 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE	JOHNS HOPKINS HEALTHCARE	Policy Number: RPC.004 Effective Date: 10/1/2016 Revision Date:
	Subject: National Provider Identifier (NPI) Department: Provider Relations Lines of Business: PPMCO, USFHP, EHP, ADVANTAGE MD	Page 1 of 3

ACTION

- New Policy
- Repealed Policy Date: _____
- Superseded Policy Number: _____

The most current version of the reimbursement policies can be found on www.jhhc.com.


These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with ICD-10 codes, CPT code, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on www.jhhc.com.

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POLICY

In compliance with the Health Insurance Portability and Accountability Act 1996 (HIPAA), Johns Hopkins HealthCare (JHHC) requires all covered entities to use the National Provider Identifier (NPI) in standard HIPAA transactions. There are two types of health care providers in terms of NPIs and JHHC requires the health care provider to bill with the appropriate Type I NPI or Type II NPI whichever is appropriate. Providers not using the appropriate Type I NPI or Type II NPI will receive a denied claim due to not billing in compliance with HIPAA.

DEFINITIONS

The National Provider Identifier (NPI) is a 10 digit number that is used to identify providers in all standard HIPAA transactions. There are two types of health care providers in terms of an NPI number.

Type I NPI are health care providers who are individuals, including physicians, dentists, and solo proprietors. An individual is eligible for only one NPI.

Type II NPI are health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him or herself.

EXCLUSIONS

N/A


EXEMPTIONS

N/A

CROSS REFERENCE (with other relevant policies, procedures, and/or workflows)

This policy has been developed through consideration of the following:

- Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
- State Medicaid

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- Health Insurance Portability and Accountability Act of 1996 (HIPAA) - TRICARE Operations Manual 6010.56-M, February 1, 2008 Health Insurance Portability and Accountability Act (HIPAA) of 1996, Chapter 19, Section 4
- Department of Defense (DOD)

APPROVALS

Steering Committee Approval Date: 8/12/2016

Last Review Dates: