National Provider Identifier
What it Means to You

Today, many health plans assign identification numbers to their providers. The result is that providers often use a different ID number for each health plan. The National Provider Identifier (NPI) creates a single identifier that a provider uses for electronic claims submitted to any health plan or clearinghouse.

The Department of Health and Human Services issued final regulations early last year on the NPI, which affect health-care providers, payers (i.e., health plans) and health-care clearinghouses. As part of HIPAA’s Administration Simplification provision, the NPI is a mandate requiring the adoption of a standard, unique identifier for each covered health-care provider. Covered health-care providers are those that transmit health-care information in an electronic form in connection with HIPAA standard transactions.

Beginning May 23, 2005, FOX Systems, Inc., under contract to the Centers for Medicare and Medicaid Services (CMS), will be responsible for issuing NPIs to individual and organizational covered health care providers. Upon receiving an NPI application from a covered health care provider, the National Provider and Plan Enumeration System (the “enumerator”) will assign and record the NPI at a national level.

Although covered health care providers may start applying for an NPI on May 23, 2005, providers are not required to obtain and use their assigned NPI on HIPAA standard transactions until May 23, 2007. By this same date, health plans and health care clearinghouses must be able to use the provider’s NPI to identify the provider on HIPAA standard transactions.

Please note the following information:
✓ Beginning May 23, 2005, we will accept NPIs on HIPAA standard electronic transactions.
✓ If you choose to use your NPI when sending us electronic transactions, please note that your TIN still remains a required element in the transaction – transactions without a TIN will be rejected as incomplete.
✓ Although health care clearinghouses may accept claims containing only an NPI, we will reject the claim as incomplete if it does not also contain your TIN.
✓ We do not plan on returning the NPI on electronic transactions until further notice, but no later than the compliance date of May 23, 2007.
✓ The NPI will eventually replace all proprietary (payer-issued) provider identifiers, including Medicare ID numbers (UPINs). It will not replace your tax identification number (TIN) or DEA number.
✓ We recommend that you contact your systems vendors to learn how they are addressing the NPI.
✓ Until notified otherwise, continue submitting your three- or four-digit identifier with all hospital claims as per billing guidelines.
✓ If you submit paper claims, do not include your NPI (paper claims are not subject to this mandate at this time).

We will keep you informed when new information becomes available. Our staff will also include the NPI at upcoming provider workshops. Meanwhile, if you need more information about the NPI mandate, Medicare timelines, and/or the enumeration process, visit the CMS Web site at http://www.cms.hhs.gov/hipaa/hipaa2, or call our Clearinghouse EDI department at 1-800-435-2715.

Note: To facilitate payment of your Medicare crossover claims, it's important that your information on file with CMS is current and accurate. Now is a good time to update your Medicare information. Here is a link to the Web site: http://www.cms.hhs.gov/providers/enrollment/default.asp.
1. **What is an NPI?**

   An NPI is a unique, 10-digit numeric identifier assigned to a health care provider. All covered health care providers must obtain and use an NPI by May 23, 2007. Covered health care providers are those that transmit health information in electronic form in connection with a HIPAA standard transaction, thus making them covered entities under HIPAA. The NPI does not replace the TIN or DEA number and, in most cases, will be permanent.

2. **When does the NPI process start?**

   Providers can start applying for NPIs on May 23, 2005. Most entities covered by the NPI regulations (e.g., covered health-care providers, health plans, health care clearinghouses) must comply with the regulations by May 23, 2007. See Q6 for more information about the process.

3. **Who is eligible for an NPI?**

   Any entity, individual or organizational, that meets HIPAA's definition of "health care provider," regardless of whether it is also a HIPAA covered entity.

4. **Who is NOT eligible for an NPI?**

   Those entities that perform atypical or nontraditional services that are indirectly health care-related, such as taxis, makers of home and vehicle modifications, insect controllers, habilitation and respite service givers, as well as entities that bill for, but do not furnish, health care services or supplies.

5. **What is enumeration?**

   It's the process of issuing NPIs upon the application from health care providers, both individuals and organizations. The enumeration process begins May 23, 2005.

6. **Who issues the NPI?**

   FOX Systems, Inc. is the enumerator. They are under contract with the Centers for Medicare and Medicaid Services (CMS) and will use the National Provider and Plan Enumeration System (NPPES) to issue NPIs. To learn more about the process, visit the FOX Systems Web site at http://www.foxsys.com.

