

Tips for Proper Electronic and Paper Claims Submission



Inside this “toolkit” you will find tips for submitting your National Provider Identifier (NPI) when submitting electronic and paper claims. Enclosed you will get the latest news on electronic and paper claim submissions, the CMS-1500 claim form, and loop and data elements, plus resources for where you can find additional information.

Electronic Claim Submission

AmeriHealth systems accept 837P (professional) and 837I (institutional) version 4010A1 electronic claims with an NPI. We will reject any electronic claim that does not have an NPI as a provider’s primary identifier after the May 23, 2008, compliance date.

AmeriHealth Dual Use Requirements

Please see the information on the following pages regarding loop and data elements, which will assist you in entering in your NPI and optional submission of your legacy number when submitting electronic claims. This information was effective January 1, 2007.

How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or
TTY (800) 692-2326
- ▶ **E-mail:** customerservice@npienumerator.com
- ▶ **Mail:**
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

Professional Loop and Data Elements

Loop	Data Element	Industry Name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
	REF02	Billing Provider Secondary Identification Number	Legacy
2310A		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
	PRV03	Referring Provider Taxonomy Code	Taxonomy
	REF02	Referring Provider Secondary Identifier	Tax ID
	REF02	Referring Provider Secondary Identifier	Legacy
2310B		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy
	REF02	Rendering Provider Secondary Identifier	Tax ID
	REF02	Rendering Provider Secondary Identifier	Legacy
2310D		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
	REF02	Laboratory or Facility Secondary Identifier	Legacy
	REF02	Laboratory or Facility Secondary Identifier	Tax ID
2420A		RENDERING PROVIDER NAME	
	NM109	Rendering Provider Primary Identifier	NPI
	PRV03	Rendering Provider Taxonomy Code	Taxonomy
	REF02	Rendering Provider Secondary Identifier	Tax ID
	REF02	Rendering Provider Secondary Identifier	Legacy

Institutional Loop and Data Elements

Loop	Data Element	Industry Name	Content
2000A		BILLING PROVIDER SPECIALTY INFORMATION	
	PRV03	Provider Taxonomy Code	Taxonomy
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Primary Identifier	NPI
	REF02	Billing Provider Secondary Identification Number	Tax ID
	REF02	Billing Provider Secondary Identification Number	Legacy
2310A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2310B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy
2310C		OTHER PROVIDER NAME	
	NM109	Other Provider Primary Identifier	NPI
	PRV03	Other Provider Taxonomy Code	Taxonomy
	REF02	Other Provider Secondary Identifier	Tax ID
	REF02	Other Provider Secondary Identifier	Legacy
2310D		REFERRING PROVIDER NAME	
	NM109	Referring Provider Primary Identifier	NPI
	PRV03	Referring Provider Taxonomy Code	Taxonomy
	REF02	Referring Provider Secondary Identifier	Tax ID
	REF02	Referring Provider Secondary Identifier	Legacy
2310E		SERVICE FACILITY NAME	
	NM109	Facility Primary Identifier	NPI
	PRV03	Facility Provider Taxonomy Code	Taxonomy
	REF02	Facility Secondary Identifier	Tax ID
	REF02	Facility Secondary Identifier	Legacy
2420A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	PRV03	Attending Physician Taxonomy Code	Taxonomy
	REF02	Attending Physician Secondary Identifier	Tax ID
	REF02	Attending Physician Secondary Identifier	Legacy
2420B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	PRV03	Operating Physician Taxonomy Code	Taxonomy
	REF02	Operating Physician Secondary Identifier	Tax ID
	REF02	Operating Physician Secondary Identifier	Legacy

Paper Claim Submission

The CMS-1500 (08/05) Claim Form and NPI

NPIs are required as of May 23, 2008, when submitting a CMS-1500 (08/05) claim form. A sample CMS-1500 (08/05) claim form can be found on the next page.

Though the form accommodates NPI, you may continue to report **current** provider identification numbers in the appropriate shaded areas of the form (**17a, 24J, 32b, and 33b**) until otherwise notified. Current provider identification numbers must be preceded by a two-character qualifier ID. This qualifier ID is the same as the qualifier ID used when billing electronically. If you do not currently bill electronically, please use the following ID: G2.

Please note the NPI-specific areas circled in “green” on the CMS-1500 claim form.

