



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**

Overview

Since the National Provider Identifier (NPI) mandate was implemented May 23, 2008, the provider community has made great strides in adjusting to the new provider identification submission rules. Effective October 1, 2009, only NPI will be accepted for healthcare providers. This will alleviate resubmission of denied claims for NPI edits and allow more timely claim payments. This includes claims submitted on paper claim forms, through Web interChange, or through electronic data interchange (EDI).

Nonhealthcare, atypical providers, including all Home and Community-Based Services (HCBS) waiver providers, will continue to submit their Legacy Provider Identifier (LPI) numbers.

All healthcare providers must report their NPIs on all claims and establish a one-to-one match with the billing provider office location, or the claim will be rejected.

Three data elements are used for the standard NPI crosswalk:

- Billing provider NPI
- Billing provider taxonomy code
- Billing provider office location ZIP Code + 4 on file in *IndianaAIM*

Paper Claim Submission

Figure 1 shows a portion of the UB-04 claim form with the affected form fields circled. Table 1 lists the affected fields and describes the requirements for completing the fields after September 30, 2009.

Figure 1 – LPI/NPI Fields on the Institutional UB-04 Claim Form

Table 1 – UB-04 Fields and Descriptions

UB-04 Fields	Description
Field 56	NPI – Enter the 10-digit NPI for the billing provider. The billing physician’s taxonomy should be entered in field 81CCa. Required for healthcare providers.
Field 57A	Effective October 1, 2009, healthcare providers will no longer enter the LPI in this field.
Field 57C	Other Provider ID – Atypical providers enter the LPI for the billing provider. The LPI includes nine numeric characters and one alpha character for the service location.
Field 76	Attending Physician ID – Enter the attending physician’s 10-digit numeric NPI. The attending physician’s taxonomy should be entered in field 81CCb. Required for inpatient, outpatient, ambulatory surgical center (ASC), and long-term care (LTC).
Field 77	Operating Physician ID – Enter the operating physician’s 10-digit numeric NPI. Required for inpatient.
Field 78	Other – Enter other physician’s (referring/primary medical provider – PMP) 10-digit numeric NPI. Required for Indiana Health Coverage Programs (IHCP) members enrolled in Care Select.
Field 81CCa, b	Additional Codes – Enter B3 taxonomy qualifier and corresponding 10-digit alphanumeric taxonomy code. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations. 81CCa – first box B3 qualifier, second box taxonomy code for billing provider from field 56 81CCb – first box B3 qualifier, second box taxonomy code for attending provider from field 76

Atypical providers must continue billing with the LPI. **The IHCP encourages all waiver providers who have both an NPI and LPI to bill using only the LPI.** Waiver providers who choose to bill with an NPI associated with multiple LPIs must ensure that a taxonomy code is not indicated on the claim.

Note: If the taxonomy code is included on a waiver claim, payment may be made to the wrong service provider.

Example: An entity performs both waiver and Medicaid home health services. Both providers use the same NPI for billing and have the same ZIP Code. When submitting claims, the home health provider must bill using the NPI and the taxonomy code. The waiver provider must bill using the NPI without the taxonomy code. If the waiver claim is billed with the NPI and a taxonomy code, payment will be sent to the home health provider.

Billing and Rendering Provider Numbers

The following are the four provider classifications:

1. Billing – A practitioner or facility operating under a unique taxpayer identification number (TIN). The TIN may be the practitioner’s Social Security number (SSN) or a Federal Employer Identification Number (FEIN), but a sole proprietor’s TIN may not be shared or used by any other practitioner, group, or facility.
2. Group – Any practice with one or more practitioners (rendering providers) sharing a common TIN. A group may be a corporation or partnership, or any other legally defined business entity. The group must have members linked to the business, and these members are identified as rendering (the person performing the service) providers.
3. Rendering – The provider that performs the services. Reimbursement for these services is paid to the group and reported on the group’s TIN.
4. Dual – A provider that is a billing and rendering provider. The provider is enrolled as a billing provider at one or more locations, and is also a member of a group or groups at one or more locations.

It is imperative that healthcare providers enter only the NPI in field 33a on the CMS-1500. Placement of more than one NPI in this field could result in reimbursement of the claim to the wrong provider.

