

## **Providers may see increase in claims rejections beginning next week**

The Centers for Medicare & Medicaid Services (CMS) recently announced that beginning Sept. 3, carriers will no longer correct billing or pay-to provider information submitted on Medicare claims submitted by group practices. This may lead to an increase in claims rejections when not using the correct National Provider Identifier (NPI) or NPI and legacy number combination. Group practices should be reporting the group NPI or group legacy number in combination with the group NPI in the billing or pay-to-provider identifier filed.

CMS advises medical practices that experience an increase in claims rejections to first verify that the correct NPI or NPI-PIN combination was submitted. If the information on file with NPPES is correct and you continue to experience difficulty with claims submissions, CMS suggests that you contact your Medicare carrier. The problem may be related to your Medicare provider enrollment application (CMS-855). Medicare carriers will turn off this edit on a rolling basis. You should receive notification from your carrier prior to the implementation of this policy.

Providers who also act as durable medical equipment suppliers must be consistent in their enumeration. If the provider enumerates as an individual with the National Supplier Clearinghouse (NSC), he/she must enumerate as an individual with the National Plan and Provider Enumeration System (NPPES). If the provider enumerates as an organization with NSC, the same must be done with NPPES.

To verify your information, visit NPPES at <https://nppes.cms.hhs.gov> or contact (800) 465.3203.

For more information on common billing errors connected with the NPI, read MLN Matters article SE0725, which can be found at [www.cms.hhs.gov/MLNMattersarticles/](http://www.cms.hhs.gov/MLNMattersarticles/).

## **CMS issues guidance on tamper-resistant prescription pads**

On Aug. 17, the Centers for Medicare & Medicaid Services (CMS) issued guidance for state Medicaid directors on the new requirement that written, nonelectronic prescriptions for Medicaid outpatient drugs must be issued on tamper-resistant prescription pads. Under the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, this requirement takes effect Oct. 1.

The provision applies to all written, nonelectronic prescriptions provided in settings other than certain specified institutional and clinical settings. According to the recently issued guidance, it will not apply to prescriptions transmitted to pharmacies electronically, orally or via facsimile, nor will it apply to emergency fills of prescriptions when an oral, faxed, electronic or compliant written prescription is sent within 72 hours of the date on which the prescription was filled. The requirement also does not apply to Medicaid managed care entities.

Since the announcement of this provision, many questions have been raised regarding the definition of "tamper-resistant." As part of the guidance, CMS clarified that tamper-resistant prescription pads must meet one of the following characteristics for Oct. 1:

- Contain one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- Use one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; or
- Include one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

By Oct. 1, 2008, prescription pads must meet all of the above characteristics to be considered tamper-resistant. Under the guidance, CMS has given flexibility to state Medicaid directors to determine exactly how each state will meet the new requirement. Note that states that currently have laws and regulations governing tamper-resistant prescription pads will be considered in compliance with the CMS guidance.

### *Top four most frequently asked questions on tamper-resistant prescription pads*

Q: Which of the characteristics has your practice chosen to meet for Oct. 1, 2007?

A: The medical practice does not get to choose which of the three characteristics its prescription pads must meet for Oct. 1, 2007. It is up to the state Medicaid director to make that decision and to decide how the state will meet that characteristic.

Q: Doesn't this requirement only apply to outpatient prescription drugs dispensed in the office?

A: No, this requirement applies to all written, nonelectronic prescriptions for outpatient drugs, whether the drugs are dispensed in the office or by a pharmacy.

Q: Does this apply to Medicaid HMO plans?

A: No, the tamper-resistant requirement does not apply to Medicaid managed care products.

Q: My practice transmits prescriptions electronically. What do I need to do to comply with this requirement?

A: If you transmit prescriptions via e-prescribing, verbal communication or facsimile, this requirement does not apply to you. This requirement is designed to promote e-prescribing because it is already considered tamper-resistant.

### *Resources*

View the CMS letter to state Medicaid directors at

<http://www.cms.hhs.gov/SMDL/downloads/SMD081707.pdf>.

Read the CMS guidance to state health policymakers at

<http://www.cms.hhs.gov/SMDL/downloads/SMD081707.pdf>.

Read the provider education article on tamper-resistant prescription pads at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0736.pdf>.

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