If you have obtained your NPI(s) and submitted them to us, you must begin to report them as of May 23, 2008. In addition, you may continue to use your current provider identification numbers on the CMS-1500 (08/05) claim form.

If you have any questions regarding the NPI, the application process, or reporting your NPI to us, please contact your Network Coordinator or Provider Services.

Instructions for filling out the CMS-1500 (08/05) claim form can be found at www.amerhealth.com/providers/npi/forms.html.

Tips for Proper Paper Submission

- Tax ID is REQUIRED
- Legacy ID is OPTIONAL - Legacy ID is prefixed with G2
- The following identifiers are not valid in the NPI fields: Tax ID number, Social Security Number, Corporate ID number
- The NPI is a unique 10-digit identification number. There are no dashes in the NPI. There is **NO PREFIX** on the NPI.
 - Boxes 17b, 32a, 33a are for the NPI only
 - Box 24J (shaded) is the rendering provider ID number
 - Box 24J (unshaded) is the rendering provider NPI
 - NPI for a physician cannot be used for a billing NPI unless the physician is a solo practitioner
- PIN and GROUP numbers have been eliminated from the new form
- Boxes 17a, 32b, 33b require the prefix: G2
- Box 19 requires a ZZ prefix for the Taxonomy Code

1500

HEALTH INSURANCE CLAIM FORM

CMS-1500 (08/05)

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE MEDICAID TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1) **ABC1234567800**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Doe, John B.**

3. PATIENT'S BIRTH DATE MM/DD/YY **03/20/71** SEX **M**

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, John B.**

5. PATIENT'S ADDRESS (No., Street) **1234 Main Street**

6. PATIENT RELATIONSHIP TO INSURED **Self**

7. INSURED'S ADDRESS (No., Street) **1234 Main Street**

8. PATIENT STATUS **Married**

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, Mary**

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER **15974**

12. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (MM/DD/YY) **10/28/06**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM/DD/YY) **02/01/2006**

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY **11/01/06 TO 11/04/06**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **Josephine Smith, M.D.**

17a. Referring Provider's two-character qualifier ID **G2**

17b. Referring Provider's Current Provider ID **0123456789**

17c. Referring Provider's NPI **999999999**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY **11/01/06 TO 11/04/06**

19. RESERVED FOR LOCAL USE **ZZ207LP2900X**

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER **123456789**

	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM/DD/YY	To MM/DD/YY									
1	11/02/06	11/02/06	21	6	99205	1	\$50.00	1		G2	1234567000 8888888888
2	11/03/06	11/03/06	21	6	20600 25	2	\$250.00	1			Two-character qualifier ID of the Rendering Provider
3											
4											
5											
6											

24. FEDERAL TAX I.D. NUMBER **22-1234567**

25. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **Richard B. Smith, M.D.**

26. SERVICE FACILITY LOCATION INFO **ABC Hospital 123 Street Anytown NJ 08999**

27. ACCEPT ASSIGNMENT? (For govt. claims, see back)

28. TOTAL CHARGE \$ **100.00**

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. BILLING PROVIDER INFO & PH # **(856) 555-5555**

32. BILLING PROVIDER INFO & PH # **(856) 555-5555**

33. SIGNATURE OF BILLING PROVIDER **ABC Medical Group 8 North American Street Anytown, NJ 08999**

34. BILLING PROVIDER INFO & PH # **(856) 555-5555**

35. BILLING PROVIDER INFO & PH # **(856) 555-5555**

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100. BILLING PROVIDER INFO & PH # **(856) 555-5555**

NUCC Instruction Manual available at: www.nucc.org OMB APPROVAL PENDING

Red items are required by AmeriHealth for payment.
 Blue items are required for payment when applicable to the patient's condition/situation.
 Black items are optional.

Indicates new field and/or requirement.
 Circled items are NPI-specific.

Important NPI Resources

Please visit the following websites for additional information:

AmeriHealth Provider NPI website: www.amerihealth.com/providers/npi

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

CMS Main NPI website: www.cms.hhs.gov/NationalProvIdentStand

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

NPI Enumerator website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

WEDI NPI White Papers: www.wedi.org/snip/

Industry NPI papers, including “NPI Impact on Providers,” “NPI Dual Use Strategy,” “NPI and Subparts,” etc.

WEDI NPI Outreach Initiative: www.wedi.org/npioi/index.shtml

NPI Resource Center with information resources, Industry readiness assessment survey, etc.