Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

# Guide for Submission of National Provider Identifier (NPI) for Electronic Claim Submission

The NPI is a HIPAA mandate requiring a standard identifier for all health care providers. May 23, 2007 is the compliance date on which all HIPAA covered entities must report the NPI in standard transactions. On and after January 1, 2007, MDCH recommended that providers begin submitting both the NPI and Medicaid legacy number within the electronic 837 4010A1 professional, dental, and institutional claim formats to assist with claims testing.

On and after May 23, 2007, Medicaid providers are required to submit their NPI's instead of their Medicaid legacy provider ID numbers. A providers' Taxpayer Identification Number (TIN) which is the provider's Social Security Number or Employer Identification Number will continue to be used. The Implementation Guides for each of the standard transactions must be followed when submitting electronic claims to MDCH. The following tables may be used as a supplemental guide for submitting key provider information to MDCH.

## 837 4010A1 Professional Claim Format – Provider Information

| Provider Type | 837 Loop | 837 Segment | Provider Information |
|---|---|---|---|
| **Billing Provider** | 2000A | PRV03 | Taxonomy * |
| | 2010AA | NM103 | Last Name |
| | 2010AA | NM104 | First Name |
| | 2010AA | NM105 | Middle Name |
| | 2010AA | NM107 | Suffix |
| | 2010AA | NM108/NM109 | Primary Identifier |
| | 2010AA | REF 01/REF 02 | Secondary Identifier |
| | 2010AA | N403 | Zip Code |
| **Pay-To Provider** | 2000A | PRV03 | Taxonomy * |
| | 2010AB | NM103 | Last Name |
| | 2010AB | NM104 | First Name |
| | 2010AB | NM105 | Middle Name |
| | 2010AB | NM107 | Suffix |
| | 2010AB | NM108/NM109 | Primary Identifier |
| | 2010AB | REF 01/REF 02 | Secondary Identifier |
| | 2010AB | N403 | Zip Code |
| **Referring Provider** | 2310A | NM108/NM109 | Primary Identifier |
| | 2310A | REF 01/REF 02 | Secondary Identifier |
| **Claim Level Rendering Provider** | 2310B | PRV03 | Taxonomy |
| | 2310B | NM103 | Last Name |
| | 2310B | NM104 | First Name |
| | 2310B | NM105 | Middle Name |
| | 2310B | NM107 | Suffix |
| | 2310B | NM108/NM109 | Primary Identifier |
| | 2310B | REF 01/REF 02 | Secondary Identifier |

| Provider Type | 837 Loop | 837 Segment | Provider Information |
|---|---|---|---|
| **Claim Level Service Facility** | 2310D | NM108/NM109 | Primary Identifier |
| | 2310D | N403 | Zip Code |
| **Service Level Rendering Provider** | 2420A | PRV03 | Taxonomy |
| | 2420A | NM103 | Last Name |
| | 2420A | NM104 | First Name |
| | 2420A | NM105 | Middle Name |
| | 2420A | NM107 | Suffix |
| | 2420A | NM108/NM109 | Primary Identifier |
| | 2420A | REF 01/REF 02 | Secondary Identifier |
| **Service Level Service Facility** | 2420C | NM108/NM109 | Primary Identifier |
| | 2420C | PRV03 | Zip Code |

* Due to the 837 layout restrictions, a provider can only send either the Billing provider or Pay-to Provider Taxonomy.

## 837 4010A1 Institutional Claim Format – Provider Information

| Provider Type | 837 Loop | 837 Segment | Provider Information |
|---|---|---|---|
| **Billing Provider** | 2010AA | PRV03 | Taxonomy * |
| | 2010AA | NM103 | Last Name |
| | 2010AA | NM108/NM109 | Primary Identifier |
| | 2010AA | REF 01/REF 02 | Secondary Identifier |
| | 2010AA | N403 | Zip Code |
| **Pay-To Provider** | 2010AB | PRV03 | Taxonomy * |
| | 2010AB | NM103 | Last Name |
| | 2010AB | NM108/NM109 | Primary Identifier |
| | 2010AB | REF 01/REF 02 | Secondary Identifier |
| | 2010AB | N403 | Zip Code |
| **Attending Provider** | 2310A | NM108/NM109 | Primary Identifier |
| | 2310A | REF 02 | Secondary Identifier |
| **Operating Provider** | 2310B | NM108/NM109 | Primary Identifier |
| | 2310B | REF 01/REF 02 | Secondary Identifier |
| **Other Provider** | 2310C | REF 02 | Secondary Identifier |
| **Claim Level Service Facility** | 2310E | NM103 | Last Name |
| | 2310E | NM108/NM109 | Primary Identifier |
| | 2310E | REF 01/REF 02 | Secondary Identifier |
| | 2310E | N403 | Zip Code |

* Due to the 837 layout restrictions, a provider can only send either the Billing provider or Pay-to Provider Taxonomy.

## 837 4010A1 Dental Claim Format – Provider Information

| Provider Type | 837 Loop | 837 Segment | Provider Information |
|---|---|---|---|
| **Billing Provider** | 2000A | PRV03 | Taxonomy * |
| | 2010AA | NM103 | Last Name |
| | 2010AA | NM104 | First Name |
| | 2010AA | NM105 | Middle Name |
| | 2010AA | NM107 | Suffix |
| | 2010AA | NM108/NM109 | Primary Identifier |
| | 2010AA | REF 01/REF 02 | Secondary Identifier |
| | 2010AA | N403 | Zip Code |
| **Pay-To Provider** | 2000A | PRV03 | Taxonomy * |
| | 2010AB | NM103 | Last Name |
| | 2010AB | NM104 | First Name |
| | 2010AB | NM105 | Middle Name |
| | 2010AB | NM107 | Suffix |
| | 2010AB | NM108/NM109 | Primary Identifier |
| | 2010AB | REF 01/REF 02 | Secondary Identifier |
| | 2010AB | N403 | Zip Code |
| **Referring Provider** | 2310A | NM108/NM109 | Primary Identifier |
| | 2310A | REF 01/REF 02 | Secondary Identifier |
| **Claim Level Rendering Provider** | 2310B | PRV03 | Taxonomy |
| | 2310B | NM103 | Last Name |
| | 2310B | NM104 | First Name |
| | 2310B | NM105 | Middle Name |
| | 2310B | NM107 | Suffix |
| | 2310B | NM108/NM109 | Primary Identifier |
| | 2310B | REF 01/REF 02 | Secondary Identifier |
| **Claim Level Service Facility** | 2310C | NM108/NM109 | Primary Identifier |
| **Service Level Rendering Provider** | 2420A | PRV03 | Taxonomy |
| | 2420A | NM103 | Last Name |
| | 2420A | NM104 | First Name |
| | 2420A | NM105 | Middle Name |
| | 2420A | NM107 | Suffix |
| | 2420A | NM108/NM109 | Primary Identifier |
| | 2420A | REF 01/REF 02 | Secondary Identifier |

* Due to the 837 layout restrictions, a provider can only send either the Billing provider or Pay-to Provider Taxonomy.