Note: Atypical providers (nonmedical service providers) will continue to bill using the LPI in field 33b with the ID qualifier.

Figure 2 shows a portion of the CMS-1500 claim form. The fields affected by this change and the requirements for completing the fields after September 30, 2009, are listed in Table 2.

Figure 2 – LPI/NPI Fields on the Physician CMS-1500 Claim Form

Table 2 – CMS-1500 Form Locators and Descriptions

CMS-1500 Form Locator	Description
17a	<p>ID Number of Referring Provider, Ordering Provider, or Other Source – Enter the qualifier in the first shaded box of 17a, indicating what the number reported in the second shaded box of 17a represents. Atypical providers should report the IHCP LPI provider number in the second box of 17a. Healthcare providers should report the taxonomy code in the second box of 17a. The qualifier is required when entering the IHCP LPI provider number or taxonomy.</p> <p>Qualifiers to report to IHCP:</p> <p>ID is the qualifier that applies to the IHCP provider number, also called the LPI for the atypical nonhealthcare provider. The LPI includes nine numeric characters and one alpha character for the service location.</p> <p>ZZ is the qualifier that applies to the provider taxonomy code. The taxonomy code includes 10 alphanumeric characters. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations.</p> <p>Required when applicable and for any waiver-related services.</p>
17b	<p>NPI – Enter the 10-digit numeric NPI of the referring provider, ordering provider, or other source. Required when applicable and for Care Select PMPs.</p>

CMS-1500 Form Locator	Description
24I Top Half – Shaded Area	<p>Rendering Qualifier – Enter the qualifier, indicating what the number reported in the shaded area of 24J represents – 1D for IHCP LPI rendering provider number or ZZ for rendering provider taxonomy code.</p> <p>1D is the qualifier that applies to the IHCP provider number (LPI) for atypical nonhealthcare providers. The LPI includes nine numeric characters. Atypical providers (for example, certain transportation and waiver service providers) are required to submit their LPIs.</p> <p>Taxonomy – Enter the taxonomy code of the rendering provider. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations.</p>
24J Bottom Half	<p>Rendering Provider NPI – Enter the NPI of the rendering provider. Required if applicable.</p>
33	<p>Billing Provider Info & Ph# – Enter the billing provider office location name, address, and the ZIP Code + 4. Required.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><i>Note: If the U.S. Postal Service provides an expanded ZIP Code (ZIP Code + 4) for a geographic area, this expanded ZIP Code must be entered on the claim form.</i></p> </div>
33a	<p>Billing Provider NPI – Enter the billing provider NPI. Required.</p>
33b	<p>Billing Provider Qualifier and ID Number – Healthcare providers may enter a billing provider qualifier of ZZ and taxonomy code. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations</p> <p>If the billing provider is an atypical provider, enter the qualifier 1D and the LPI. Required.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><i>Note: Qualifiers are ZZ = Taxonomy and 1D = LPI.</i></p> </div>

Figure 3 shows a portion of the American Dental Association (ADA) dental claim form. The fields affected by this change and the requirements for completing the fields after September 30, 2009, are listed in Table 3.

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)			TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
48. Name, Address, City, State, Zip Code			53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.	
49. NPI			X _____ Signed (Treating Dentist) Date	
90. License Number		51. SSN or TIN	54. NPI	55. License Number
92. Phone Number () -			56. Address, City, State, Zip Code	
92A. Additional Provider ID			56A. Provider Specialty Code	
97. Phone Number () -			58. Additional Provider ID	

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 J400 (Same as ADA Dental Claim Form – J401, J402, J403, J404)

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Figure 3 – LPI/NPI Fields on the ADA Dental Claim Form

Table 3 – ADA Claim Form Fields and Description

ADA Claim Form Fields	Description
48	Name, Address, City, State, ZIP Code + 4 – Enter the billing provider office location name, address, city, state, and nine-digit ZIP Code. Required.
49	NPI – Enter the 10-digit numeric NPI of the billing or group provider. Required.
50	License Number – Effective October 1, 2009, healthcare providers will no longer enter the LPI in this field.
52A	Additional Provider ID – Enter the taxonomy code for the billing provider NPI. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations
54	NPI – Enter the rendering provider NPI. Required.
56A	Provider Specialty Code – Enter the rendering provider taxonomy code for the NPI. Taxonomy may be needed to establish a one-to-one NPI/LPI match if the provider has multiple locations.
58	Additional Provider ID – Effective October 1, 2009, healthcare providers will no longer enter the LPI in this field.

