectives

- Understand Transition to NPI
- Become Familiar with Billing Requirements
- Utilize Additional Resources

DMA NPI Website

www.ncdhhs.gov/npi.htm

National Provider Identifier (NPI) Information

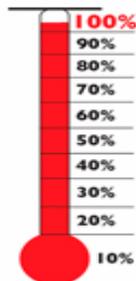
Get It! Share It! Use It!

Getting one is free - Not having one can be costly!

ALERT: Please be sure to see the [January 2008 Medicaid bulletin](#) for important updates regarding NPI.

[February 2008 - National Provider Identifier \(NPI\) Services](#)

For immediate NPI hot topics, subscribe to our [NPI Mailing List!](#)



63,857 (95%) North Carolina Medicaid providers' NPI Collection Forms have been received. DMA is continuing to collect NPI's at this time.

DMA NPI Collection Spreadsheet (EDI) - Use to report NPI for the first time. Cannot be used to change a NPI already reported.

- [Information for Submitting the NPI for Automated Update \(EDI\)](#)

DMA NPI Collection Forms - Use this form if no access to Excel **or** to report a NPI change.

- [Instructions for Completing the NPI Collection Form](#)
- **Group Form** - [Word Format](#)
- **Individual Form** - [Word Format](#)
- [Additional Taxonomy Page](#)



NPI News and Hot Topics

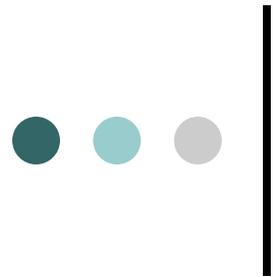
- [NPI and Address Database](#) **New!**
- [Announcements](#)
- [Frequently Asked Questions](#)
- [Seminars](#)
- [Medicaid Bulletin Articles](#)

CMS Information

- [CMS Tip Sheet](#)
- [CMS Fact Sheets](#)
- [CMS Home Page](#)
- [Director's Letter from CMS](#)

Other Useful Links

- [DHHS NPI Home Page](#)
- [How to apply for your NPI](#)
- [National Council for Prescription Drug Program \(NCPDP\)](#)
- [Taxonomy Code Set](#)



NPI Electronic Mailing List

- Receive NPI announcements via e-mail

<http://lists.ncmail.net/mailman/listinfo/dma.npi.listserv>

- Subscribe on DMA NPI Webpage

<http://www.ncdhhs.gov/dma/npi.htm>



NPI and Address Database

- Verify NPI Information on File with NC Medicaid
- Correct Typographical Errors
- Report an NPI



NPI and Address Database

Enter Medicaid
Provider Number or NPI



NPI and Address Info

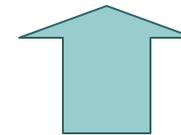
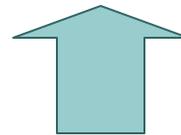
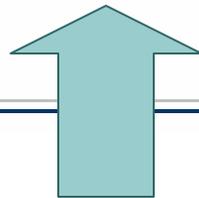
Enter Provider no (max. 8 chars)

Enter NPI (10 chars)



NPI and Address Database

Provider No:	NPI	Site Address	Billing Address
8912345	112233445	1234 Capital St. Raleigh, NC 27606-2405	7777 Queen St. Charlotte, NC 55555-1234



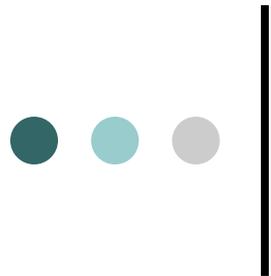
**Step 2: Verify NPI and Address
Including Zip +4**



NPI and Address Database: Typographical Error

Provider No:	NPI	Site Address	Billing Address
<u>8912345</u>	112233445	1234 Capital St. Raleigh, NC 27606-2405	7777 Queen St. Charlotte, NC 55555-1234

To correct, click on
MPN



NPI and Address Database

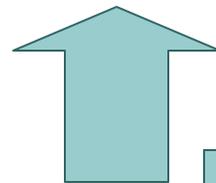
Print this page and fax the completed form to DMA Provider services

	Information on File	Corrected Information
NPI	112233445	
Provider Name	Cameron Village Pediatrics	
Site Address		
Address Line1	1234 Capital St.	
Address Line2		
City	Raliegh	Raleigh
State	NC	



