



April 8, 2010

National Provider Identifier (NPI) Professional Claims Biller Instructions

As of April 23, 2010, Alaska Medicaid will no longer accept electronic claims containing a Medicaid Provider ID. 837P claim transactions will be accepted when submitted with the National Provider Identifier (NPI) only. Alaska Medicaid will enforce the HIPAA national standard of NPI-only. Please discontinue submitting your Medicaid Provider ID on your claims by April 23, 2010. Claims submitted with your Medicaid Provider ID on or after April 23, 2010 will be delayed or denied. Please refer to the following guidelines for assistance in completing key fields on your claims:

Claim Billing Guidelines for Group Providers

NPI-Only Billing: Servicing/Rendering Provider

Refer to your Alaska Medicaid provider billing manual to determine if you are required to identify the rendering provider on your claims.

1. The NPI for the rendering provider performing the service is entered in the unshaded portion of **field 24J**. It must match the NPI of the enrollment record on file with ACS.
2. The taxonomy may be needed, and is strongly recommended. When supplied, it is entered in the shaded portion of **field 24J** with the ZZ qualifier in the shaded portion of **field 24I**. The taxonomy code entered in the shaded portion of field 24J must match the taxonomy code of the rendering provider's enrollment record.

In the example below, the NPI 1234567890 belongs to Dr. Smith. Taxonomy code 207V00000X describes Dr. Smith's specialty. Both the NPI and taxonomy code match Dr. Smith's enrollment record.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. ENG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
	From MM	DD	YY	To MM	DD	YY			(Explain Unusual Circumstances)	CPT/HCPCS	MODIFIER								
1	04	26	10	04	26	10	11		99213			1	50	00	1		ZZ	207V00000X	1234567890

NPI-Only Billing: Group Billing Provider

1. The NPI of the billing group is entered in **field 33A** (see "A" in the example below). Field 33A information is used to determine the *Pay-to Provider*.
2. The corresponding taxonomy code is entered in **field 33B**. The ZZ qualifier immediately precedes the taxonomy (see "B" in the example below).
3. Providers must submit the address with the full ZIP+4 postal code for the physical location of the group practice/business/agency in **field 32** (see "C" in the example below). This ZIP+4 postal code is NOT your payment ZIP+4 postal code. It is the ZIP+4 postal code of your business/service location. Submit this information on all of your claims.

In the example below, NPI 9876543210 belongs to Dr. Jones' Professional Group, a group practice. Taxonomy code 193400000X describes Dr. Jones' Professional business. The ZZ qualifier value immediately precedes the taxonomy code. The ZIP+4 postal code in field 32 identifies the physical location of the group practice/business/agency. All information matches the enrollment record of Dr. Jones' Professional Group.



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24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.		G.	H.	I.	J.
From To						SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	FSDT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
04	26	10	04	26	10	11		99213			1	50	00	1		ZZ	207V00000X
																NPI	1234567890

31. 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.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (907) 123-4567	
SIGNED _____ DATE _____		Dr. Jones Professional Group 123 ABC Street Someplace, AK 99508-3469		Dr. Jones Professional Group 123 Main Street Someplace, AK 99508-3469	
		a. NPI	b.	a. 9876543210 A	b. ZZ193400000X B

NPI-Only Billing Guidelines: For Providers Not Required to Submit Rendering Information

1. Certain types of Alaska Medicaid providers are not required to submit rendering provider information on their claims. **Refer to your Alaska Medicaid provider billing manual to determine if/when you are required to submit rendering information.**

If you are not required to submit rendering information, fields 24I and 24J can remain blank.

2. The NPI is entered in **field 33A** (see "A" in the example below). The information in field 33A is used in determining the *Pay-to Provider*.
3. The corresponding taxonomy code, when provided, is entered in **field 33B** with the ZZ qualifier immediately preceding the taxonomy code (see "B" in the example below).
4. Providers must submit the address and full ZIP+4 postal code for the physical location of the business or agency in **field 32** (see "C" in the example below). This ZIP+4 postal code is NOT your payment ZIP+4 postal code. It is the ZIP+4 of your business/service location. Submit this information on all of your claims.

In the example below, the NPI for Durable Medical Equipment appears in field 33A. The taxonomy code appears in field 33B. The ZIP+4 postal code for the physical location of the business is in field 32.

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.		G.	H.	I.	J.
From To						SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	FSDT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
04	26	10	04	26	10	99		B4150			1	50	00	1		NPI	

31. 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.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (907) 123-4567	
SIGNED _____ DATE _____		DURABLE MEDICAL EQUIPMENT 456 D STREET ANYPLACE, AK 99507-3439		DURABLE MEDICAL EQUIPMENT P.O. Box 1234 ANYPLACE, AK 99508-1234	
		a. NPI	b.	a. 2105438769 A	b. ZZ332B00000X B

One NPI: Multiple Alaska Medicaid Enrollments for Multiple Types of Providers

At One Physical Location

Example:

1. At-Your-Service Agency EIN: 123456789, NPI: 0123456789
2. One billing NPI for multiple provider enrollments. All are at the same physical location.
3. Taxonomy distinguishes each type of provider by specialty.
4. NPI, Taxonomy and ZIP+4 postal code information on the claim must match the NPI, Taxonomy and ZIP+4 postal code information on your enrollment record on file with ACS.



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Type of Provider	Taxonomy
Home and Community Based Waiver Agency	385H00000X
Residential Supported Living/Assisted Living Home	310400000X
Care Coordination Agency	251B00000X
Personal Care Agency	251X00000X

At Multiple Service Locations

Site specific enrollments for the same type of service may be needed based on specific licensing or certification requirements.

Example:

1. Home Care Anywhere Agency
2. NPI: 1244556678
3. Taxonomy differentiates each type of provider by specialty and the ZIP+4 postal code identifies separate locations.
4. NPI, Taxonomy and ZIP+4 postal code information on the claim must match the NPI, Taxonomy and ZIP+4 postal code information on your enrollment record on file with ACS.

Type of Service	Taxonomy	Location
Home and Community Based Agency #1	261QA0000X	99577-2338
Home and Community Based Agency #2	261QA0000X	99669-0124
Care Coordination Agency #1	251B00000X	99577-2338
Personal Care Agency #1	251X00000X	99577-2338
Personal Care Agency #2	251X00000X	99669-0124

To avoid claim processing delays or denials, make sure that your claims contain the following information:

- Address and ZIP+4 Postal Code for both the physical location and billing address.
- Rendering/Service Provider NPI and taxonomy, if required.
- Secondary provider NPI, such as the referring provider.

Other resources which you may find helpful are listed below:

- USPS website: <http://zip4.usps.com>
- NPPES website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- NPI Registry: <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>
- Taxonomy website: www.wpc-edi.com
- Companion Guide for electronic transactions: <http://medicaidalaska.com/providers/hipaa/guide.shtml>

For clarification on information contained in this flyer or on submitting claims electronically, please contact the Electronic Data Interchange (EDI)/HIPAA Unit at (907) 644-6836, or (800) 770-5650, option 1, 4 (toll-free in Alaska). EDI staff are available to assist you Monday – Friday, 8:00 a.m. – 5:00 p.m.

For general inquiries regarding the Alaska Medicaid Program, please contact the ACS Provider Inquiry Unit at (907) 644-6800, option 1 or (800) 770-5650, option 1, 1, 1 (toll-free in Alaska). Provider Inquiry staff are available to assist you Monday – Friday, 8:00 a.m. – 5:00 p.m.