Web interChange or Electronic Claims Submission

The following screen prints are examples of the Web interChange Claim Submission window beginning October 1, 2009.

Note: On Web interChange, the NPI and/or LPI for the Billing Provider field on claims and the provider field on the inquiry screens will be prepopulated with the NPIs and/or LPIs to which the Web interChange user ID is linked.

Claim Submission – NPI Only

The billing provider NPI field will be prepopulated with the NPIs to which the user ID is linked.

Note: Although a medical claim type is displayed in the following examples, the highlighted changes apply to all claim types.

The screenshot shows a web browser window titled "Professional Claim - Microsoft Internet Explorer provided by EDS Indiana Title XIX". The page content is titled "Professional Claim" and includes a legend: "* denotes a required field." The form is divided into several sections:

- Billing Information:** Contains fields for * NPI (with a callout box labeled "National Provider Identifier"), Postal Code, Taxonomy, * Member ID, * Last Name, * First Name, * Patient Account #, Rendering Provider, Rendering NPI, Rendering Taxonomy, Referring Provider, Referring NPI, Referring Taxonomy, Certification Code, * Signature Indicator (Yes/No), and Medical Record #. There are "Notes..." and "Attachments..." buttons.
- Service Information:** Contains Claim Type (Medical), * Place of Service, Hospital From Date, Hospital To Date, Pregnancy? (Yes/No), Last Menstrual Period, Accident Related to (Auto, Employment, Other Accident), and Special Program.
- Coordination of Benefits:** Contains Total TPL and Total Medicare Paid, with a "Benefit Information" button.

Figure 4 – User Associated with at Least One Healthcare Billing Provider and No Atypical Billing Provider

Claim Submission – LPI Only

The Billing Provider LPI field will be prepopulated with the LPI linked to the user ID.

The screenshot shows a web browser window titled "Professional Claim - Microsoft Internet Explorer provided by EDS Indiana Title XIX". The page content is titled "Professional Claim" and includes a legend: "* denotes a required field." The form is divided into several sections:

- Billing Information:** Contains fields for Legacy Provider Id (with a callout box), Member ID, Last Name, First Name, Patient Account #, Rendering Provider, Rendering NPI, Rendering Taxonomy, Referring Provider, Referring NPI, Referring Taxonomy, Certification Code, Signature Indicator (Yes/No), and Medical Record #.
- Service Information:** Contains Claim Type (Medical), Place of Service, Hospital From/To Dates, Pregnancy? (Yes/No), Last Menstrual Period, Accident Related to (Auto, Employment, Other Accident), and Special Program.
- Coordination of Benefits:** Contains Total TPL and Total Medicare Paid.

Buttons for "Notes...", "Attachments...", and "Benefit Information" are also visible.

Figure 5 – User Associated Only with Atypical Billing Providers

Professional Claim - Microsoft Internet Explorer provided by EDS Indiana Title XIX

Professional Claim

* denotes a required field.

Billing Information

* NPI Postal Code - Taxonomy

* Legacy Provider Id

* Member ID

* Last Name * First Name * Patient Account #

Rendering Provider Rendering NPI Rendering Taxonomy

Referring Provider Referring NPI Referring Taxonomy

Certification Code * Signature Indicator Yes No Medical Record #

Notes... **Attachments...**

Service Information

Claim Type **Medical** * Place of Service

Hospital From Date Hospital To Date

Pregnancy? Yes No Last Menstrual Period

Accident Related to Auto Employment Other Accident Special Program

Coordination of Benefits

Total TPL

Total Medicare Paid

Benefit Information

Figure 6 – User Associated with Both Healthcare and Atypical Billing Providers

Prior Authorization Submission – NPI Only

The following screen prints are examples of the Web interChange Prior Authorization Submission window beginning October 1, 2009.

http://localhost:5886/ - Prior Authorization Request - Microsoft Internet Explorer provided by EDS Indiana Title ...

