
**WEDI Strategic National Implementation Process (SNIP)
SNIP Transactions Workgroup
National Provider Identifier Sub Workgroup**

HIPAA National Provider Identifier



Dual Use of NPI & Legacy Identifiers

**Voluntary Strategy for Transitional, Dual Use of
NPI and Legacy Identifiers on X12 Transactions**

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Document Change History

1.0	May 31, 2005	Initial release.
2.0	December 15, 2005 March 30, 2006	Add 276/277 Claim Status Request and Response Update for clarity and consistency. Note 2 in sections 15, 16, 17, and 18 are made consistent. Add new Section 9.0, Applying Dual Use Strategy to Responses & Remittance Advices Add new Section 10.0 Caution on NPI Information Exchange Changed definition of legacy identifier to clarify applicability of the term to Federal Tax ID: Tax ID is legacy when used to identify the provider; it is not legacy when used to support IRS tax reporting. Added ASC X12 HIPAA Interpretations as attachments. Revised 270 & 271 sections to describe alternatives.

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Attachment B: ASC X12 HIPAA Interpretation Request 364 on 270/271

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Dual Use of NPI & Legacy Identifiers

Voluntary Strategy for Transitional, Dual Use of NPI and Legacy Identifiers on X12 Transactions

1.0 Purpose of This Paper

This paper specifies voluntary transitional use of both National Provider Identifier (NPI) and Legacy identifiers in HIPAA X12 standard transactions, and it explains the importance of the **Schedule Independence** strategy.

2.0 Value

The objective of these specifications is to enable each organization largely to schedule its own system changes for claims, remittance advices, and other transactions independently of its trading partners. With widespread adoption, these specifications have the potential significantly to reduce an entity's dependence on the schedules of its trading partners. It offers the potential to make the NPI transition much easier throughout the health care industry and to enable implementation without phase delays and extended bilateral testing and conversion.

3.0 Scope

This version of the paper specifies dual, transitional use of NPI and Legacy identifiers on:

- 837 Institutional Claim
- 837 Professional Claim
- 837 Dental Claim
- 835 Remittance Advice
- 270/271 Eligibility Benefit Inquiry & Response
- 276/277 Health Care Claim Status Request & Response
- 278 Health Care Services Review & Response

These standard transactions represent by far the largest part of the NPI implementation concern. The standards for these transaction types permit the dual identifier specifications described in this paper. The standards version currently adopted is 4010A1, and it is not expected to be changed during the useful life of this paper.

Other transactions. The paper addresses the 834 and 820 transactions. It does not address NCPDP transactions. Some transactions are not readily compatible with the dual use strategy

Paper claim forms and their instructions have been modified to accommodate and encourage use of NPI. This paper does not address paper claim forms.

4.0 Definition of 'Legacy Identifier'¹

For purposes of this paper, a "Legacy Identifier" is any identifier previously used to identify a provider as a *health care provider* prior to NPI. After the compliance date, only NPI may be used to so identify a provider in standard transactions. Legacy identifiers include OSCAR, NSC, PINS, UPINS, Blue Cross provider numbers, and other identifiers.

¹ We believe the definition of *Legacy Identifier* in this paper conveys the requirements in the NPI Final Rule for the general case in which many providers are identified by Tax ID. This definition may appear to differ from *Medlearn Matters*, MM4023, but is actually quite consistent. MM4023 is concerned only with Medicare claims. Tax ID is not used as an identifier on Medicare claims now; therefore, using the definition of "*legacy identifier*" in this paper, Tax ID is never a legacy identifier on a Medicare claim since it is only used to support IRS reporting and is not used to identify a provider.

Federal Tax ID is a special case. It is a *legacy identifier* when it was used to identify the provider as a health care provider on standard transactions; however, it is not a *legacy identifier* when used to identify the provider as a taxpayer for reporting to the IRS. The tables for each transaction in this paper are explicit when Federal Tax ID is required for IRS reporting purposes. For other data elements, Federal Tax ID may have been used previously to identify the provider and would then be considered “*Legacy*” in the tables for each transaction.

There are other government assigned identifiers for other purposes; for example, the DEA Number. Only NPI may identify a provider as a *health care provider* on standard transactions.

Legacy identifiers are not permitted to identify the provider as a health care provider in standard transactions after the NPI compliance date, while Federal Tax IDs continue to be required to identify the provider as a taxpayer after the compliance date in order to support IRS reporting.

5.0 Duration of Dual Transitional Use of NPI and Legacy Identifiers

The Dual Use strategy is transitional. It is only permitted between now and the NPI compliance date of May 23, 2007 (2008 for small plans). It is not permitted after the compliance date. After the compliance date, where NPI is required, only NPI may be used to identify a provider, and legacy identifiers must be discontinued. Tax IDs will continue to be used where required.

6.0 Description of Dual NPI-Legacy Identification

Primary and Secondary Identifiers. On the transactions covered in this paper, providers are generally identified with a primary identifier and multiple secondary identifiers. In the 837 claim, and in some of the 835 provider fields, the current primary identifier is always a Federal Tax ID. NPI will become the primary identifier so that the Federal Tax ID may be moved to one of the secondary identifiers. In some instances, such as Billing Provider, the Federal Tax ID is mandatory and must continue to be supplied in a secondary identifier field after the NPI compliance date in order to support IRS tax reporting. Some NPI data elements are situational, including whether the sender knows the NPI.

How it works. With Dual NPI-Legacy, the sender puts NPI in the Primary Identifier field², and it puts what used to be there in one of the Secondary Identifier fields. Initially, the receiver’s logic ignores the NPI, finds the Legacy Identifier that it needs, and uses that Identifier as though it had come in as Primary. Later, the receiver changes its internal systems to use NPI as primary and ignores unnecessary legacy identifiers.

Assumption 1. This strategy is entirely predicated on the receiver (especially a health plan) immediately making the small change described in 7.2 to receive NPI in its primary ID field.

