



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: National Provider Identifier Mandate Effective May 23, 2008**

## Overview

This bulletin describes important information regarding the mandated use of the National Provider Identifier (NPI). Effective on receipt date of May 23, 2008, the NPI must be identified on all Health Insurance Portability and Accountability Act (HIPAA) standard transactions, paper claims, and paper adjustment requests.

## Background

The HIPAA of 1996 requires the adoption of a standard unique identifier for healthcare providers. The NPI Final Rule issued January 23, 2004, adopted the NPI as this standard. The NPI is a 10-digit identifier that replaces healthcare provider identifiers traditionally used on HIPAA standard transactions.

## NPI on Paper Claims

Effective March 1, 2008, only the CMS-1500 (08-05 version), UB-04, and the ADA 2006 will be the accepted claim forms. Older versions of these forms, such as CMS-1500 (12/90), UB-92, or the ADA claim form (2000/2002 version), will be returned to the provider unprocessed.

Also effective March 1, 2008, claims from healthcare providers received without the billing provider NPI will deny. Atypical providers, First Steps, and pharmacy claims are exempt from this deadline. Atypical providers are those who do not provide healthcare services in the regular course of business.

## NPI Field Locators

Table 1.1 identifies the field locators for the NPI on paper and electronic claim forms.

Table 1.1 – NPI Field Locators

CMS-1500 / 837P	UB-04 / 837I	ADA 2006 / 837D	Paper Drug Claim Forms	NCPDP Transaction
Billing: 33a X12: 2010AA loop NM108 = XX NM109 = NPI	Billing: 56 X12: 2010AA loop NM108 = XX NM109 = NPI	Billing: 49 X12: 2010 AA loop NM108 = XX NM109 = NPI	Billing: 25 (Compounded Drug Form) Billing: 21 (Drug Claim Form)	Billing: 202-B2 Service Provider ID Qualifier and 201-B1 Service provider ID
Rendering: 24J-unshaded (Group providers only) X12: 2310B loop, or Detail level 2420A NM108 = XX NM109 = NPI	Attending: 76	Rendering: 54 (Group providers only) X12: 2310B loop, or 2420A loop NM108 = XX NM109 = NPI	Prescriber ID (Compounded Drug Form): 03 Prescriber ID (Drug Claim Form): 02	Prescribing: 466-EZ Prescriber ID Qualifier and 411-DB Prescriber ID
Referring: 17b X12: 2310A loop NM108 = XX NM109 = NPI	Operating: 77			
	Referring: 78			

## NPI Mandatory May 23, 2008

Effective on receipt date of May 23, 2008, all claims for healthcare providers must report the NPI in the appropriate field locators or electronic segments in order to adjudicate properly. Electronic claims received without the billing NPI will be rejected. Providers who submit paper claims with the Legacy Provider Identifier (LPI) should allow one week for mailing time to ensure their claims are received before May 23, 2008. Paper claims received without the billing NPI will be returned to the provider.

## Care Select

Members in the *Care Select* program are assigned to a primary medical provider (PMP). Specialist services billed to the Indiana Health Coverage Programs (IHCP) require the two-digit certification code and the NPI of the PMP. Specialist claims received without the PMP information, including the NPI, will deny. Specialist providers must obtain the NPI from the PMP when claims deny due to missing PMP NPI information. PMPs are reminded to provide their NPI (not the LPI) when referring services to a specialist provider.

Specialist claims reported with missing or invalid certification codes are subject to the following edits:

1047 - *The Certification Code is Missing – Care Select.* Please verify and resubmit.

1048 - *The Certification Code is Invalid – Care Select.* Please verify and resubmit.

1049 - *The recipient is enrolled in the Care Select Program.* Claim must have recipient’s primary medical provider information. Please provide information and resubmit.

## Prescribing Practitioner NPIs

Practitioners with prescribing authority must provide their NPI to the dispensing pharmacy and/or to durable medical equipment providers. Claims for these providers will deny when the prescriber NPI is missing or invalid. Prescribers must provide this information even if the prescribing practitioner is not a billing IHCP provider. This applies to *all* prescribing practitioners, including resident physicians, nurse practitioners, and physicians' assistants.