Indiana Project Workbook D... Suggested Sites EDS Canada Links EDS US Sites 8-Line Converter COE Helpdesk

Prior Authorization Request

* denotes a required field

Request Information

* Requester NPI Taxonomy Code Postal Code -

* Member ID * Date of Birth

* Certification Type Choose... * Service Type Choose...

* Request Category HEALTH SERVICES REVIEW * Release of Info Choose...

Patient Account #

Service Prov NPI Taxonomy Code Postal Code -

Service Prov Number

Emergency Ind Update to PA #

Attachments... Trace Info... More Rqst Prov Info... More Svc Prov Info...

Supporting Information

Principal Diagnosis Diag Date Accident Date Onset Date

Last Period Est Birth Date Service Start Service End

Admit Start Admit End Discharge Date Surgery Date

Facility Qualifier Facility Type

Figure 7 – User Associated with at Least One Healthcare Provider and No Atypical Provider

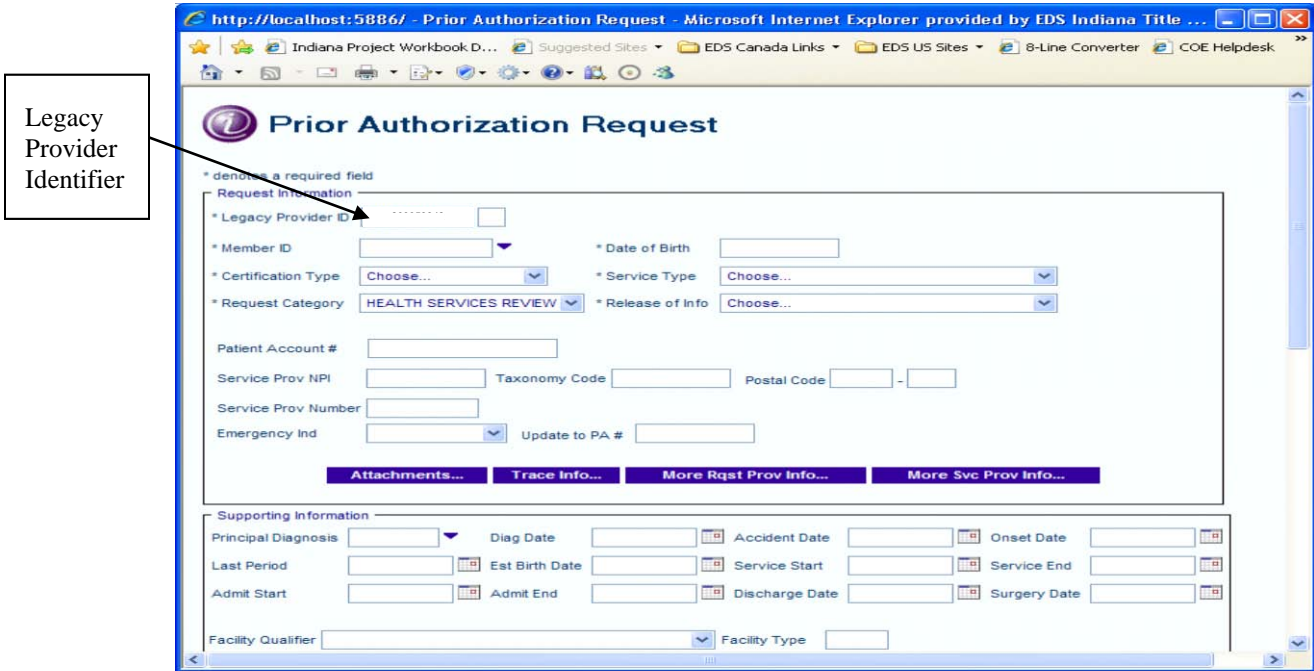


Figure 8 – User Associated Only with Atypical Providers

Electronic Data Interchange – EDI

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 billing provider 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.