NPI and Address Database: NPI Missing

Provider No:	NPI	Site Address	Billing Address
8912345		1234 Capital St.. Raleigh, NC 27606-2405	7777 Queen St. Charlotte, NC 55555-1234



**Provider must report NPI to
DMA (unless atypical)**



NPI and Address Database

- Print Form and Make Corrections
- Sign and Date Form
- Fax Corrected Information to DMA Provider Services
 - Fax Number: 919-715-7140



NPI and Address Database

- Correction Form Can NOT be used for:
 - Provider Site Address Changes
 - Provider Name Changes
- Submit Provider Change Form to DMA for all non-typographical changes



Clearinghouses & Vendors

- Verify NPI number is being sent on all claims
- Verify the NPI number is correct
- Make changes if necessary, validation is critical



Claim Requirements



All Claims Should Contain...

- NPI
 - Billing
 - Attending and Referring (if applicable)
- Medicaid Provider Number (MPN)
 - Billing
 - Attending and Referring (if applicable)
- Taxonomy (except Pharmacy)



Taxonomy Guidance

- Available on DMA NPI Website
- Using recommended taxonomy will greatly assist with NPI mapping
- List is not all inclusive – refer to www.wpc-edi.com for complete list



Taxonomy Recommendation Example

Provider Type/Service Provided	Taxonomy Code
Nursing Home - Skilled Nursing Level of Care	314000000X
Nursing Home - Intermediate Care Level of Care	313M00000X
Nursing Home – Vent Level of Care	314000000X
Nursing Home – Head Level of Care	310500000X
Nursing Home – Indian Facility Billing Skilled Nursing Level of Care	314000000X
Nursing Home – Indian Facility Billing Intermediate Nursing Level of Care	313M00000X



Taxonomy Codes

- **Paper CMS 1500 (MPN/NPI/Taxonomy)**
 - Billing Taxonomy in Box 19
 - Attending Taxonomy in Box 32b
 - ZZ qualifier must precede the Taxonomy

Billing Taxonomy on CMS-1500

b. OTHER INSURED'S DATE OF BIRTH MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State) _____		b. EMPLOYER'S NA	
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. INSURANCE PLA			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTH <input type="checkbox"/> YES <input type="checkbox"/>	
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____						13. INSURED'S OR / payment of medi services describe SIGNED _____			
14. DATE OF CURRENT: MM DD YY		ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT FROM MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		18. HOSPITALIZATI FROM MM DD YY			
17b. NPI _____						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/>			
19. RESERVED FOR LOCAL USE ZZ 19320000X						22. MEDICAID RESL CODE			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)						23. PRIOR AUTHOR			
1. _____		3. _____							
2. _____									
24. MM		URES, SERVICES, OR SUPPLIES (Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES			
		S MODIFIER							

19. Submit Billing Provider Taxonomy



Attending Taxonomy on CMS-1500

26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO
32. SERVICE FACILITY LOCATION INFORMATION	
a. NPI	b. ZZ 213E00000X



Taxonomy Codes

- **Paper CMS 1500 (NPI Only)**
 - Billing Taxonomy in Box 33b
 - Attending Taxonomy in Box 24j
 - ZZ qualifier must precede the Taxonomy

MILITARY ILLNESS. YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					
↓		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					
		23. PRIOR AUTHORIZATION NUMBER					
E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
						ZZ	213E0000X
						NPI	1098765432
						NPI	
						NPI	
						NPI	
						NPI	
						NPI	
						NPI	
ASSIGNMENT? (vs. see back)		28. TOTAL CHARGE \$			29. AMOUNT PAID \$		30. BALANCE DUE \$
<input type="checkbox"/> NO							
		33. BILLING PROVIDER INFO & PH # ()					
		a. 1234567890			b. ZZ 193200000X		

PHYSICIAN OR SUPPLIER INFORMATION



Taxonomy Codes

- **Paper UB Claims**

- FL 81 Billing provider Taxonomy
- B3 qualifier must precede the Taxonomy



UB Taxonomy

800 a	B3	282N00000X
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Reminders for UB Providers

- Attending taxonomy NOT required on paper or electronic formats
- Submit billing provider taxonomy only
- See February Bulletin for important UB04 Billing Changes and UB92 Cutoff Information



Taxonomy Codes

○ Paper ADA Claims

- 56a Provider Specialty Code
 - If no attending provider, enter billing provider taxonomy
- 35 no longer required