Assumption 2. This strategy assumes the provider has the legacy and NPI data for both itself and other providers on its transactions. For an individual provider this may be straightforward, but for a hospital there may be considerable preparatory work. It assumes:

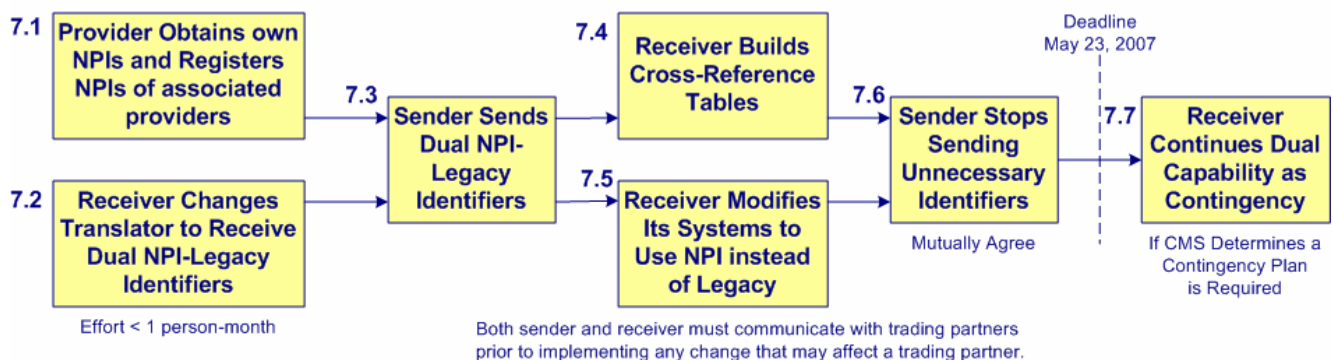
1. That the organizational provider has determined its NPI “sub-part³ breakdowns”, obtained the NPIs, and mapped their legacy identifiers to the NPIs; and
2. That the organizational provider has captured, verified, and mapped the NPI’s for attending, rendering, and referring individual providers to their legacy identifiers⁴.

² See Sections 15.0 and 16.0 for alternative methods for the 270/271 transactions, especially the combined option.

³ See also the SNIP NPI Sub-Workgroup paper, *NPI Subpart Designation for Organizations*.

7.0 Description of the Dual NPI-Legacy Identifier Strategy

Dual NPI-Legacy Identifier Strategy



7.1 **Provider obtains own NPIs and registers NPIs of associated providers**

Each provider obtains an NPI for itself, and its subparts if applicable, and it communicates its NPIs to trading partners. Hospitals and large organizational providers must also register in their records the NPIs of many other providers, such as attending, rendering, and referring physicians, laboratories, and others, and they must verify and map these NPIs to the legacy identifiers. This step may proceed before, during, or after the next step. It is especially important that a provider use its correct subpart NPI.

7.2 **Receiver able to receive Dual NPI-Legacy Identifiers**

Receivers make a small systems change immediately. The receiver of a transaction modifies its EDI translation process to be able to receive Dual NPI-Legacy Identifiers so that it can receive and process both transactions that have only Legacy and Tax Identifiers and transactions that have Dual NPI-Legacy Identifiers. A receiver should implement this step immediately⁵ and advise its trading partners.

Who are receivers? Receivers of the 837, 270, 276 and 278 transactions include clearinghouses and health plans. Receivers of the 835, 271, 277 and 278 responses include clearinghouses, provider systems such as practice management and billing systems. Some financial institutions also receive 835 transactions.

What the small change does. All that the software change does when it receives Dual NPI-Legacy identification is find the legacy identifier that it needs in the incoming transaction and use it instead of the new NPI when it forwards the transaction to internal systems. It permits the sender to send the NPI as the primary identifier, but by also sending legacy and tax identifiers, it permits the receiver to process the transaction just as it did before. At this stage, the NPI can be sent in its correct, permanent position in the transaction, but all business would still be conducted with the legacy identifier.

NPI ignored. At this stage, business is conducted with legacy identifiers, and plans would generally not return NPI in claim acknowledgements or other transactions.

⁴ The SNIP NPI Sub-Workgroup paper, "Impact on Providers", discusses detailed strategies for the requisite capture, verification, and mapping of NPI to legacy IDs, as well as additional benefits from this process to provider organizations.

⁵ See also the SNIP NPI Sub-Workgroup paper, *Implementation Planning, Timing, and Sequencing*.

Change typically less than one person-month. The systems development effort for a receiver to make this translation change should be very low relative to the overall work required to implement NPI throughout its systems. In many cases, it is only a translator coding and possibly a sorting problem, and it may require a single person-month or less. Each receiver should make this change immediately and notify its trading partners.

Maybe no change at all. At present, the primary identifier is a Federal Tax Identifier, and in many cases the legacy identifier that the receiver uses to identify the provider is a secondary identifier in a REF segment. For example, this is the case for Medicare and most Blue Cross plans. For these plans under the dual use strategy, the legacy identifier would continue to be unchanged in a REF segment; so the change might only be not to reject a claim that also has an NPI on it.

7.3 *Sender sends Dual NPI-Legacy Identifiers*

The sender changes its systems, advises its trading partners, and starts sending the NPI as primary provider identifier and Legacy and Tax as secondary identifiers. Both sender and receiver at this stage still identify the provider with Legacy Identifier.

It is unreasonable to assume all receivers will implement the Dual Use of NPI-Legacy Identifier strategy; so a sender will need receiver-specific logic, or clearinghouse support, in order to send dual identifiers to some and not to others.

7.4 *Receiver may build Legacy-to-NPI cross-reference tables*

The Dual NPI-Legacy Identifier strategy can assist a receiver to augment building a cross-reference index between legacy and NPI. Several notes:

- **This paper is not designing systems.** Health care entities will need some means to link providers identified by NPI to records identified by other identifiers. For some entities the need is permanent and for some only transitional. It is not the purpose of this paper to nominate any preferred means to accomplish the requirement, nor even to describe the requirement at length. Rather, this description of cross-reference is only briefly to identify a possible opportunity and its limitations.
- **The challenge of mapping legacy and NPI identifiers.** A cross-reference index cannot be one-for-one because in some cases one legacy identifier will be represented by more than one NPI, and in other cases one NPI will be represented by more than one legacy identifier. Both cases could occur for the same provider. So there are limits to building a cross-reference automatically.
- **Permanent need for some legacy identifiers.** Some entities will continue to be identified by legacy identifiers and not NPI. For example, there are entities that submit claims but that are not eligible for NPI, and there are other reasons. For entities that do not obtain and use NPI, the Dual strategy is irrelevant.
- **Not a complete solution to cross-reference.** Automatic building of cross-reference indices by a receiving plan or other entity from Dual NPI-Legacy identification is not sufficient for a plan or other entity to deal with an organizational provider's subpart and affiliated NPI's; so a plan or other entity will need either to

obtain the information directly from its providers or obtain the information from a provider organization, a clearinghouse, or other entity that develops the information.