Table 4 – Biller Summary Report Error Descriptions

BSR Error	Description	Cause	Resolution
258	Billing NPI Tied to Multiple LPIs	The billing NPI is reported to multiple LPIs and a one-to-one match with the billing provider office location cannot be established.	Submit the billing provider ZIP Code + 4 and/or taxonomy code on file to identify the billing provider office location.
259	Billing NPI Not Tied to an LPI	The billing provider NPI has not been reported to the IHCP.	The NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at http://www.indianamedicaid.com/ihcp/index.asp .

BSR Error	Description	Cause	Resolution
	<div style="border: 1px solid black; padding: 5px;"> <i>Note: There are multiple reasons for error code 259.</i> </div>	The billing NPI was not correctly reported to the IHCP.	Providers should contact the Medicaid Field Consultant for assistance. Locate your field consultant at http://provider.indianamedicaid.com/contact-us/provider-relations-field-consultants.aspx .
		The billing NPI, ZIP Code + 4 and/or taxonomy code submitted does not cross walk to a billing provider in IndianaAIM.	Submit the proper billing provider ZIP Code + 4 and/or taxonomy code on file to identify the billing provider office location.
260	Billing NPI Must Be Submitted	The billing NPI was not submitted on the transaction.	Submit the billing provider NPI on the claim.

Effective October 1, 2009, the following claims adjudication edits will no longer apply. Claims that previously posted the 1100 series edits below will now reject for Biller Summary Report NPI Errors 258, 259, or 260.

- 1100 – Billing NPI Not Reported to a Legacy Provider Identifier
- 1101 – Billing NPI Is Reported to Multiple Legacy Provider Identifiers
- 1102 – Billing NPI Must Be Submitted
- 1107 – Billing LPI Obtained in the NPI Crosswalk Conflicts with the LPI Submitted
- 1108 – Billing NPI Has No Matching LPI
- 1109 – Billing NPI Information Submitted Is Reported to Multiple LPIs

NPI Field Locators

Table 5 identifies the field locators for the NPI on paper and electronic claim forms.

Table 5 – Field Locators for NPI – Paper and Electronic Forms

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

CMS-1500/837P	UB-04/837I	ADA 2006/837D	Paper Drug Claim Forms	NCPDP Transaction
or Detail level 2420A NM108 = XX NM109 = NPI		NM108 = XX NM109 = NPI	Form): 02	Prescriber ID
Referring: Paper – 17b X12: 2310A loop NM108 = XX NM109 = NPI	Operating: Paper – 77			
	Referring: Paper – 78			

Table 6 identifies the field locators for the billing provider ZIP Code + 4 on paper and electronic claim forms.

Table 6 – Field Locators for Billing Provider ZIP Code + 4 – Paper and Electronic Forms

CMS-1500/837P	UB-04/837I	ADA 2006/837D	Paper Drug Claim Forms	NCPDP Transaction
Paper – 33 X12: 2010AA loop N403	Paper – 1 X12: 2010AA loop N403	Paper – 48 X12: 2010AA loop N403		

Table 7 identifies the field locators for the billing provider taxonomy code on paper and electronic claim forms.

Table 7 – Field Locators for Billing Provider Taxonomy Code – Paper and Electronic Forms

CMS-1500/837P	UB-04/837I	ADA 2006/837D	Paper Drug Claim Forms	NCPDP Transaction
Paper – 33b ZZ qualifier and taxonomy code X12: 2310A loop PRV02 = ZZ PRV03 = taxonomy code	Paper – 81CCa or b First box – B3 qualifier Second box – taxonomy code X12: 2000A loop PRV02 = ZZ PRV03 = taxonomy code	Paper – 52A X12:2000A loop PRV02 = ZZ PRV03 = taxonomy code		

NPI – Most Common Claim Denials

The following are the most common claim denials related to the NPI and an avenue of resolution for each edit. It is imperative that providers review claims for these explanations of benefits (EOBs) and take the actions necessary to resolve the NPI issue to avoid future denials.

Only atypical providers, those ineligible to receive an NPI, are exempt from the NPI submission mandate.

