

	POLICY AND PROCEDURES		
	POLICY NUMBER:		CHLAMG-CI-1012
	ORIGINAL DATE: 11/1/2018	REVISED:	EFFECTIVE: 12/26/2018
DEPARTMENT: Compliance	APPROVED BY: Carl Grushkin, MD and Chief Compliance Officer		
POLICY TITLE: National Provider Identification (NPI) under HIPAA			

PURPOSE:

To ensure compliance with federal regulations that require the submission of electronic transactions using NPIs.

DEFINITIONS:

National Provider Identification (“NPI”): A unique 10-digit number issued by the Centers for Medicare and Medicaid Services (CMS) and used to identify a health care provider to its other health care partners, including all payers. There are two types of NPIs:

Type 1: Health care providers who are individuals, including physicians, dentists and all sole proprietors. An individual is only eligible for one NPI.

Type 2: Health care providers who are organizations, including physician groups, hospitals, and other health care facilities, and a corporation formed when an individual incorporates himself/herself.

SCOPE: This policy mandates the use of the NPI for all HIPAA standard electronic transactions, including claims, encounters, eligibility, claims status inquiries, electronic remittance advice, etc.

POLICY:

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), federal Medicare regulations, Medi-Cal, and other payors require health care providers to obtain and use a standardized NPI. Use of the NPI is required as identification on electronic transactions. The NPI reported on claims and encounters helps CHLAMG to efficiently process claims and encounters and to avoid delays or denials. The NPI may also be used:

- By health care providers to identify themselves in health care transactions in HIPAA or on related correspondence;
- By health care providers to identify other health care providers in health care transactions or on related correspondence;
- By health care providers on prescriptions in addition to the DEA number;
- By health plans to coordinate benefits with other health plans;
- By health plans in their internal provider files to process transactions and communicate with health care providers;
- By electronic patient record systems to identify treating health providers in patient medical records;
- By the Department of Health and Human Services (HHS) to cross-reference health care providers in fraud and abuse and other program integrity files;
- For any other lawful activity requiring the individual identification of health care providers.

POLICY OWNER: CHLAMG Compliance Director

Approved by CHLAMG Executive Compliance Committee on December 26, 2018