7.5 Receiver modifies internal systems to use NPI

At its own pace, the receiver modifies its own internal systems to rely on NPI, when available, instead of a Legacy Identifier, to identify a provider. By this statement we do not mean that the receiver must use NPI internally, but that it makes its systems capable of identifying the providers on a transaction using only their NPI instead of depending on their Legacy Identifiers. The receiver must notify its trading partners when it is making the shift to using NPI instead of legacy identifiers.

If an NPI is not available on a transaction, the receiver's systems must be able to identify the provider with a Legacy Identifier. This is a permanent requirement inasmuch as there will continue to be providers, and non-provider claimants, who will not obtain NPIs or are not eligible to obtain NPIs. Examples include (i) healthcare providers who are not themselves Covered Entities, but must be represented on another provider's standard transaction; and (ii) atypical providers who may submit an electronic transaction that is not a covered transaction under HIPAA.

7.6 Discontinue unnecessary Legacy Identifiers

When both trading partners are using the NPI to identify providers on standard transactions and are not using unnecessary legacy identifiers in these transactions, the trading partners may agree that the sender may discontinue sending these identifiers. The receiver will continue to support Dual NPI-Legacy identifiers in its systems until no other trading partners require the dual support. Note that Federal Tax ID continues to be mandatory in certain fields after the NPI compliance date.

7.7 Contingency after compliance date?

The Dual Use of NPI & Legacy Identifiers strategy is not permitted after the NPI compliance date. Yet there are two frequently asked questions:

- May legacy provider identifiers, other than required tax IDs, be used in addition to a provider's NPI after the compliance date? No. In a standard transaction, when identifying a health care provider who has been issued an NPI, the rule does not permit additional legacy provider identifiers (except required Tax IDs).
- May legacy identifiers, other than required tax IDs, be used in addition to NPI so long as version 4010A1 is used since that version seems to allow it? No. Legacy identifiers, other than required tax IDs, are permitted only until the compliance date.

Nevertheless, in the unlikely event CMS were to determine that industry needed another contingency plan such as the one that followed the Transactions compliance date, it would be technically feasible to continue the Dual NPI-Legacy Identifier strategy temporarily after the compliance date.

8.0 Business Case

Implemented one pair of trading partners at a time, NPI could have the same potential for a huge bilateral testing and conversion workload as did conversion to standard transactions. Getting computers of any two parties to talk the same language can be time consuming, while the enormous number of trading partner pairs exponentially multiplies the workload.

The key solutions to this challenge are:

- a. **Schedule independence.** Each entity's system change schedule becomes largely independent of its trading partners' schedules; and
- b. **Smaller steps.** The conversion is accomplished with a series of smaller steps.
- c. **Building claim test data.** As the health plan receives more claims with both NPI and Legacy identifiers, it has opportunity to test that adjudication using NPI results in the exact same payment amounts as with legacy.

The Dual NPI-Legacy strategy achieves both of these goals. As soon as the receiver is ready to receive both the new NPI and the old Legacy identifiers, even if the receiver only actually uses a legacy identifier, the sender can start sending NPI in its primary, permanent position according to the schedule convenient to the sender. The sender is largely able to start⁶ sending NPI without much systems coordination with the receiver. Similarly, the receiver is able to start using the NPIs that it receives as the primary identifier when it is most convenient to the receiver's schedule.

The heavy work is still in making changes to an entity's internal systems, but there is much less work required to coordinate telecommunications and schedules with trading partners. Schedule independence is a very significant benefit to NPI implementation. Each party is able to plan and complete its required work largely according to its own schedule.

9.0 Applying Dual Use Strategy to Responses & Remittance Advices

Some receivers of a transaction with dual identifiers may determine for a number of reasons that it is not feasible from their perspective to return both identifiers on the response transaction. Two reasons may include:

- It is perhaps more difficult to implement dual identifiers on a response transaction because the unused identifier must either be retained in a holding file or carried through internal systems in order to be put on the response transaction.
- The return path, especially of a remittance advice, may be different so that, while dual use may be acceptable for the initiating transaction, the response transaction or remittance advice may follow a path that is not yet ready for dual use.

The 835 remittance advice illustrates the issue. The remittance advice is one of the response transactions on which some health plans may not be planning to send both NPI and Legacy identifiers. Several notes about the remittance advice:

- The provider must have the identifier it needs to ensure correct allocation of reimbursements.

⁶ The assumption is that the sender, before it starts sending NPI and legacy identifiers will have completed its capture, verification, and mapping of the NPIs and legacy identifiers of itself and its associated physicians and other providers.

- The 835 does not perfectly lend itself to the Dual NPI-Legacy strategy (see notes to the table in Section 14.0); however, our understanding is that this factor is insignificant to all but a minority of trading partners.
- The 835 remittance advice is able to respond to multiple claims that may have been received at different times and via different routes, and the routing of a remittance advice potentially involves different entities and systems than transmitted the original claim; so the capabilities to accept Dual Identifiers may not be the same.
- When dual use strategy is implemented for a remittance advice, the Tax ID Number (TIN) is moved to a REF segment while NPI takes its place as the primary identifier in NM109. The TIN is currently a key identifier for a remittance advice; so it must not be changed until the health plan has the capability to distinguish between those providers and paths capable of accepting dual use and those that are not yet ready.

Upon sending dual identifiers on claims, providers may expect the following phases of implementation in the remittance advice:

1. **Before a health plan implements the capability to process a transaction based on NPI**, the plan continues to respond with the legacy identifier on a remittance advice. Therefore, during this period, providers and third parties need the capability to process the remittance advice based on the legacy identifier. This is compatible with the Dual Use strategy.
2. **After a health plan implements the capability to process a transaction based on NPI**, providers and third parties may not yet be able to process a remittance advice based on NPI. Solutions may include:
 - a. **The plan could wait until almost all providers and third parties are ready.** This approach admits schedule dependence. It is particularly disadvantageous to plans with many remittance advice recipients.
 - The approach is disadvantageous to a plan because it makes the plan's schedule dependent on the schedules of many providers.
 - The approach is disadvantageous to a provider because it makes the provider indirectly dependent on many other providers.
 - b. **The health plan could return NPI if NPI is on the claim.** But if the provider is not yet ready to process remittance advices based on NPI, the provider would cease sending NPI on claims to that plan in order to prevent the plan returning NPI on remittance advices. This approach has several issues:
 - It assumes that payers will be able to trigger the use of NPI in remittances based on receipt in claims. Since remittances can group multiple claims that may have been received at different times, and by different routes (e.g. paper, electronic) this assumption may not be correct.

