

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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Providers who bill with an NPI must use full nine-digit ZIP Codes and taxonomy codes on all claims

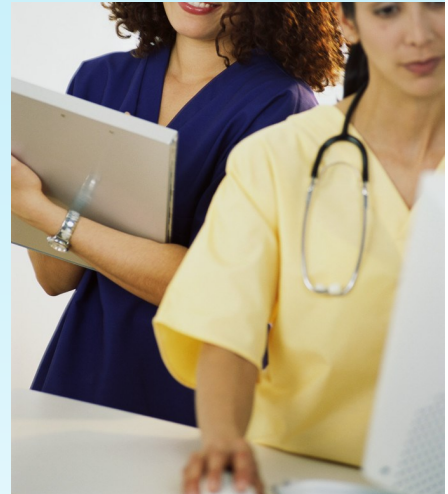
The Indiana Health Coverage Programs (IHCP) reminds providers who bill with a National Provider Identifier (NPI) of the importance of including the full nine-digit ZIP Code and an appropriate taxonomy code for the specific service location on all claims. **Note: This is true for fee-for-service claims processed and paid through CoreMMIS, as well as for managed care claims that are submitted to the managed care entities (MCEs). It does not apply, however, to atypical providers, such as waiver providers and most transportation providers, that bill with their Provider ID rather than an NPI.**

To process claims accurately, the IHCP must establish a one-to-one relationship between the provider's NPI and the specific IHCP Provider ID or service location for the claim. For providers with multiple IHCP Provider IDs (service locations) associated with a single NPI, the full nine-digit ZIP Code and a taxonomy code for the specific service location are often required to establish the proper match.

Providers should make certain that their IHCP provider enrollment profiles contain current addresses and the appropriate primary taxonomy code, as well as any additional taxonomy codes that represent the provider's specialties. The taxonomy code and ZIP Code submitted on the claim must match a taxonomy code listed in the Provider Profile, as well as the ZIP Code on file for that service location.

The NPI crosswalk in CoreMMIS considers the combination of three data fields to identify a unique provider when processing claims, as follows:

- Billing provider NPI (this data field for paper claims is identified below):
 - Dental Billing — box 49
 - Professional Billing — box 33a
 - Institutional Billing — box 56
 - Dental Rendering — box 54
 - Professional Rendering — box 24J
 - Institutional Attending — box 76



■ Billing provider taxonomy code (this data field for paper claims is identified below):

- Dental Billing — box 52A
- Professional Billing — box 33b
- Institutional Billing — box 81CC a
- Dental Rendering — box 56A
- Professional Rendering – box 24
- Institutional Attending — box 81CC b



■ Billing provider service location ZIP Code + 4 (this data field for paper claims is identified below):

- Dental Billing — box 48
- Professional Billing — box 33
- Institutional Billing — box 1

If CoreMMIS cannot make the one-to-one match to identify the specific Provider ID associated with a claim, the claim will deny for one of the explanations of benefits (EOBs) listed in Table 1. Providers should be aware that if the claim denies at the header level because the Provider ID cannot be identified, the claim will not appear on the provider's Remittance Advice (RA). If a claim was submitted and there is no response on the RA, providers can find out the status of the claim through the Provider Healthcare Portal or the Interactive Voice Response (IVR) system, using the Member ID (RID) and the date of service (DOS).

Table 1 – EOBs reported when the specific Provider ID associated with the claim cannot be determined

EOB code	Description
1109	<i>The billing NPI is reported to multiple service locations. Resubmit the claim with the billing provider service location ZIP Code + 4 and/or taxonomy code (posts at claim header)</i>
1120	<i>The rendering provider NPI or Medicaid ID is submitted on the claim, but is invalid or does not crosswalk/not reported to the IHCP. Please verify and resubmit (posts at claim detail level)</i>
1129	<i>The rendering NPI crosswalks to multiple Medicaid IDs. Resubmit the claim with the rendering provider in addition to the rendering NPI (posts at claim header or detail level)</i>
1141	<i>The attending physician NPI is reported to multiple Medicaid IDs. Resubmit the claim with the taxonomy of the attending physician in addition to the attending NPI (posts at claim header)</i>
1151	<i>The operating physician NPI is reported to multiple Medicaid IDs. Resubmit the claim with the taxonomy of the operating physician in addition to the operating NPI (posts at claim header)</i>

For more information about submitting claims, see the [Claims Submission and Processing](#) provider reference module at indianamedicaid.com.

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