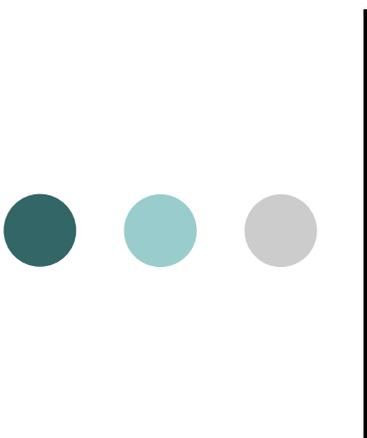
ADA Taxonomy

35. Remarks No Longer Required!		
AUTHORIZATIONS		ANCILLARY CLAIM/TREATMENT INFORMATION
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X _____ Patient/Guardian signature Date		38. Place of Treatment <input type="checkbox"/> Provider's Office <input type="checkbox"/> Hospital <input type="checkbox"/> ECF <input type="checkbox"/> Other 39. Number of Enclosures (00 to 99) Radiograph(s) Oral Image(s) Model(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity. X _____ Subscriber signature Date		40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42) 41. Date Appliance Placed (MM/DD/CCYY) 42. Months of Treatment Remaining 43. Replacement of Prosthesis? <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44) 44. Date Prior Placement (MM/DD/CCYY)
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)		45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident 46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State
48. Name, Address, City, State, Zip Code		TREATING DENTIST AND TREATMENT LOCATION INFORMATION
49. NPI 50. License Number 51. SSN or TIN		53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X _____ Signed (Treating Dentist) Date
52. Phone Number () - 52A. Additional Provider ID		54. NPI 55. License Number 56. Address, City, State, Zip Code 56A. Provider Specialty Code 122300000X
57. Phone Number () - 58. Additional Provider ID		



Taxonomy Tips

- Referring taxonomy never required
- Taxonomy not kept on DMA provider file
- No notification required to DMA if taxonomy changes
- Claim taxonomy does not have to match NPPES or DMA provider information



New Required Fields on the NCECS Webtool

- Billing address
- Zip plus 4
- NPI numbers
- Taxonomy



List Management – Save Your NPI

- North Carolina
- Electronic Claims Submission
- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB-92
- List Management
 - Condition Codes
 - Diagnosis Codes
 - HCPCS/CPT Codes
 - Insured
 - Modifier
 - Occurrence Codes
 - Payers
 - Procedure Codes
 - Provider Codes

Providers List - Add/View

Selection Criteria

Add New Code and Description

Provider Last Name or Organization Name:

Provider First Name:

Submit

National Provider ID:



Medicaid Provider Number:

Address:

City:

State:

ZIP:



Billing Address and Taxonomy

Selection Criteria

Claim Type:

Claim ID: New

Save

Cancel

Delete

Recipient Information

Recipient Last Name:



Recipient First Name:

Medicaid ID:

Medical Record Number:

Patient Account Number:

Prior Authorization Number:

Provider Information

Provider Last Name or Organization Name:



Provider First Name:

National Provider ID:

Medicaid Provider Number:

Billing Taxonomy:

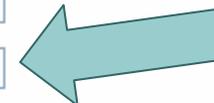
Billing Address:

Billing City:

Billing State:

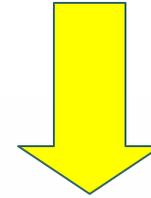
Billing ZIP:

Miscellaneous Claim Information





Billing Provider NPI



Provider Information

Provider Last Name or Organization Name:

Billing NPI

112233445

National Provider ID:

Medicaid Provider Number:

Billing Taxonomy:

Billing Address:

Billing City:

Billing State:

Billing ZIP:

Referring Physician Provider No:
(Carolina Access Physician Number)

CLIA Number:

Referring Physician NPI:
(Carolina Access Physician NPI)

Referring Taxonomy:

Service Facility Location:

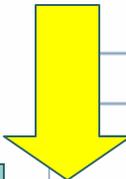
Service Facility NPI:



