

June 1, 2008
Provider Bulletin

Institutional 837 NPI Enumeration and Contractual Chart

BlueChoice HealthPlan's NPI contingency period will formally end on May 23, 2008, unless further guidance is provided by CMS to allow for an extended contingency period. BlueChoice HealthPlan is currently processing NPI-only claims and encourages all providers to move to NPI-only submission on transactions by the deadline. If a provider is currently submitting with dual identifiers, we encourage the provider to submit a sampling of claims to BlueChoice HealthPlan with NPI-only identifiers prior to the deadline. After the end of the formal contingency period, we will work with providers and providers' contracted vendors to maintain current business operations, while supporting providers' efforts to comply with the requirements of HIPAA's NPI Rule.

During BlueChoice HealthPlan's contingency period, we are analyzing claims trends in our ongoing efforts to help ensure a smooth NPI transition. To that end, we developed the following chart to assist our institutional claims submitters. Strictly a reference tool, the chart is a guide for entering NPI information appropriately on the electronic 837. Please note that the chart only applies to providers including NPI numbers. The chart is a reference tool only and does NOT replace the American National Standards Institute (ANSI) X12N 837 institutional implementation guides, companion documents or trading partner agreements.

Legacy Identifiers (highlighted below in blue**) are optional during the contingency period, except for providers who are not eligible for an NPI. NPI-only electronic claim submissions will be required beginning May 24, 2008. Electronic claims submitted with legacy identifiers may be **REJECTED** after the end of the contingency period. (Identifiers that may not be accepted include: 0B, 1A, 1B, 1C, 1D, 1G, 1H, E2, LU, N5, X5).

Loop ID	Data Element	Institution or facility enumerated with Type 2 NPI	UB04 Institutional Claim Form	
2000A Billing or Pay-to Provider specialty information This loop is situational per the IG, however required by CMS for Medicare and strongly recommended by BlueChoice HealthPlan.	PRV01	"BI" or "PT"		
	PRV02	"ZZ"		
	PRV03	Provider Taxonomy Code		
2010AA Billing Provider Per the Implementation guide this loop required.	NM101	85		
	NM108	XX		
	NM109	Type 2 NPI		FL56
	REF01	EI or SY		FL57
	REF02	Tax ID or SSN		FL57
	REF01	1A** or 1C**		FL57
	REF02	Your Current Provider ID#		FL57
2010AB Pay-To-Provider Per the Implementation guide, only required if the pay-to-provider is different than the billing provider.	NM101	87	71	72
	NM108	XX		
	NM109	Type 2 NPI	Attending NPI – FL76	Operating NPI – FL77
	REF01	EI or SY		
	REF02	Tax ID or SSN		
	REF01	1A** or 1C**		
	REF02	Your Current Provider ID#		

Please note, this chart is only a guide. If you need further guidance, please contact your provider representative/consultant or your EDI Helpdesk.