## Paid Claim Adjustment Requests

Paid Claim Adjustment Request Forms for medical, dental, and institutional providers are available under the Forms link at [www.indianamedicaid.com](http://www.indianamedicaid.com). Providers may utilize these paper forms to request an adjustment of a claim in paid status. All Paid Claim Adjustment Request Forms received as of May 23, 2008, must contain an NPI for all provider fields on the claim. This is required of all claims being adjusted, even claims submitted prior to the May 23, 2008, implementation. As a reminder, providers may adjust claims electronically by using the *Replace This Claim* and *Void* features of Web interChange. Electronic adjustments may be performed on claims in a paid or denied status.

Please note that a claim in denied status cannot be adjusted using the paper adjustment request forms.

## Eligibility Verification Systems (EVS)

Healthcare providers who verify member eligibility using the Omni swipe machine must perform a software download prior to May 23, 2008, to use their NPI to obtain eligibility information. Bulletin [BT200711](#) dated May 3, 2007, provides instructions for Omni users to perform the needed software download. This bulletin also includes instructions for verifying eligibility using an NPI. Providers who utilize the Automated Voice Response (AVR) system may also use their NPI to verify member eligibility. In Bulletin [BT200711](#), AVR users will also find instructions for using the NPI to obtain eligibility information.

## NPI Crosswalk

EDS uses a crosswalk to establish a one-to-one match between the LPI and the NPI. A one-to-one match is required to identify the provider and adjudicate claims. Three data elements are used in the crosswalk: the billing NPI, the service location ZIP Code + 4, and the taxonomy code.

*Note: The service location is defined as the physical address on file in IndianaAIM as the service location. Providers may verify this address via the Provider Profile function of Web interChange.*

The service location ZIP Code + 4 is required on paper claim forms in the following field locators:

- CMS-1500 (08-05) – Field 33
- UB-04 – Field 1
- ADA 2006 – Field 48

The service location ZIP Code + 4 is required on electronic claim transactions in the following location:

- 837P, 837I, or 837D – Loop 2010AA - Segment N403

Prior to May 23, 2008, when providers reported any of these three elements on their claims, EDS performed an edit process to verify the accuracy of each with the data in the claims processing system, IndianaAIM. Discrepancies between the information on the claim and the data in IndianaAIM posted as an NPI-related edit message on the Biller Summary Report (BSR) and remittance advice (RA). These edit messages were informational and did not result in denial of the claim.

On and after May 23, 2008, IndianaAIM can properly adjudicate claims when *any* of the three crosswalk data elements is correctly reported and a one-to-one match is established.

For claims adjudicated on and after May 23, 2008, NPI-related edit messages are set for full claim denial.

## **Biller Summary Report NPI Errors**

Providers who submit batch claims electronically receive a Biller Summary Report (BSR) that displays the results of pre-adjudication edits. When the NPI crosswalk data elements received on the electronic transaction do not achieve a one-to-one match, BSR rejection errors are displayed. Claims that receive the following BSR errors are not accepted for processing.

### **258 – Billing NPI Tied to Multiple LPs**

Cause: The billing NPI is reported to multiple LPs.

Resolution: Report the service location ZIP Code + 4 and/or taxonomy to identify the office that provided the service.

### **259 – Billing NPI Not Tied to an LPI**

Cause: The billing NPI was not correctly reported to an LPI in IndianaAIM

Resolution: Providers should contact the Medicaid Field Consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm)

### **260 – Billing NPI Must Be Submitted**

Cause: The billing NPI was not submitted on the transaction.

Resolution: The NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

## **NPI-Related Edits**

When the NPI crosswalk data elements reported on claims differ from the NPI information in IndianaAIM, edit messages within the 1100-1157 range post to the RA. Following is a description of these edits and the method of resolution. Providers may utilize this information to resolve NPI claim errors.

### **200 – Invalid Prescriber Type Specialty**

Cause: The prescriber ID reported in NCPDP field number 411-DB crosswalks to an IHCP provider number that has a provider type equal to 24 – Pharmacy.