Table 8 – Most Common NPI Claim Denials

Edit	EOB Description	Avenue of Resolution	Effective October 1, 2009
1107	Billing LPI obtained in NPI crosswalk conflicts with LPI submitted on the claim	Submit claims with the billing NPI only, instead of the billing LPI and NPI combination. Claims must be submitted with the data elements needed to establish a one-to-one NPI/LPI match. This edit is applicable to inpatient, inpatient crossover, outpatient, outpatient crossover, home health, and long-term care claim types.	The billing LPI will be ignored if submitted with the billing NPI for EDI and paper claims for healthcare providers. Nonhealthcare, atypical providers should continue to submit their LPIs only.
1108	Billing NPI has no matching LPI	EDS uses an NPI crosswalk to establish a one-to-one match between the LPI and the NPI. A one-to-one match is required to identify the billing provider. If the provider has multiple locations, three data elements are used in the crosswalk: the billing NPI, the billing provider office location ZIP Code + 4, and the taxonomy code. Claims must be submitted with the data elements needed to establish a one-to-one match.	EDI claims will reject. Paper claims for healthcare providers will be returned to provider. Nonhealthcare, atypical providers should continue to submit their LPIs only.
1109	Billing NPI information submitted reports to multiple LPIs	EDS uses an NPI crosswalk to establish a one-to-one match between the LPI and the NPI. A one-to-one match is required to identify the billing provider. If the provider has multiple locations, three data elements are used in the crosswalk: the billing NPI, the billing provider office location ZIP Code + 4, and the taxonomy code. Claims must be submitted with the data elements needed to establish a one-to-one match.	EDI claims will reject. Paper claims for healthcare providers will be returned to provider. Nonhealthcare, atypical providers should continue to submit their LPIs only.

Edit	EOB Description	Avenue of Resolution	Effective October 1, 2009
		<div style="border: 1px solid black; padding: 5px;"> <p><i>Note: When a physician provides a service in the hospital, the physician's office service location NPI should be submitted on the claim, instead of the hospital NPI.</i></p> </div>	
1100	Billing NPI information submitted not reported to a LPI	<p>The billing provider NPI is submitted on the claim but has not been reported to the IHCP. The billing NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at www.indianamedicaid.com.</p> <p>Refer to the Provider Services section of the Web site, under NPI. Three topics are included:</p> <ul style="list-style-type: none"> • Overview (includes instructions) • News • Report Your NPI 	<p>EDI claims will reject. Paper claims for healthcare providers will be returned to provider.</p>
1120	Rendering NPI info submitted not reported to LPI	<p>The rendering provider NPI is submitted on the claim but has not been reported to the IHCP. The rendering NPI must be reported to the IHCP via the NPI Online Reporting Tool accessible at www.indianamedicaid.com.</p> <p>Refer to the Provider Services section of the Web site, under NPI. Three topics are included:</p> <ul style="list-style-type: none"> • Overview (includes instructions) • News • Report Your NPI 	<p>Paper, Web interChange, and EDI claims will deny.</p>
1122	Rendering NPI must be submitted	<p>Medical, medical crossover, and dental services must be billed with an NPI. Only atypical providers, those ineligible to receive an NPI, are exempt from the NPI submission mandate.</p>	<p>Paper, Web interChange, and EDI claims will deny.</p>
1127	Rendering LPI obtained in NPI crosswalk conflicts with LPI submitted	<p>Submit claims with the rendering NPI only, instead of the rendering LPI and NPI combination. This edit is applicable to medical, medical crossover, and dental claim types.</p>	<p>The rendering LPI will be ignored if submitted with the rendering NPI for EDI and paper claims for healthcare providers.</p>

Edit	EOB Description	Avenue of Resolution	Effective October 1, 2009
			Non-healthcare, atypical providers should continue to submit their LPIs only.
1128	Rendering NPI has no matching LPI	EDS uses an NPI crosswalk to establish a one-to-one match between the LPI and the NPI. A one-to-one match is required to identify the rendering provider. If the provider has multiple locations, two data elements are used in the crosswalk: the NPI and the taxonomy code. Claims must be submitted including the data elements needed to establish a one-to-one match.	Paper, Web interChange, and EDI claims will deny.

Contact Information

For more information, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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