

GATEWAY HEALTH PLANSM

NPI BILLING REFERENCE GUIDE

Gateway Health PlanSM is planning for implementation of the National Provider Identifier (NPI) as mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The attached **NPI Billing Reference Guide** is designed to assist providers with proper claim submission of the NPI through EDI or paper for fast and efficient processing.

Following CMS, Gateway has designed a contingency plan that will be in effect until May 23, 2008. Regulations require that all healthcare providers must use only the NPI as identification in HIPAA covered standard transactions and health plans and payers must be able to accept and use the NPI.

Until **May 23, 2008** Gateway will accept:

- Claims submitted with the Gateway Provider Number (Legacy ID number).
- Claims submitted with the Gateway Provider Number (Legacy ID number) and NPI number.
- Claims submitted with the NPI number only.

Gateway will continue to accept the Gateway Provider ID Number on all paper claim submissions, paperless referrals issued through DIVA and on paper referral forms after May 23, 2008.

Finally, it is very important that Gateway receive your NPI before the deadline. Without your NPI Gateway may not be able to accept your electronic transaction and/or process and pay your claim accurately. Providers can notify Gateway Health PlanSM by sending a letter with your NPI information including a copy of the notification received from the CMS enumerator.

Mail the letter to:

Gateway Health PlanSM
US Steel Tower, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704
Attn: Provider Relations Department

Please contact your Provider Relations Representative directly or Gateway's Provider Services Department at 1-800-392-1145 should you have any questions or concerns.

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NPI EDI Data Element Reference

The information below will assist you and your electronic data interchange (EDI) vendor to know what NPI data is required in various segments within the 837 transactions.

For more detailed information about what codes or identifiers Gateway Health PlanSM requires to efficiently process your electronic claims please refer to the Companion Documents located at gatewayhealthplan.com. Please click on Provider, HIPAA EDI and then GHP 837 COMPANION DOCUMENTS.

837 v4010A1 Health Care Claim - Professional

Header Level

Billing Provider NPI	Loop 2010AA	NM108 = XX	NM109
Pay-to Provider NPI	Loop 2010AB	NM108 = XX	NM109

Claim Detail Level

Referring Provider NPI	Loop 2310A	NM108 = XX	NM109
Rendering Provider NPI	Loop 2310B	NM108 = XX	NM109
Purchased Service Provider NPI	Loop 2310C	NM108 = XX	NM109
Service Facility Provider NPI	Loop 2310D	NM108 = XX	NM109
Supervising Provider NPI	Loop 2310E	NM108 = XX	NM109

Line Detail Level

Rendering Provider NPI	Loop 2420A	NM108 = XX	NM109
Purchased Service Provider NPI	Loop 2420B	NM108 = XX	NM109
Service Facility Provider NPI	Loop 2420C	NM108 = XX	NM109
Supervising Provider NPI	Loop 2420D	NM108 = XX	NM109
Ordering Provider NPI	Loop 2420E	NM108 = XX	NM109
Referring Provider NPI	Loop 2420F	NM108 = XX	NM109

837 v4010A1 Health Care Claim - Institutional

Header Level

Billing Provider NPI	Loop 2010AA	NM108 = XX	NM109
Pay-to Provider NPI	Loop 2010AB	NM108 = XX	NM109

Claim Detail Level

Attending Physician NPI	Loop 2310A	NM108 = XX	NM109
Operating Physician NPI	Loop 2310B	NM108 = XX	NM109
Other Provider NPI	Loop 2310C	NM108 = XX	NM109
Service Facility Provider NPI	Loop 2310E	NM108 = XX	NM109

Line Detail Level

Attending Physician NPI	Loop 2420A	NM108 = XX	NM109
Operating Physician NPI	Loop 2420B	NM108 = XX	NM109
Other Provider NPI	Loop 2420C	NM108 = XX	NM109

NPI Paper Claim Data Element Reference

Gateway Health PlanSM will accept NPI information if it is submitted on paper claims, but this information will not be required. The information below will provide you with the NPI data required in various fields of the CMS 1500 and UB-04 claim forms.