- It would require providers to build plan-specific logic to know the readiness of all parties involved in processing their remittance advices to use NPIs. This may be particularly problematic for smaller providers.
 - It requires additional implementation steps (to remove and later re-add NPI in claims) on the part of providers and others involved in sending claims, and the ability of providers to send NPI on some claims and not others.
- c. **The plan could include logic to return either legacy identifiers or NPI during the transition** depending on whether the provider needs legacy or NPI. But if the plan has that capability, it has the data needed to send both identifiers and implement the Dual Use Strategy. Sending both identifiers is the ideal solution and benefits both providers and plans as described in this paper, assuming the readiness of all parties on the transaction's path to receive dual identifiers.

Conclusion. Based on the above analysis, the best solutions are:

1. For the 835 remittance advice:
 - a. The plan should develop capability for dual identifiers on the remittance advice.
 - b. The plan should document how its dual use strategy will address the deficiencies described in the notes to Section 14 (e.g. what ID type will it use in Loop 2100 TS301.)
 - c. If the plan sends remittance advices to provider or other recipients for whom the change in location of the PayeeTax ID, or the approach to address the deficiencies described in the notes to Section 14 are a significant problem, the solution is for the plan to have the capability to delay implementation of dual use for only those providers until an agreed upon date. It would be expected that all recipients would be ready for implementation prior to May 23, 2007.
2. For other response transactions, the plan should immediately develop capability for dual identifiers on transactions it receives, and it should develop the capability for responses as soon as practical.

10.0 Caution on NPI Information Exchange during Transition Period

During the NPI transition period, the health care industry will rely upon its ability to access, use, and disclose NPI information (both the actual NPI number as well as other NPI-related information). The industry will depend on two distinct processes to achieve this: 1) data provided by NPPES as part of the NPI Dissemination process; and 2) the exchange of NPI information between providers, payers, clearinghouses and others. An NPI Dissemination Notice defining the process by which NPPES will make NPI information available is expected to be published in the first or second quarter of 2006. The NPI Dissemination Notice would apply only to NPI information originating from NPPES. The industry will then rely initially upon the communication of NPI information from individual providers and provider organizations that have obtained their NPIs. WEDI is currently developing a series of papers on NPI Dissemination and NPI Information Exchange.

11.0 837 Institutional Health Care Claim

The following table specifies NPI and Legacy identifiers to be used on a standard 837 **Institutional** Health Care Claim during the transition. The first table only lists provider entries that will employ the NPI. All the additional or secondary identifier entries are within a repeated loop. The legacy identifier may be any iteration in the loop.

837 Institutional Health Care Claim, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Identifier	NPI
	REF02	Billing Provider Additional Identifier	Tax ID
2010AB		PAY-TO PROVIDER NAME	
	NM109	Pay-To Provider Identifier	NPI
	REF02	Pay-To Provider Additional Identifier	Tax ID
2310A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	REF02	Attending Physician Secondary Identifier	Legacy
2310B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	REF02	Operating Physician Secondary Identifier	Legacy
2310C		OTHER PROVIDER NAME	
	NM109	Other Provider Primary Identifier	NPI
	REF02	Other Provider Secondary Identifier	Legacy
2310E		SERVICE FACILITY NAME	
	NM109	Service Facility Primary Identifier	NPI
	REF02	Service Facility Secondary Identifier	Legacy
2420A		ATTENDING PHYSICIAN NAME	
	NM109	Attending Physician Primary Identifier	NPI
	REF02	Attending Physician Secondary Identifier	Legacy
2420B		OPERATING PHYSICIAN NAME	
	NM109	Operating Physician Primary Identifier	NPI
	REF02	Operating Physician Secondary Identifier	Legacy
2420C		OTHER PROVIDER NAME	
	NM109	Other provider Primary Identifier	NPI
	REF02	Other provider Secondary Identifier	Legacy

837 Institutional Health Care Claim, 4010A1 Implementation Guide			
NPI is not used in the following locations:			
Loop	Data Element	Industry Name	Content
2330D		OTHER PAYER ATTENDING PROVIDER	
	REF02	Other Payer Attending Provider Identifier	Legacy

2330E	REF02	OTHER PAYER OPERATING PROVIDER Other Payer Operating Provider Identifier	Legacy
2330F	REF02	OTHER PAYER OTHER PROVIDER Other Payer Other Provider Identifier	Legacy
2330H	REF02	OTHER PAYER SERVICE FACILITY PROVIDER Other Payer Service Facility Provider Identifier	Legacy

12.0 837 Professional Health Care Claim

The following table specifies NPI and Legacy identifiers to be used on a standard 837 Professional Health Care Claim during the transition. The first table only lists provider entries that will employ the NPI. All the additional or secondary identifier entries are within a repeated loop. The legacy identifier may be any iteration in the loop.

837 Professional Health Care Claim, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Identifier	NPI
	REF02	Billing Provider Additional Identifier	Tax ID
2010AB		PAY-TO PROVIDER NAME	
	NM109	Pay-To Provider Identifier	NPI
	REF02	Pay-To Provider Additional Identifier	Tax ID
2310A		REFERRING PROVIDER NAME	
	NM109	Referring provider Primary Identifier	NPI
	REF02	Referring provider Secondary Identifier	Legacy
2310B		RENDERING PROVIDER NAME	
	NM109	Rendering provider Primary Identifier	NPI
	REF02	Rendering provider Secondary Identifier	Legacy
2310C		PURCHASED SERVICE PROVIDER NAME	
	NM109	Purchased service Provider Primary Identifier	NPI
	REF02	Purchased service Provider Secondary Identifier	Legacy
2310D		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
	REF02	Laboratory or Facility Secondary Identifier	Legacy
2310E		SUPERVISING PROVIDER NAME	
	NM109	Supervising Provider Primary Identifier	NPI
	REF02	Supervising Provider Secondary Identifier	Legacy
2420A		RENDERING PROVIDER NAME	
	NM109	Rendering provider Primary Identifier	NPI
	REF02	Rendering provider Secondary Identifier	Legacy
2420B		PURCHASED SERVICE PROVIDER NAME	
	NM109	Purchased service provider Primary Identifier	NPI
	REF02	Purchased service provider Secondary Identifier	Legacy
2420C		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
	REF02	Laboratory or Facility Secondary Identifier	Legacy
2420D		SUPERVISING PROVIDER NAME	
	NM109	Supervising Provider Identifier	NPI
	REF02	Supervising Provider Secondary Identifier	Legacy

