



BlueCross BlueShield
of Illinois



National Provider Identifier (NPI) Filing Requirements

Effective May 23, 2007, the National Provider Identifier (NPI), will be the standard identifier for covered health care providers to use when filing and processing health care claims and other transactions.

837 Health Care Claims (Professional and Institutional)

In support of our continued goal of sharing with the BCBS provider community the most up to date and relevant information as it relates to our NPI implementation plans, we wanted to use this document (in addition to the HCSC Companion Guides located http://www.thinedi.com/hipaa/comp_docs.htm.) to also provide you with information as it relates to correctly submitting electronic claims to BCBS IL, NM, OK and TX during our transition period – November 15, 2006 through May 22, 2007.

During the BCBS IL, NM, OK and TX transition period, the sender must put their NPI in the Primary Identifier field and their BCBS ID in the Secondary Identifier field.

To correctly submit 837 Professional Health Care Claims to BCBS IL, NM, OK or TX, the sender's billing and pay to provider information must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay to provider information must be contained in loop 2010AB, the referring provider must be contained in loop 2310A and rendering provider must be contained in loop 2310B as depicted below:

Correctly Reporting Billing Provider

Loop	Data Element	Name	Content
2010AA	NM108	Identification Code Qualifier	"XX"
2010AA	NM109	Billing Provider Identifier	NPI
2010AA	REF01	Reference Identification Qualifier	EI
2010AA	REF02	Billing Provider Additional Identifier	Tax ID
2010AA	REF01	Reference Identification Qualifier	"1B"
2010AA	REF02	Billing Provider Additional Identifier	BS ID

Correctly Reporting Pay to Provider

Loop	Data Element	Name	Content
2010AB	NM108	Identification Code Qualifier	"XX"
2010AB	NM109	Pay to Provider Identifier	NPI
2010AB	REF01	Reference Identification Qualifier	EI
2010AB	REF02	Pay to Provider Additional Identifier	Tax ID
2010AB	REF01	Reference Identification Qualifier	"1B"
2010AB	REF02	Pay to Provider Additional Identifier	BS ID

Correctly Reporting Referring Provider

Loop	Data Element	Name	Content
2310A	NM108	Identification Code Qualifier	"XX"
2310A	NM109	Referring Provider Identifier	NPI
2310A	REF01	Reference Identification Qualifier	"1B"
2310A	REF02	Referring Provider Additional Identifier	BS ID

Correctly Reporting Rendering Provider

Loop	Data Element	Name	Content
2310B	NM108	Identification Code Qualifier	"XX"
2310B	NM109	Rendering Provider Identifier	NPI
2310B	REF01	Reference Identification Qualifier	"0B"
2310B	REF02	Rendering Provider Secondary Identifier	State License No.

To correctly submit 837 Institutional Health Care Claims to BCBS IL, NM, OK or TX, the billing, pay to provider, attending physician name, operating physician name, service facility name and other provider name must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay to provider information must be contained in loop 2010AB, attending physician name must be contained in loop 2310A, operating physician name in loop 2310B, other provider name in loop 2310C and the service facility name in loop 2310E as depicted below:

Correctly Reporting Billing Provider

Loop	Data Element	Name	Content
2010AA	NM108	Identification Code Qualifier	"XX"
2010AA	NM109	Billing Provider Identifier	NPI
2010AA	REF01	Reference Identification Qualifier	EI
2010AA	REF02	Billing Provider Additional Identifier	Tax ID
2010AA	REF01	Reference Identification Qualifier	"1A"
2010AA	REF02	Billing Provider Additional Identifier	BC ID

Correctly Reporting Pay to Provider

Loop	Data Element	Name	Content
2010AB	NM108	Identification Code Qualifier	"XX"
2010AB	NM109	Pay to Provider Identifier	NPI
2010AB	REF01	Reference Identification Qualifier	EI
2010AB	REF02	Pay to Provider Additional Identifier	Tax ID
2010AB	REF01	Reference Identification Qualifier	"1A"
2010AB	REF02	Pay to Provider Additional Identifier	BC ID

Correctly Reporting Attending Physician Name

Loop	Data Element	Name	Content
2310A	NM108	Identification Code Qualifier	"XX"
2310A	NM109	Attending Physician Primary Identifier	NPI
2310A	REF01	Reference Identification Qualifier	"1B"
2310A	REF02	Attending Physician Secondary Identifier	BS ID

Correctly Reporting Operating Physician Name

Loop	Data Element	Name	Content
2310B	NM108	Identification Code Qualifier	"XX"
2310B	NM109	Operating Physician Primary Identifier	NPI
2310B	REF01	Reference Identification Qualifier	"1B"
2310B	REF02	Operating Physician Secondary Identifier	BS ID

Correctly Reporting Service Facility Name

Loop	Data Element	Name	Content
2310E	NM108	Identification Code Qualifier	"XX"
2310E	NM109	Service Facility Primary Identifier	NPI
2310E	REF01	Reference Identification Qualifier	"1A"
2310E	REF02	Service Facility Secondary Identifier	BC ID

For detailed information relating to correctly populating the respective loops associated with professional and institutional electronic claims, please refer to the HCSC Companion Guides located http://www.thinedi.com/hipaa/comp_docs.htm

Appendix 1

Other ID Qualifiers

Qual	Qualifier Description
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
EI	Employer's Identification Number
1J	Facility ID Number
B3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number
FH	Clinic Number
G2	Provider Commercial Number
G5	Provider Site Number
LU	Location Number
N5	Provider Plan Network Identification Number
SY	Social Security Number (The social security number may not be used for Medicare.)
U3	Unique Supplier Identification Number (USIN)
X5	State Industrial Accident Provider Number
ZZ	Provider Taxonomy

Note: Please refer to the 837 Implementation Guide located at <http://www.wpc-edi.com/> for the appropriate Segments and Loops for these qualifiers.

T0301 Submitters:

For submitters utilizing the T0301 format, this format has been revised to accommodate NPI field requirements. Since your NPI may be required in multiple fields, please refer to our Web site at http://www.thinedi.com/pdf/guides/section5_field_specs.pdf, for detailed information.

Direct Data Entry for Blue Shield (PCES Transactions):

Screen MSSE3A – Enter the Performing Provider NPI Number (Service Line Level)

Screen MSSE2 – Enter the NPI as well as the Phys or Supplier Blue Shield I.D. Number.

ANSI 835 Receivers:

- If the valid NPI and legacy number is received on the 837, we will return the numbers on the 835. If we are not able to validate the NPI; the 835 will show the legacy number only.
- The 835 file will contain the Tax Identification Number.

Example of how the 835 will look when the NPI is submitted during claims submission for the provider:

Loop 1000B

N1*PE*Any Hospital*XX*YOUR NPI#nnnnnn~

N3*Any Address~

N4*CHICAGO*IL*606010000~

REF*1A*Legacy BC Provider #~ (This segment will not be sent effective 5/23/07)

REF*TJ*Tax ID #~