Billing Provider Taxonomy

Provider Information

Provider Last Name or Organization Name:	<input type="text"/>	...	Provider First Name:	<input type="text"/>
Medicaid Provider Number:	<input type="text"/>	Billing Taxonomy	National Provider ID:	<input type="text"/>
Billing Address:	<input type="text"/>		Billing City:	<input type="text"/>
Billing State:	<input type="text"/>		Billing ZIP:	<input type="text"/>
Referring Physician Provider No: (Carolina Access Physician Number)	<input type="text"/>		CLIA Number:	<input type="text"/>
Referring Physician NPI: (Carolina Access Physician NPI)	<input type="text"/>		Referring Taxonomy:	<input type="text"/>
Service Facility Location:	<input type="text"/>		Service Facility NPI:	<input type="text"/>





Carolina ACCESS/Referring NPI

Provider Information

Provider Last Name or Organization Name:



Provider First Name:

National Provider ID:

Medicaid Provider Number:

Billing Taxonomy:

Billing Address:

Billing City:

Billing State:

Billing ZIP:

Referring Physician Provider No:
(Carolina Access Physician Number)

CLIA Number:

**Referring (CA)
NPI No.**

112233445

Referring Taxonomy:

Service Facility Location:

Service Facility NPI:





Attending Provider Data

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

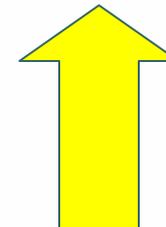
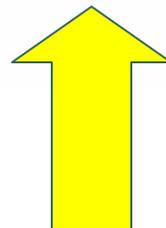
R/A Medicaid Provider Number:

R/A NPI No.:

112233445

R/A Taxonomy

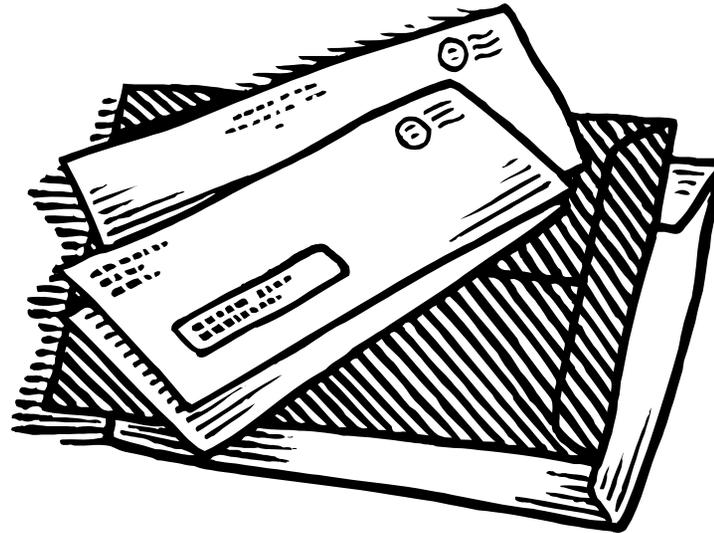
111N00000X





Do you know what your
ZIP+4 is?

- Example: 27605-1234





ZIP+4



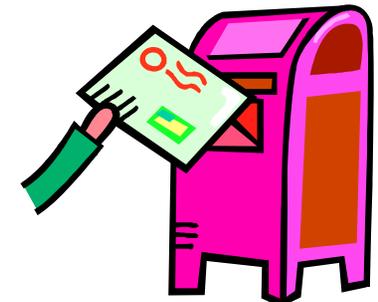
- U.S. Postal Service web site
- WWW.USPS.COM
- Use zip code lookup function
- If the service facility location is the same as the billing location, only billing location address and zip +4 is required



Include ZIP+4 on all claims

○ CMS 1500

- Block 33 (Billing address)
- ZIP+4 is required in block 32 (Service facility location), if different than billing





CMS-1500 Zip+4

26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <small>(For govt. claims, see back)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
32. SERVICE FACILITY LOCATION INFORMATION 5555 Capital Rd. Raleigh, NC 27605-3107				33. BILLING PROVIDER INFO & PH # () 1212 Dawson St Raleigh, NC 27606-2405					
a. NPI		b.		a. NPI		b.			