837 Professional Health Care Claim, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2420E	NM109	ORDERING PROVIDER NAME Ordering Provider Identifier	NPI
	REF02	Ordering Provider Secondary Identifier	Legacy
2420F	NM109	REFERRING PROVIDER NAME Referring Provider Identifier	NPI
	REF02	Referring Provider Secondary Identifier	Legacy

837 Professional Health Care Claim, 4010A1 Implementation Guide			
NPI is not used in the following locations:			
Loop	Data Element	Industry Name	Content
2330D	REF02	OTHER PAYER REFERRING PROVIDER Other Payer Referring Provider Identifier	Legacy
		OTHER PAYER RENDERING PROVIDER Other Payer Rendering Provider Identifier	Legacy
2330E	REF02	OTHER PAYER PURCHASED SERVICE PROVIDER Other Payer Purchased Service Provider Identifier	Legacy
		OTHER PAYER SERVICE FACILITY LOCATION Other Payer Service Facility Location Identifier	Legacy
2330F	REF02	OTHER PAYER SERVICE FACILITY LOCATION Other Payer Service Facility Location Identifier	Legacy
		OTHER PAYER SUPERVISING PROVIDER Other Payer Supervising Provider Identifier	Legacy
2330G	REF02	OTHER PAYER SERVICE FACILITY LOCATION Other Payer Service Facility Location Identifier	Legacy
		OTHER PAYER SUPERVISING PROVIDER Other Payer Supervising Provider Identifier	Legacy
2330H	REF02	OTHER PAYER SERVICE FACILITY LOCATION Other Payer Service Facility Location Identifier	Legacy
		OTHER PAYER SUPERVISING PROVIDER Other Payer Supervising Provider Identifier	Legacy

13.0 837 Dental Health Care Claim

The following table specifies NPI and Legacy identifiers to be used on a standard 837 Dental Health Care Claim during the transition. The first table only lists provider entries that will employ the NPI. All the additional or secondary identifier entries are within a repeated loop. The legacy identifier may be any iteration in the loop.

837 Dental Health Care Claim, 4010A Implementation Guide			
Loop	Data Element	Industry Name	Content
2010AA		BILLING PROVIDER NAME	
	NM109	Billing Provider Identifier	NPI
	REF02	Billing Provider Additional Identifier	Tax ID
2010AB		PAY-TO PROVIDER NAME	
	NM109	Pay-To Provider Identifier	NPI
	REF02	Pay-To Provider Additional Identifier	Tax ID
2310A		REFERRING PROVIDER PHYSICIAN NAME	
	NM109	Referring provider Physician Primary Identifier	NPI
2310B		RENDERING PROVIDER NAME	
	NM109	Rendering provider Primary Identifier	NPI
2310C		SERVICE FACILITY LOCATION	
	NM109	Laboratory or Facility Primary Identifier	NPI
2310D		ASSISTANT SURGEON NAME	
	NM109	Assistant Surgeon Identifier	NPI
2420A		RENDERING PROVIDER NAME	
	NM109	Rendering provider Primary Identifier	NPI
2420C		ASSISTANT SURGEON NAME	
	NM109	Assistant Surgeon Identifier	NPI

837 Dental Health Care Claim, 4010A1 Implementation Guide			
NPI is not used in the following locations:			
Loop	Data Element	Industry Name	Content
2330D	REF02	OTHER PAYER REFERRING PROVIDER Other Payer Referring Provider Identifier	Legacy
2330E	REF02	OTHER PAYER RENDERING PROVIDER Other Payer Rendering Provider Identifier	Legacy

14.0 835 Remittance Advice

The following table specifies identifiers to be used on a standard 835 **Remittance Advice** during the transition. The table only lists provider entries that will employ the NPI. The 835 does not perfectly lend itself to the Dual NPI-Legacy strategy; see notes to the table. In most cases the deficiencies, which deal with rendering providers, may not be important.

See also Section 9.0 on applying Dual Use Strategy to responses and remittance advices.

835 Health Care Claim Payment, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
1000B		PAYEE IDENTIFICATION	
	N104	Payee Identification Code	NPI if available
	REF02	Additional Payee Identifier	Tax ID
	REF02	Additional Payee Identifier	Legacy
2000		PROVIDER SUMMARY INFORMATION	
	TS301	Provider Identifier	NPI
2100		CLAIM PAYMENT INFORMATION	
		Rendering Provider Name	
	NM109	Rendering provider Primary Identifier	NPI
	REF02	Rendering provider Secondary Identifier	Legacy
2110		SERVICE PAYMENT INFORMATION	
	REF02	Rendering Provider Identifier	NPI
	REF02	Rendering Provider Identifier	Legacy
2000		TABLE 3 SUMMARY	
	PLB01	Reference Identifier (Payer-assigned)	NPI

Notes:

- 1) Loop 2000, used to identify subsidiary providers, does not provide for secondary identification. TS301 identifies a subsidiary provider. Use the appropriate Subpart NPI for the subsidiary.
- 2) In loop 2100 the REF segment does not have qualifier codes for Federal Tax ID or State License number. If either of these were being used as primary in NM109 prior to NPI, then when NPI is used as primary, there is no place for them in this loop; however, it is usually possible to identify the rendering provider in the service line loop.
- 3) Table 3 does not provide for secondary identification; so the dual use strategy is inapplicable for this table.

15.0 270 Eligibility Benefit Inquiry

The 270/271 Implementation Guide differs from all other standard transactions in that it allows NPI as an additional ID in a REF segment during the transition. Consequently, during the transition it would be possible for NPI to be sent as either the primary or an additional ID. NPI must be in the primary location (NM1) on or before the NPI Compliance Date. This section addresses both options⁷ described in Attachment B and also a combined option.