1500 Claim Form:

- **17a = (1) Referring Physician** – The Referring Physician’s name is **NOT** a required element. However, if the Referring Physician’s name is included **17a** is used to report all Non-NPI #'s. A qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a (i.e 1G = UPIN #, G2 = Legacy #). (See example below)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a	1G	UPIN #
	17b	NPI	

- **17b = (1) Referring Physician** – The Referring Physician’s name is **NOT** a required element. However, if the Referring Physician’s name is included **17b** is used to report the NPI. (See example below)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a		
	17b	NPI	0123456789

- **24I = (6) Rendering Physician** – The Rendering Physician’s NPI or Non-NPI # is **NOT** a required element. However, the Rendering Physician’s NPI or Non-NPI # may be reported in **24J**. Field **24I** is used for the qualifier identifying all Non-NPI #'s. The Non-NPI ID # is placed in **24J** to the immediate right of the qualifier. (i.e. 1G = UPIN #, G2 = Legacy #) (See example below)

I. ID. QUAL	J. RENDERING PROVIDER ID #
1G	UPIN#
NPI	

- **24J = (6) Rendering Physician** – The Rendering Physician’s NPI or Non-NPI # is **NOT** a required element. However, the Rendering Physician’s NPI or Non-NPI # may be reported in **24J**. The NPI will be entered to the immediate right of “NPI” located in **24I**. (See example below)

I. ID. QUAL	J. RENDERING PROVIDER ID #
NPI	0123456789

- **321 = (1) Service Facility Location**
- **33a = (1) Billing Provider Info & Phone Number** are **Required Elements**. The Vendor NPI can be included in this field.

1500 Billing instructions can be located at: <http://www.nucc.org/>

UB-04 Claim Form:

- **Field 56 = (1) Vendor NPI #**
- **Field 76 = (1) Attending Provider** – The Attending Provider’s name **IS** a required element. If billing with the Attending Provider’s NPI it must be accompanied by the Attending Provider’s Last and First Name. (See example below)

76 ATTENDING	NPI 0123456789	QUAL		
LAST Smith		FIRST John		

- **Field 76 = (1) Attending Provider** – The Attending Provider’s name **IS** a required element. If the Attending Provider’s NPI is not submitted a Non-NPI # and qualifier must be accompanied by the Attending Provider’s Last and First Name. (i.e. 1G = UPIN #, G2 = Legacy #) (See example below)

76 ATTENDING	NPI	QUAL	1G	UPIN
LAST Smith		FIRST John		

- **Field 77 = (1) Operating Provider** – The Operating Provider’s name is **NOT** a required element. However, if the Operating Physician’s Last and First Name are included in field 77 either the provider’s NPI or Non-NPI # and qualifier indicating what the number represents must be reported. (i.e 1G = UPIN #, G2 = Legacy #). (Refer to examples above for completion of field 77)
- **Fields 78 & 79 = (2) Corresponding Provider** - The Corresponding Provider’s name is **NOT** a required element. However, if the Corresponding Provider’s Last and First Name are included in either field 78 or 79 the provider’s NPI or Non-NPI and qualifier (i.e 1G = UPIN #, G2 = Legacy #) must be included along with one of the following qualifier codes to identify the provider being corresponded to. (See example below)

DN = Referring Provider

ZZ = Other Operating Physician

82 = Rendering Provider

78 OTHER	DN	NPI 0123456789	QUAL		
LAST Smith		FIRST John			
79 OTHER	ZZ	NPI	QUAL	1G	UPIN
LAST Jones		FIRST Sarah			

UB-04 Billing instructions can be located at:

<http://www.cms.hhs.gov/Transmittals/downloads/R1104CP.pdf>