Resolution: A dispensing pharmacy cannot utilize its own or any other pharmacy provider's NPI as the prescribing practitioner's NPI. The dispensing pharmacy must verify that the prescriber's NPI number is correct and re-bill the claim.

### **1100 – Billing NPI Not Reported to a Legacy Provider Identifier**

Cause: The billing NPI has not been reported to the IHCP.

Resolution: The NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **1101 – Billing NPI Is Reported to Multiple Legacy Provider Identifiers**

Cause: The billing NPI is reported to multiple LPIs and either no ZIP Code + 4 or taxonomy code was submitted, or the submitted information does not match what was reported.

Resolution: Report the service location ZIP Code + 4 and/or taxonomy to identify the office that provided the service.

### **1102 – Billing NPI Must Be Submitted**

Cause: The LPI was submitted on the claim without an NPI.

Resolution: All healthcare claims must report an NPI.

### **1107 – Billing LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted**

Cause: The NPI submitted on the claim does not crosswalk to the LPI submitted on the claim.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1108 – Billing NPI Has No Matching LPI**

Cause: The billing NPI does not crosswalk to an LPI in IndianaAIM.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1109 – Billing NPI Information Submitted Is Reported to Multiple LPIs**

Cause: The billing NPI is reported to multiple LPIs and either no ZIP Code + 4 or taxonomy code was submitted, or the submitted information does not match what was reported.

Resolution: Report the service location ZIP Code + 4 and/or taxonomy to identify the office that provided the service.

### **1110 – Referring/PMP NPI Information Submitted Is Not Reported to an LPI**

Cause: The *Care Select* PMP NPI submitted on the claim is not reported to an LPI in IndianaAIM.

Resolution: The NPI of the *Care Select* PMP must be reported to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **1111 – Referring/PMP NPI Information Submitted Is Reported to Multiple LPis**

Cause: The *Care Select* PMP is reported to multiple LPis.

Resolution: The taxonomy of the *Care Select* PMP must be submitted on the claim in addition to the PMP NPI.

### **1112 – Referring/PMP NPI Must Be Submitted**

Cause: The *Care Select* PMP NPI is missing from the claim.

Resolution: The NPI of the *Care Select* PMP must be submitted on the claim.

### **1117 – Referring LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted**

Cause: The *Care Select* PMP NPI submitted on the claim does not crosswalk to the PMP LPI submitted on the claim.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1118 – Referring NPI Has No Matching LPI Reported**

Cause: The *Care Select* PMP NPI does not crosswalk to an LPI in IndianaAIM.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1119 – Referring NPI Information Submitted Is Reported to Multiple LPis**

Cause: The *Care Select* PMP NPI crosswalks to multiple LPis.

Resolution: The taxonomy of the *Care Select* PMP must be submitted on the claim in addition to the PMP NPI.

### **1120 – Rendering NPI Information Submitted Is Not Reported to an LPI**

Cause: The rendering provider NPI is submitted on the claim, but has not been reported to the IHCP.

Resolution: The group must report the rendering provider NPI to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **1121 – Rendering NPI Information Submitted Is Reported to Multiple LPis**

Cause: The rendering provider NPI submitted is reported to multiple LPis in IndianaAIM.

Resolution: The taxonomy of the rendering provider must be submitted on the claim in addition to the rendering NPI.

### **1122 – Rendering NPI Must Be Submitted**

Cause: The rendering provider LPI was submitted without the rendering NPI.

Resolution: The rendering provider NPI must be submitted on claims.

### **1127 – Rendering LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted**

Cause: The rendering NPI submitted on the claim does not crosswalk to the rendering LPI submitted on the claim.

Resolution: Remove the rendering LPI from the claim.

### **1128 – Rendering NPI Has No Matching LPI**

Cause: The rendering NPI does not crosswalk to an LPI in IndianaAIM.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1129 – Rendering NPI Information Submitted Is Reported to Multiple LPIs**

Cause: The rendering NPI crosswalks to multiple LPIs in IndianaAIM.