270 Eligibility Benefit Inquiry, 4010A1 Implementation Guide				
Loop	Data Element	Name	Option 1*	Option 2*
2100B		INFORMATION RECEIVER		
	NM108	Identification Code Qualifier	"XX"	various
	NM109	Information Receiver Identification Number	NPI	Legacy
	REF01	Reference Identification Qualifier	various**	"HPI"
	REF02	Information Receiver Additional Identification	Legacy	NPI

* Options 1 & 2 are as described in the X12 HIPAA Interpretation in Attachment B.

** In Option 1, if the legacy identifier previously in NM1 was "SV—Service Provider Number", when moved to the REF segment, use "Q4—Prior Identifier Number" in REF01.

Notes

- 1) **Option 1:** NPI is put in its permanent place, NM1. This option is designed to achieve the schedule independence objective of the Dual Use strategy⁸. It is the approach specified for all other transactions in this paper.
- 2) **Option 2:** First the sender sends NPI as a secondary identifier. Then both the sender and receiver must make a second change such that NPI is now sent in its permanent place. So this approach requires each trading partner to make two system changes, and it does not achieve the schedule independence described in Section 8.0 because the sender must wait to make the second change until the receiver can accept NPI in its permanent place.
- 3) **Combined Options 1 & 2:** A health plan may implement both options simultaneously. That is, when making the small change described in Section 7.2, it may program to receive a 270 transaction with NPI in either location. It would use the same location when replying with a 271 transaction. This approach has two advantages:
 - a. It accommodates those providers who may have already modified their systems for Option 2⁹.
 - b. It achieves the schedule independence objective described in Section 8.0 of the Dual Use strategy because the provider may then switch NPI to its permanent place according to the provider's schedule. It does not require the two parties to coordinate schedules for this step.

⁷ The ASC X12 workgroup for 270/271 responded to a HIPAA Interpretation Request (HIR 364) that there are two options during the transition: (1) put NPI in NM1 and legacy in REF, or (2) put legacy in NM1 and NPI in REF. NPI must be moved to NM1 by the compliance date. HIR 364 is reprinted as Attachment B of this paper.

⁸ See also, § 2.0 for description of the strategy's objective and § 8.0 for Business Case. The schedule independence objective is predicated on receivers making the initial small change described in § 7.2 and advising their trading partners.

⁹ Some developers may have read the 270/271 Implementation Guide, not just to permit this option, but to require it; however, HIR 364 in Attachment B makes it clear that it is an option and not required.

- 4) Typically the information source is an insurer or payer, in which case the 270 transaction can support the Dual Use strategy for NPI. Loop 2100A "Information Source Name" also allows for NPI to be used to identify a provider as the information source; however Loop 2100A is not included in the table because the absence of a supplemental identifier segment for this loop means that a dual use strategy is not available when using NPI to identify the source.
- 5) Provider Identification is allowed in Loops 2100C and 2100D; however, the Dual Use strategy is not supported when a specific provider needs to be identified at the subscriber or dependent level. When these segments are not used by the recipient, or are used only to identify a taxonomy code, Dual Use is supported. Dual Use is not supported when Loops 2100C and 2100D are needed to identify a specific provider; so these loops are not shown in the table.

16.0 271 Eligibility Benefit Inquiry Response

The 270/271 Implementation Guide differs from all other standard transactions in that it allows NPI as an additional ID in a REF segment during the transition. Consequently, during the transition it would be possible for NPI to be sent as either the primary or an additional ID. NPI must be in the primary location (NM1) on or before the NPI Compliance Date. This section addresses both options¹⁰ described in Attachment B and also a combined option.

271 Eligibility Benefit Response, 4010A1 Implementation Guide				
Loop	Data Element	Name	Option 1*	Option 2*
2100B	INFORMATION RECEIVER			
	NM108	Identification Code Qualifier	“XX”	various
	NM109	Information Receiver Identification Number	NPI	Legacy
	REF01	Reference Identification Qualifier	various**	“HPI”
	REF02	Information Receiver Additional Identification	Legacy	NPI
2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME			
	NM108	Identification Code Qualifier	“XX”	various
	NM109	Benefit Related Entity Identifier	NPI	Legacy
	PRV02	Reference Identifier Qualifier	various	“HPI”
	PRV03	Provider Identifier	Legacy	NPI
2120D	DEPENDENT BENEFIT RELATED ENTITY NAME			
	NM108	Identification Code Qualifier	“XX”	various
	NM109	Benefit Related Entity Identifier	NPI	Legacy
	PRV02	Reference Identifier Qualifier	various	“HPI”
	PRV03	Provider Identifier	Legacy	NPI

* Options 1 & 2 are as described in the X12 HIPAA Interpretation in Attachment B.

** In Option 1, if the legacy identifier previously in NM1 was “SV—Service Provider Number”, when moved to the REF segment, use “Q4—Prior Identifier Number” in REF01.

Notes

- 1) **Option 1:** NPI is put in its permanent place, NM1. This option is designed to achieve the schedule independence objective of the Dual Use strategy¹¹. It is the approach specified for all other transactions in this paper.
- 2) **Option 2:** First the sender sends NPI as a secondary identifier. Then both the sender and receiver must make a second change such that NPI is now sent in its permanent place. So this approach requires each trading partner to make two system changes, and it does not achieve the schedule independence described in Section 8.0 because the sender must wait to make the second change until the receiver can accept NPI in its permanent place.

¹⁰ The ASC X12 workgroup for 270/271 responded to a HIPAA Interpretation Request (HIR 364) that there are two options during the transition: (1) put NPI in NM1 and legacy in REF, or (2) put legacy in NM1 and NPI in REF. NPI must be moved to NM1 by the compliance date. HIR 364 is reprinted as Attachment B of this paper.

¹¹ See also, § 2.0 for description of the strategy’s objective and § 8.0 for Business Case. The schedule independence objective is predicated on receivers making the initial small change described in § 7.2.

