



Implementing the National Provider Identifier (NPI) Frequently Asked Questions

Q: How do you submit your NPI to UCare Minnesota?

A: It's important to notify UCare as soon as you have completed the application process and have received your NPI. We have identified several methods of notification. The use of an NPI on claim transactions without prior notification is not an acceptable means of notification and will adversely affect your claim payment. You may submit your NPI in one of the following methods based on your provider type.

Type 1 - Individual Providers

- ⌚ Minnesota Uniform Credentialing Application Form (Paper).
- ⌚ Minnesota Uniform Practitioner Change Form (Paper).
- ⌚ Administrative Uniformity Committee (AUC) NPI Notification Form (Paper).
- ⌚ ENUF – Electronic NPI Upload File (Electronic).
- ⌚ Individual Practitioner Spreadsheet (Electronic).

Type 2 - Health Care Providers and Organizations

- ⌚ Administrative Uniformity Committee (AUC) NPI Notification Form (Paper).
- ⌚ Provider Spreadsheet (Electronic).

These methods are further outlined on UCare's Provider website. * If possible, UCare asks that you include the corresponding six-digit UCare Provider ID number with your NPI to aid in processing the NPI data. *****

Q: When will you begin to accept NPI in electronic claim submission transactions?

A: UCare currently receives electronic claim submission transactions that contain both the six digit UCare Provider ID and the NPI, although we only use the UCare Provider ID for claim processing. We encourage providers to submit NPI in their electronic and paper claim transactions as soon as they are able. *** UCare also asks providers to continue to submit the UCare Provider ID on all claim submissions, as well as the NPI if it is available, until further notice. ***

Q: When will you require only the NPI in electronic claim submission transactions?

A: *UCare will continue to accept both NPI and UCare Provider ID beyond the Compliance Date (May 23, 2007) and until further notice.* Any claim submitted without a UCare Provider ID to identify providers will be rejected as incomplete.

UCare will provide advance notice to providers when we begin processing "NPI-only" claims transactions.

Once UCare begins to accept NPI-only claims, any providers defined as “health care providers” by HIPAA should submit claims containing only an NPI; claims received without an NPI will be rejected as incomplete. In either case, claims rejected as incomplete are reported on the Claims Acknowledgement Report. After the Compliance Date, providers not defined as “health care providers” should continue to submit their UCare Provider ID on claims.

Q: Where in the X12N 837 electronic claim format do you require the NPI?

A: UCare will require NPIs in the following loops and segments when NPI is submitted as the primary payer identifier:

Loop / Segment	Institutional	Professional
Loop 2010AA: NM108	“XX”	“XX”
Loop 2010AA: NM109	NPI	NPI
Loop 2310B: NM108	Not used	“XX”
Loop 2310B: NM109	Not used	NPI

Q: Are any other proprietary identifiers required?

A: *If NPI is submitted as primary provider identifier, UCare Provider ID will continue to be required on electronic claim transactions until further notice.* During this timeframe, in loops where NPI is submitted as primary provider identifier report UCare Provider ID as follows:

Loop / Segment	Institutional	Professional
Loop 2010AA: REF01	“G2”	“G2”
Loop 2010AA: REF02	UCare Provider ID (6 digit)	UCare Provider ID (4 digit)
Loop 2310B: REF01	Not used	“G2”
Loop 2310B: REF02	Not used	UCare Provider ID (6 digit)

Q: Will providers be required to notify UCare of their NPI prior to submitting their NPI in electronic and/or paper claim transactions?

A: UCare would appreciate notification that providers intend to submit NPI as the primary provider identification. Providers should notify UCare via email (npi@ucare.org) at least 2 weeks in advance of submitting the NPI in either paper and/or electronic formats.

Q: When will UCare accept the new versions of the CMS & UB claim forms with NPI values?

A: UCare is accepting CMS-1500 (8/05) and UB-04 claim forms both with and without NPI Provider ID numbers; however, we are still requiring the UCare Provider ID number at this time. **For additional information regarding the acceptance of the new CMS-1500 claim form, UB-04, and NPI please visit our provider page at: <http://www.ucare.org/providers/index.html>**

Key dates:

- 🕒 Cutoff date for old CMS-1500 (12/90) form 7/16/2007
- 🕒 Cutoff date for old UB-92 form 7/16/2007

Q: When will you require only the NPI in paper claim submission transactions?

A: *For Minnesota providers, UCare will continue to accept both NPI and UCare Provider ID beyond the Compliance Date (May 23, 2007) and until further notice.* During this time frame, claims submitted on a CMS-1500 claim form and UB-04 without a UCare Provider ID number will be rejected as incomplete.

Once UCare begins to accept NPI-only claims, any providers defined as “health care providers” by HIPAA should submit claims containing only an NPI; claims received without an NPI will be rejected as incomplete. In either case, claims rejected as incomplete are reported on the Claims Acknowledgement Report. After the Compliance Date, providers not defined as “health care providers” should continue to submit their UCare Provider ID on claims.