Include ZIP+4 on all claims

○ **UB Claims**

- If billing and service facility location addresses are the same, use FL 1
- If the billing and service facility location addresses are different, use
 - FL 1 for service facility address
 - FL 2 for the billing address



UB Zip+4

5555 Capital Rd. Raleigh, NC 27605-3107	1212 Dawson St Raleigh, NC 27606-2405	6 PAT. CNTL. #		4 TYPE OF BILL
		6 MED. REC. #		
		5 FED. TAX NO.	8 STATEMENT COVERS PERIOD FROM THROUGH	7



Include ZIP+4 on all claims

○ **ADA Claims**

- Field 48- Billing address
- Field 56- Site address
- Complete both fields only if the addresses are different



ADA Zip+4

48. Name, Address, City, State, Zip Code 5555 Capital Rd. Raleigh, NC 27605-3107			X Signed (Treating Dentist) _____ Date _____	
54. NPI			55. License Number	
56. Address, City, State, Zip Code			58A. Provider Specialty Code	
49. NPI	50. License Number	51. SSN or TIN	1212 Dawson St Raleigh, NC 27606-2405	



Carolina ACCESS/Referring Requirements

- Carolina ACCESS/Referring Provider rules remain the same, including CA override rules
- Provider should be using an NPI and MPN to identify CA/Referring authorizations



CMS-1500 Carolina ACCESS/Referring Provider Information

Boxes 17a and b

17a.	1D	99999999
17b.	NPI	1234567890



UB Carolina ACCESS/Referring Provider Information

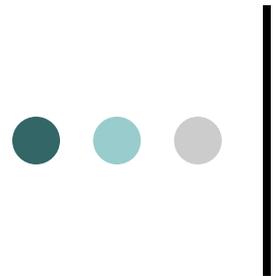
FL 78

LAST		FIRST				
78 OTHER	DN	NPI	1987654320	QUAL	G2	8901234
LAST		FIRST				



Contingency Period

What to do between now and full implementation



Requirements: January-May 22, 2008

- Submit NPI and Medicaid Provider Number (MPN) for:
 - Billing Provider
 - Attending and Referring Provider (if applicable)
- Submit NPI, MPN, and Taxonomy for:
 - Billing Provider
 - Attending Provider (if applicable)
- Exceptions: Pharmacy, Automatic Crossovers



Requirements: January-May 22, 2008

- Data is needed to ensure claims are mapping and paying to correct Medicaid Provider Number prior to May 23, 2008 implementation



NPI Analysis

- Analysis has found that some providers are submitting a different NPI than what was reported to DMA
- This will adversely affect payment at NPI Implementation!



Provider Mismatch Report

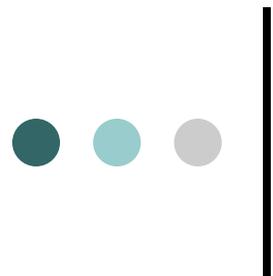
- DMA will notify provider if NPI submitted on claim does not match NPI in database
- Each mismatch will be listed on report





Troubleshooting Provider Mismatches

- Check NPI and Address Database
- Check with Billing Service in case NPI was reported incorrectly
- Verify NPI with Vendor/Clearinghouse



Requirements:

May 23, 2008

- All Claims (except pharmacy) must contain NPI and Taxonomy
- System will allow either:
 - NPI and Taxonomy Only, or
 - NPI, MPN, and Taxonomy
- Claims submitted with MPN only will deny (unless provider is atypical)



Mapping Solution Overview

*Understanding how claims will
process after full NPI implementation*



NPI Mapping

- NPIs loaded into provider database associated with MPN (s)
- Best case scenario: one NPI per MPN
 - “one to one match”
- Other scenario: one NPI per multiple MPNs
 - “one to many match”
 - Mapping solution must narrow down to 1 MPN for claims processing



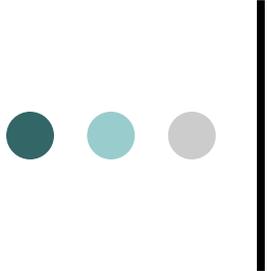
Mapping Solution

- Series of steps to determine what MPN to use for claim adjudication
- Some data elements used in mapping:
 - Zip +4 (Billing and Service Facility Location)
 - Procedure Codes
 - Taxonomy



Taxonomy Codes

- NPI mapping for certain provider types relies heavily on Taxonomy
- NC Medicaid recommends certain taxonomy codes for NPI mapping



Recommended Taxonomy Codes

- Case Management Services (HIV, At Risk, MCC and CSC): 251B00000X
- FQHC: 261QF0400X
- RHC: 261QR1300X
- Health Departments:
251K00000X or 261QP0905X



Recommended Taxonomy Codes

Home Infusion: 251F00000X

PCS/PCS Plus: 3747P1801X

DME: 332B00000X

Home Health:

251E00000X



Recommended Taxonomy Codes

- Psyc (Hospital Provider Number with “S” Suffix): 273R00000X
- Rehab (Hospital Provider Number with “T” Suffix): 273Y00000X or 276400000X
- Hospice (Any Location): 251G00000X





Adult Care Home

- Level/Enhanced Level of Care: 310400000X
- Special Care Alzheimer's Level of Care: 311500000X



Medicare Crossovers

- Providers Must Keep Medicare to Medicaid Crosswalk Information Current
- Crosswalk will continue to be used as long as Medicare Numbers are received on Crossover claims



Mapping Solution

- If NPI on claim is not found in database, NPI is unknown
- Claims will deny
- Providers who file electronically will receive unknown report



Unknown NPI Report

- Contains NPI which has not been reported to Medicaid
- Will be sent every checkwrite to Address on Claim
- Action Required: Report NPI via NPI and Address Database
- Provider must Resubmit Claims



Mapping Solution

- If mapping solution cannot narrow down to one MPN, claim will be 'unresolved'
- Provider will receive unresolved report including instructions for action required



New and Modified EOB Codes

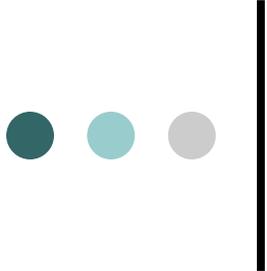
*New Codes Created for NPI
Implementation*



(EOB) Explanation of Benefits Codes for NPI

- EOB 3101
 - Taxonomy code for Attending provider is missing

- EOB 3102
 - Taxonomy code for Billing provider is missing



(EOB) Explanation of Benefits Codes for NPI

- EOB 3107

- Claim should contain NPI only without Medicaid provider number as provider is not atypical

- EOB 3208

- Void or adjustment cannot be processed. Billing NPI does not match NPI on file for original provider



(EOB) Explanation of Benefits Codes for NPI

- EOB 3209
 - Void or adjustment cannot be processed. Billing NPI does not match NPI filed on original claims



Modified EOB Codes for NPI

- EOB 270

- Billing provider is not the recipient's Carolina Access PCP. Authorization is missing or unresolved. Contact PCP for auth or EDS Provider Services if auth is correct



Modified EOB Codes for NPI

- EOB 3007 (Hospice)
 - Patient facility identification is missing, invalid, or unresolved. Verify patient facility ID and resubmit as a new claim or contact EDS Provider Services if ID is correct



Modified EOB Codes for NPI

- EOB 8326

- Attending provider ID is missing or unresolved. Attending provider is required. Verify attending provider ID and resubmit as a new claim or contact EDS Provider Services if ID is correct



Billing Tips

Helpful Hints to Assist You with
Claims



Atypical Providers

- Do not provide health care services, therefore not eligible to apply for NPI
- Providers must notify DMA Provider Services of atypical status
- DMA will update Provider Database and NPI and Address Database



Atypical Providers

- Will not have an NPI
- Claims will continue to process using MPN
- MPN used for referrals
 - Example: Some LMEs

NPI on Paper Remittance



North Carolina Medicaid - Remittance and Status Advice

NPI XXXXXXXXXX

Provider Number: 001 Date: 02/14/2006

Name	Service Dates	Days/	Procedure/Accommodation/	Total	Non	Total	Payable	
Recipient ID	From To	Units	DrugCode and Description	Billed	Allow	Allowed	Carback	
PAID CLAIMS								
DRUG								
FIRST M	SVC	RI					TOTAL	
RECIPIENT ID	LAST NAME	NAME I	DATE	NUM	DRUG CODE	DRUG NAME	QTY CLAIM NUMBER	BILLED

- Billing Provider's NPI will display
- If no NPI appears, we do not have your NPI in the database, please report



270/271 Transactions

- Recipient Eligibility HIPAA Inquiry
- Submit either NPI or MPN





Automated Voice Response System (AVRS)

- Will be enhanced to Allow NPI or MPN
- If Multiple MPNs found for one NPI, caller must select MPN for pricing or PA inquiries
 - Can select from list of up to 15 MPNs



Voids and Replacements

- If NPI Changes and an Adjustment is needed:
 - Void Claim with Old NPI
 - Resubmit with New NPI
- Cannot Submit Replacement Claim



Manual Adjustments

- Continue to submit Adjustment requests the same way as you do today