- 3) **Combined Options 1 & 2:** A health plan may implement both options simultaneously. That is, when making the small change described in Section 7.2, it may program to receive a 270 transaction with NPI in either location. It would use the same location when replying with a 271 transaction. This approach has two advantages:
- a. It accommodates those providers who may have already modified their systems for Option 2¹².
 - b. It achieves the schedule independence objective described in Section 8.0 of the Dual Use strategy because the provider may then switch NPI to its permanent place according to the provider's schedule. It does not require the two parties to coordinate schedules for this step.
- 4) Typically the information source is an insurer or payer, in which case the 271 transaction can support the Dual Use strategy for NPI. Loop 2100A "Information Source Name" also allows for NPI to be used to identify a provider as the information source; however Loop 2100A is not included in the table because the absence of a supplemental identifier segment for this loop means that a dual use strategy is not available when using NPI to identify the source.
- 5) Loops 2120C and 2120D are sent only in some situations, and in those situations, provider identification numbers are not always used. 271 recipients implementing a dual use strategy should determine if they make use of the provider identifiers that may currently be sent in 2120C and 2120D NM109. If so, a dual use strategy should include making sure provision has been made for the use of a legacy ID in PRV03 (which can only be described in PRV02 as NABP#, EIN, SSN or TIN) and/or for the inclusion of NPI in PRV03. However, if the use of loops 2120C and 2120D requires a taxonomy code, only one provider ID may be sent (in the NM109) as the single instance of PRV03 is also used for taxonomy code.

¹² Some developers may have read the 270/271 Implementation Guide, not just to permit this option, but to require it; however, HIR 364 in Attachment B makes it clear that it is an option and not required.

17.0 278 Health Care Services Review – Request for Review

The following table specifies NPI and Legacy identifiers to be allowed for on a standard 278 Health Care Services Review Request during the transition. The table only lists provider entries that will employ the NPI. All the supplemental identifier entries are within a repeated loop. The legacy identifier may be any iteration in the loop.

The 278 Health Care Services Review, Request for Review and Response transactions only allows for a single identifier per Utilization Management Organization (UMO). A dual use strategy is supported except for situations in which a UMO is identified by an NPI.

278 Health Care Services Review – Request for Review 4010X094A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2010B	NM109	REQUESTER NAME Requesting Provider Identifier	NPI
	REF02	Requester Supplemental Identifier	Legacy
2010E	NM109	SERVICE PROVIDER NAME(S) Service Provider Identifier	NPI
	REF02	Service Provider Supplemental Identifier	Legacy

Notes:

- 1) Loop 2010A “Utilization Management Organization (UMO) Name” allows for NPI to be used to identify the UMO. However, as there is no supplemental identifier segment for this loop, a dual use strategy is not available when the NPI is used to identify a UMO. When the UMO is a payer, provider IDs are not used in Loop 2010A; so Loop 2010A is not included in the table.
- 2) All loops that contain provider identification support the NPI.

18.0 278 Health Care Services Review – Response

The following table specifies NPI and Legacy identifiers to be allowed for on a standard 278 Health Care Services Review Response during the transition. The table only lists provider entries that will employ the NPI. All the additional or secondary identifier entries are within a repeated loop. The legacy identifier may be any iteration in the loop.

278 Health Care Services Review –Response, 4010X094A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2010B	NM109	REQUESTER NAME Requesting Provider Identifier	NPI
	REF02	Requester Supplemental Identifier	Legacy
2010E(s)	NM109	SERVICE PROVIDER NAME(S) Service Provider Identifier	NPI
	REF02	Service Provider Supplemental Identifier	Legacy

Notes:

- 1) Loop 2010A “Utilization Management Organization (UMO) Name” allows for NPI to be used to identify the UMO. However, as there is no supplemental identifier segment for this loop, a dual use strategy not available when the NPI is used to identify a UMO. When the UMO is a payer, provider IDs are not used in Loop 2010A; so Loop 2010A is not included in the table.
- 2) All loops that contain provider identification support the NPI.

19.0 276 Health Care Claim Status Request

The following table specifies NPI and Legacy identifiers to be used on a standard 276 Health Claim Status Request during the transition. The table only lists provider entries that can employ the NPI. The additional identifier entries are within a repeated loop. The identifiers may be in any order.

276 Claim Status Request, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2100B		INFORMATION RECEIVER (see Note 2)	
	NM109	Information Receiver ID Number (NM108 = XX)	NPI
	NM109	Information Receiver ID Number (NM108 = FI)	Tax ID
	NM109	Information Receiver ID Number (NM108 = 46)	ETIN*
2100C		PROVIDER NAME	
	NM109	Provider Identifier (NM108 = XX)	NPI
	NM109	Provider Identifier (NM108 = FI)	Tax ID
	NM109	Provider Identifier (NM108 = SV)	Legacy

* **ETIN = Electronic Transmitter Identifier Number, which is a payer specific trading partner number**

Notes:

- 1) Reporting the NPI along with another ID for the same provider in the 276 transaction requires sending multiple iterations of the loop containing the NM1 segment. That is, the loop repeats even if NM1 does not. The name information in the NM1 segments within these iterations would normally be identical – only the NM108 and NM109 values would differ.¹³
- 2) Use of the NM108 value of “XX” (NPI) in the **2100B Information Receiver loop** is not recommended. The ID in that loop is not used to identify an entity as a health care provider, so the NPI is not required to be used as of the compliance date. The NPI can be used as a Receiver Identifier if the Receiver is a health care provider who has an NPI, and both trading partners agree to use that NPI as their EDI entity ID. In that instance qualifier 46 would be used in NM108. Other listed values (XX = NPI, FI = Tax ID) may be used at this time, but future transaction standards are expected to only support the use of qualifier 46. It is not necessary to make changes in the content of the 2100B Information Receiver loop as part of an NPI transition strategy.
- 3) All loops that contain provider identification support the NPI.

¹³ There has been confusion about repeating the NM1 segment because the guide indicates a repeat of 1 for the segment; however, the loop may be repeated indefinitely. This question was put to ASC X12, which confirmed the approach described above. See Attachment A for the text of the ASC X12 response.

20.0 277 Health Care Claim Status Response

The following table specifies NPI and Legacy identifiers to be used on a standard 277 Health Claim Status Response during the transition. The table only lists provider entries that can employ the NPI. The additional identifier entries are within a repeated loop. The identifiers may be in any order.