7. **What is a subpart?**

   Subparts are entities that are "simply parts of the legal entity" of covered organizational providers. They may function independently of the covered organization, may have their own billing numbers, license and/or physical location (e.g., clinics, departments, pharmacies, DME suppliers, nursing homes).

8. **Who determines how many NPIs will be assigned to an entity?**

   Individual providers will be assigned a single NPI which, in most cases, will be permanent. Each organizational provider must obtain an NPI for itself and for any of its subparts that would be covered health care providers if they were separate legal entities. An organizational provider may, at its discretion, obtain additional NPIs for any other subparts that qualify for an NPI.

9. **Will I need to make any changes on the NPI effective date (May 23, 2005)?**

   No. However, if you decide to start using your NPI on the effective date, it is required that you continue to include your tax identification number (TIN), otherwise the claim will reject as incomplete.

10. **What happens on the NPI compliance date (May 23, 2007)?**

   Providers need to have their NPI by the compliance date because it must be included on each standard HIPAA transaction. At the same time, we must be able to receive NPIs, and use them to identify the submitting providers on those transactions in both our health plan and clearinghouse operations.

11. **What do I need to do?**

   Nothing is needed at this time. However, we recommend that you contact your systems vendors to learn how they are addressing NPI so you will be ready by the May 23, 2007, compliance date.

12. **Will all payers accept my NPI as of May 23, 2005?**

   Since the NPI compliance date is not until May 23, 2007, NPI implementation strategies may vary among payers.

13. **Will billing forms be updated to collect the NPI?**

   Eventually, billing forms will be updated. CMS recently stated the following about the new UB-04 form:
   - Health plans must be ready to accept the UB-04 billing form by March 1, 2007
   - During the transition period (March 1, 2007 to May 22, 2007), both old and new forms are acceptable
   - Old forms can no longer be used as of May 23, 2007
   - The National Uniform Billing Committee will post specifications on its Web site by the end of March 2005.
14. Are paper transactions included in the mandate?
   Paper transactions are not included at this time; only electronic transactions are subject to the NPI regulations. CMS is presently updating its CMS-1500 form to include an NPI field. Until then, if you obtain your NPI, please do not add it to your paper claims on the current 1500 form.

15. Where can I find more information?

Information Specific to Premera Blue Cross and Premera Blue Cross Blue Shield of Alaska

16. What about the Voice Response Unit – should I enter my NPI?
   No, the VRU is not programmed to accept NPI at this time. Please continue to use the VRU as you do today.

17. Will your clearinghouse accept the NPI in my claim and non-claim transmissions on May 23, 2005?
   - Yes, beginning May 23, 2005, we will accept NPIs on HIPAA standard electronic transactions within HIPAA-claim and HIPAA non-claim formats only. This includes the ANSI X12 837 claim transactions and all ANSI X12 non-claim transactions (e.g. 270 Eligibility Inquiry, 276 Claim Status Request, 278 Health Care Services Review Request).

18. Will your clearinghouse pass on my NPI to other payers?
   If you choose to send your NPI as of May 23, 2005 (prior to the compliance date), our clearinghouse will forward the NPI on your claims to the payer(s). Note: Such claims submitted with an NPI beginning May 23, 2005, must also contain the provider’s TIN.

19. Where would I send the NPI on my electronic claim?
   - ANSI 837 4010 Addenda claims format: send the NPI in the various Provider Identifier NM1 Segments (e.g., Billing Provider, Referring Provider, Rendering Provider, etc.)
   - NSF T0301 claim format: There is currently no designation for the NPI within this format.

20. Where would I send my TIN in my electronic claim, if I also send my NPI?
   - ANSI 837 4010 Addenda claims format: the TIN can be sent in the various Provider “Secondary” Identifier REF Segments (e.g., Billing Provider, Referring Provider, Rendering Provider, etc.).
   - NSF T0301 claim format: There is currently no designation for the NPI within this format. Analysis is currently being conducted. Information regarding NPI placement in this format, will be provided at a later date.

21. Whom should I call if I have a question about how you are handling NPI?
   Contact our Clearinghouse EDI Team at 1-800-435-2715.