Resolution: The taxonomy of the rendering provider must be submitted on the claim in addition to the rendering NPI.

### **1140 – Attending NPI Information Submitted Is Not Reported to an LPI**

Cause: The attending physician NPI is submitted on the claim, but has not been reported to the IHCP.

Resolution: The attending physician must report the NPI to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **1141 – Attending NPI Information Submitted Is Reported to Multiple LPIs**

Cause: The attending physician NPI is reported to multiple LPIs.

Resolution: The taxonomy of the attending physician must be submitted on the claim in addition to the attending NPI.

### **1142 – Attending NPI Must Be Submitted**

Cause: The license number of the attending physician was reported on the claim without the attending NPI.

Resolution: The attending physician NPI must be submitted on claims.

### **1147 – Attending LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted**

Cause: The attending physician NPI does not crosswalk to the LPI associated with the license number submitted.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1150 – Operating NPI Information Submitted Is Not Tied to an LPI**

Cause: The operating physician NPI has not been reported to the IHCP.

Resolution: The operating physician NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **1151 – Operating NPI Information Submitted Is Tied to Multiple LPis**

Cause: The operating physician NPI is reported to multiple LPis.

Resolution: The taxonomy of the operating physician must be submitted on the claim in addition to the operating NPI.

### **1152 – Operating NPI Must Be Submitted**

Cause: The operating physician license number is submitted without the NPI.

Resolution: The NPI of the operating physician must be submitted on the claim.

### **1157 – Operating LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted**

Cause: The operating physician NPI does not crosswalk to the LPI associated with the license number submitted.

Resolution: Providers should contact the Medicaid field consultant for assistance. Locate your field consultant at [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

### **1160 – Prescriber NPI Number Not On File**

Cause: The NPI that is populated in NCPDP field number 411-DB is not on file. The Pharmacy Claims Adjudication system is not able to find a match for this NPI number on the HCidea prescriber database and the NPI number populated in NCPDP field number 411-DB does not pass the digit validation check, also known as the Luhn formula.

Resolution: Provider should ensure that the prescriber's NPI is correct. The dispensing pharmacy may contact the prescriber to verify or they may use the NPI look-up tool located at: <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

If the dispensing pharmacy cannot obtain a valid NPI for the prescribing practitioner, they must contact the prescriber for verification of the prescriber's NPI with the enumerator.

### **1161 – Invalid Service Provider ID Qualifier**

Cause: The Service Provider ID qualifier populated in NCPDP field number 202-B2 is not equal to 01 – NPI.

Resolution: Provider should ensure that the service provider ID qualifier in NCPDP field number 202-B2 is equal to 01. Providers should contact their software vendor to ensure that they are sending the correct qualifier.



### **1162 –Prescriber ID Qualifier Is Invalid**

Cause: The qualifier submitted in NCPDP field number 466-EZ on the claim is not equal to “01” – NPI.

Resolution: Provider should ensure that the prescriber ID qualifier in NCPDP field number 466-EZ is equal to “01” – NPI. Providers should contact their software vendor to ensure that they are sending the correct qualifier.

### **1163 – Missing Service Provider ID Qualifier**

Cause: NCPDP field number 202-B2 on the claim is not populated or it contains all zeros or spaces.

Resolution: Provider should ensure that the prescriber ID qualifier in NCPDP field number 466-EZ is equal to “01” denoting NPI. Providers should contact their software vendor to resolve this issue.

### **1164 – Missing Prescriber ID Qualifier**

Cause: NCPDP field number 466-EZ on the claim is not populated or it contains all zeros or spaces.

Resolution: Provider should ensure that the prescriber ID qualifier in NCPDP field number 466-EZ is equal to “01” denoting NPI. Providers should work with their software vendor to resolve this issue.

## **NPI News**

Stay up to date with the latest NPI information in the weeks leading up to the May 23, 2008 final NPI compliance date. Please monitor the IHCP Web Site and provider publications for information about any change in the implementation schedule or notice of possible contingency plans.

## **Contact Information**

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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