277 Claim Status Response, 4010A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2100B		INFORMATION RECEIVER (see note 2)	
	NM109	Information Receiver ID Number (NM108 = XX)	NPI
	NM109	Information Receiver ID Number (NM108 = FI)	Tax ID
	NM109	Information Receiver ID Number (NM108 = 46)	ETIN*
2100C		PROVIDER NAME	
	NM109	Provider Identifier (NM108 = XX)	NPI
	NM109	Provider Identifier (NM108 = FI)	Tax ID
	NM109	Provider Identifier (NM108 = SV)	Legacy

* **ETIN = Electronic Transmitter Identifier Number, which is a payer specific trading partner number**

Notes:

- 1) Reporting the NPI along with another ID for the same provider in the 277 transaction requires sending multiple iterations of the loop containing the NM1 segment. That is, the loop repeats even if NM1 does not. The name information in the NM1 segments within these iterations would normally be identical – only the NM108 and NM109 values would differ.¹⁴
- 2) Use of the NM108 value of “XX” (NPI) in the **2100B Information Receiver loop** is not recommended. The ID in that loop is not used to identify an entity as a health care provider, so the NPI is not required to be used as of the compliance date. The NPI can be used as a Receiver Identifier if the Receiver is a health care provider who has an NPI, and both trading partners agree to use that NPI as their EDI entity ID. In that instance qualifier 46 would be used in NM108. Other listed values (XX = NPI, FI = Tax ID) may be used at this time, but future transaction standards are expected to only support the use of qualifier 46. It is not necessary to make changes in the content of the 2100B Information Receiver loop as part of an NPI transition strategy.
- 3) All loops that contain provider identification support the NPI.

¹⁴ There has been confusion about repeating the NM1 segment because the guide indicates a repeat of 1 for the segment; however, the loop may be repeated indefinitely. This question was put to ASC X12, which confirmed the approach described above. See Attachment A for the text of the ASC X12 response.

21.0 834 Benefit Enrollment and Maintenance Transaction [This transaction is not suitable for the Dual Use Strategy]

The purpose of the 834 Benefit Enrollment and Maintenance transaction is to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy, to a health plan. This covers the initial enrollment as well as subsequent maintenance of individuals who are enrolled in health insurance products. It includes information about primary care providers for the subscriber and dependent (including the primary or capitated physicians and pharmacies chosen by the enrollee in a managed care plan). One iteration of the loop is used for each applicable health care provider.

The loop for identifying providers contains a NM1 segment, but it does not contain a separate REF segment for secondary provider identifiers. Consequently, since the 834 cannot include both NPI and a legacy identifier, the Dual Use Strategy is inapplicable for the 834.

The following table specifies the provider identifiers on a standard 834 Benefit Enrollment and Maintenance transaction:

834 Benefit Enrollment and Maintenance 4010X095A1 Implementation Guide			
Loop	Data Element	Industry Name	Content
2310	NM109	PROVIDER INFORMATION Provider Identifier	NPI, SSN, Federal Tax ID, or Service Provider Number*

** An "SV" code qualifier (Service Provider Number—number assigned by a payer used to identify a provider) was added to the Addenda Implementation Guide.*

Notes:

- 1) The use of NPI on this transaction assumes that the employer will know the corresponding NPI of the provider in order to be able to include it in the transaction
- 2) The fact that the transaction will not support Dual Strategy accentuates the need for early coordination and communication between health plans and employers, to transmit the appropriate provider NPIs that will be needed in this transaction
- 3) Communication of NPI information between health plans and employers may be affected by the CMS NPI Dissemination Notice to be published in early 2006.

22.0 820 Payroll Deducted and Other Group Premium Payment for Insurance Products [NPI is not used in this transaction]

The purpose of the 820 transaction is to transmit premium payment information from a sponsor of insurance coverage, benefits, or policy, to an insurance company, health care organization or government agency receiving these payments.

The 820 transaction does not contain loops or segments to report information about health care providers such as the NPI or other provider identifiers. Thus, the transaction will not be affected by the implementation of the NPI.

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In addition, the authors would like to credit Dr. Kepa Zubeldia, who developed many of the concepts described in this paper in his essay April 5, 2004, "*NPI Transition Plan*".

Attachment A

ASC X12 HIPAA Interpretation Request 189

Pertaining to the 276 Transaction

The following is the text of ASC X12 HIR 189. There had been confusion because the NM1 segment has a repeat of 1; however, the loop that NM1 is in may be repeated indefinitely so that it is compatible with the Implementation Guide to include both NPI and the legacy identifier. This HIR further explains this point.

Description

We are in the process of implementing the use of the NPI in receiving and sending it in its transactions. We will be able to receive the NPI and send it back out if it was submitted prior to the NPI mandate date. We have one stipulation though; in the interim we will continue to need/require a secondary identifier. What we are proposing to do is use a second iteration of the 2100B loop with the secondary identifier.

It would look like this:

Loop 2100B, first occurrence:

NM108 (qualifier) = "XX"

NM109 = NPI

Loop 2100B, second occurrence:

NM108 (qualifier) = FI

NM109 = our proprietary ID

I'm looking to you to let me know if you see any problems with this thinking. Since the 276 does not have a REF for a secondary ID.

Response

The ASC X12N 276/277 Health Care Claim Status Request and Response (004010X093A1) 2100B Loop has a repeat of >1 within the 2000B HL. Based on current guide structure and usage notes, reporting multiple 2100B Loops within the 2000B HL would not be precluded during the interim NPI implementation. However, the 'FI' qualifier is used to specify Federal Taxpayer's ID, while the '46' qualifier - Electronic Transmitter Identification Number' would be used to provide the Information Receiver's payer specific Trading Partner Number.

Attachment B

ASC X12 HIPAA Interpretation Request 364

Pertaining to the 270/271 Transactions

The following is the text of ASC X12 HIR 364. Method “1” described below is the Dual Use of NPI & Legacy Identifiers strategy described in this paper.

Description

For the duration of dual transitional use of NPI and Legacy Identifiers; does the X12N/TG2/WG1 recommend the usage of 'CT' qualifier in REF01 to convey the current Legacy Identifier of Service Provider Number (NM109 with NM108='SV')? If not, which REF01 qualifier does the WG1 recommend?

Response:

There are two possible methods of identifying a provider in 2100B during the period of time before the National Provider Identifier (NPI) is mandated for use.

1. Willing trading partners may begin using the NPI in the NM109 and place the legacy identifier in the REF segment. If the legacy identifier was Service Provider Number, use “Q4” – Prior Identifier Number in REF01.
2. If trading partners decide not to use the first option, continue to place the primary identifier in the NM109 (such as the legacy identifier in the example). If you wish to send the NPI prior to the mandated date you put the NPI in REF02 with REF01 = “HPI”. Once the NPI is mandated for use, you would send it in the NM1 and you would no longer need to send any legacy identifiers to identify a provider since the purpose of the NPI is to replace the need for legacy identifiers.