

## **NPI Reporting Guidelines for 837 Encounter Transactions – Revised 3/15/07**

MDCH will follow NPI reporting guidelines as addressed in the 837 Implementation Guides. For the following submission dates:

### **January 1, 2007 – May 22, 2007**

- The National Provider ID (NPI) may be reported in the applicable provider loops (e.g. – billing, rendering, servicing, etc.) as the primary identifier. In these cases, the Employer Identification Number (EIN) or Social Security Number (SSN) must be reported as the secondary identifier for the Billing Provider in the REF segment (Loop 2010AA).
- If the NPI is not reported during this transition period, the EIN or SSN must continue to be reported as the primary identifier. An encounter submitted without a primary identifier will be rejected.
- The provider's legacy number (e.g. – Medicaid ID, State license number, etc.) must continue to be reported in a repeat of the REF segment of the applicable provider loops (e.g. – billing, rendering, servicing, etc.). Multiple repeats of this segment may be reported in the 837 transactions.

### **May 23, 2007 and after**

- Only the NPI may be sent as a primary identifier to identify a provider.
- Legacy identifiers may not be sent in the REF segments for covered health care providers.
- The tax identification is not considered a legacy identifier. When the NPI is sent in the NM1 segment for the Billing Provider (Loop 2010AA, NM109) or the *Pay-To Provider (Loop 2010AB, NM109)*, the associated REF segment containing the tax ID must be sent.
- Providers other than the Billing/Pay To, Rendering, Service Facility that do not have an NPI must report their SSN or tax ID in the NM1 segment and a legacy number(s) in the REF segment. It is expected that most all providers will have an NPI. If so, the NPI must be reported in the NM1 segment of the applicable loop, and the REF segment must not be sent.

### **Expected Editing of Provider Identifiers May 23, 2007 and after**

- Initially, edits will be informational only.
- Billing Provider Edits – Professional & Institutional 837 Transaction
  - Loop 2010AA, NM108 – Qualifier of “XX” is expected.
  - Loop 2010AA, NM109 – 10 digit NPI is expected.
  - Loop 2010AA, REF01 – Qualifier of “EI” or “SY” is expected. .
  - Loop 2010AA, REF02 – Is not blanks or zeros.
- Rendering Provider Edits – Professional 837 Transaction Only
  - 2310B/2420A, NM108 – Qualifier of “XX” is expected.
  - 2310B/2420A, NM109 – 10 digit NPI is expected.
- Service Facility Name Edits – Institutional 837 Transaction Only
  - 2310E, NM108 – Qualifier of “XX” is expected.
  - 2310E, NM109 – 10 digit NPI is expected.

### **Additional Considerations**

- Health plans may require their health care providers to obtain an NPI in order to do business with them, even if the provider is not submitting electronic transactions.
- Health plans should continue to submit taxonomy codes for their professional and institutional providers. In addition to being utilized to identify provider specialty, the taxonomy code may be utilized to help distinguish subparts of institutional providers.