Q: Where in the paper CMS-1500 (8/05) and UB-04 claim forms do you require the NPI?

A: After the Compliance Date (May 23, 2007), NPIs should be included in the following form locations:

Information	UB04
Facility ID; Required	FL 56
Attending Physician; Optional	FL 76
Operating Physician; Optional	FL 77
Other Provider 1; Optional	FL 78
Other Provider 2; Optional	FL 79

Information	CMS-1500
Referring/Other Provider; If applicable	FL 17b
Rendering Provider; Required	FL 24J
Service Facility; If applicable	FL 32a
Billing Provider; Required	FL 33a

Q: When will UCare return NPI on the X12N 835 electronic remittance advice transaction and on paper EOPs?

A: UCare is currently updating our systems to return the NPI on X12N 835 electronic remittance advice transactions and EOPs. On the X12N 835 transaction, NPI will be returned in the following loops:

Loop / Segment	Institutional	Professional
Loop 1000B: N101	“PE”	“PE”
Loop 1000B: N103	“XX”	“XX”
Loop 1000B: N104	NPI	NPI
Loop 1000B: REF01	“TJ”	“TJ”
Loop 1000B: REF02	Tax ID	Tax ID

UCare will provide advance notice to providers when we begin returning “NPI-only” remittance advices.

Q: How will UCare use NPI to determine how to pay claims and to whom?

A: UCare will produce electronic & paper remittance advices by NPI, using the Billing Provider NPI reported in the following locations:

EDI X12N 837 Institutional & Professional	Loop 2010AA; Segment NM109
CMS-1500 form	Form location 33a, 24J
UB04 form	Form location 56

Q: Would UCare allow providers with multiple Type II NPIs have a “master NPI” so that payment & remittances continue to be sent under a single provider ID?

A: No. HIPAA prevents UCare from using an NPI on an 835 other than the one submitted on the 837. MN Statute 62L requires UCare treat paper the same way as the HIPAA requirements for EDI.

Q: Will UCare offer NPI submission testing?

A: UCare is currently working with individual providers to test NPI submission on electronic and paper claim submissions, and will continue to do so as needed through the CMS Contingency Date (May 23, 2008). Testing will follow a “dual ID” approach involving both the NPI and the UCare Provider Number. UCare is also willing to work with providers to help assure they are ready to accept NPI in X12N 835 electronic remittance advice transactions. **For additional information from UCare regarding NPI please visit our NPI provider page at: <http://www.ucare.org/providers/npi.html>**

Q: What Provider Identifier will UCare accept from Providers who do not receive an NPI?

A: Any provider not defined as a “health care provider” by HIPAA should continue to use the UCare Provider ID for submitting electronic or paper claims. UCare will continue to use the UCare Provider ID for processing claims and remittances where a provider is not eligible for an NPI. There are no plans to process provider claims and remittances using the state-assigned Unique Minnesota Provider Identifier (UMPI).

Q: Does UCare require Providers to report Taxonomy Code or Service Location information?

A: If you are provider who enumerated fewer NPIs than corresponding UCare Provider ID numbers, then UCare requires the following additional information on your claims:

- Taxonomy codes
- Service facility address(es)

For claims submitted on paper, taxonomy code should be reported as follows:

Bill Form	Taxonomy Locations
CMS 1500	Use the appropriate location: <ul style="list-style-type: none">• Box 17a: If referring provider is reported, enter a “ZZ” in the field to the immediate right of 17a followed by the taxonomy code in the second box of 17a.

	<ul style="list-style-type: none"> Boxes 24I and 24J: For rendering provider, enter a “ZZ” in the shaded area of box 24I followed by the taxonomy code in the shaded area of 24J. Box 33b: For billing provider, enter a “B3” in box 33b followed by the taxonomy code.
UB04	<ul style="list-style-type: none"> FL81: Enter “B3” and the taxonomy code in FL81.

For claims submitted via EDI, taxonomy code should be reported as follows:

Transaction	Taxonomy Locations
837I	Loop 2000A: For billing provider, enter “ZZ” in PRV02 and the taxonomy code in PRV03.
837P	Loop 2310B: If used, enter “ZZ” in PRV02 and the taxonomy code in PRV03. Loop 2420B: If used, enter “ZZ” in PRV02 and the taxonomy code in PRV03.

Service facility address should be reported when identical taxonomy codes exist for more than one service facility location.

Bill Form	Service Facility Locations
CMS 1500	Box32a: Enter provider name (line 1), provider address (line 2) and city / state / zip (line 3).
UB04	n/a

For claims submitted via EDI, service facility code should be reported as follows:

Transaction	Service Facility Locations
837I	Loop 2310E: Enter Service Facility Location information in NM1, N3 and N4 segments.
837P	Loop 2310D: Enter Service Facility Location information in NM1, N3 and N4 segments.

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