

NPI Companion Guide
NSF 4.0

Revision History

Date	Version	Description	Author
08/08/2006	1.0	NPI Companion Guide- NSF 4.0	Scott Codon
10/04/2006	1.0	Updated	Scott Codon
11/28/2006	1.1	Updated	Scott Codon
01/26/2007	1.1	Updated	Scott Codon
4/17/2007	1.1	Updated	Scott Codon
4/20/2007	1.1	Page 14: Corrected positions for FB1.26 to show 295-296 instead of 295-196.	Scott Codon
3/12/2009	1.1	Re branded to Capario and update URLs as needed	Scott Codon

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Introduction

Centers for Medicare and Medicaid Services (CMS) has established an NPI transition period from October 2, 2006 to May 22, 2007. During this transition period Capario will:

- Perform a check-digit edit on claims containing NPI. For information regarding check digit go to: http://www.capario.com/resource_center.html
- Reject claims with no NPI if a payer requires an NPI. This is not likely to occur until after the deadline.
- *NOTE: In order to allow for " atypical " providers, Capario will accept claims with no NPI unless required by a Payer*

ANSI 4010A1

Beginning August 1, 2006, Capario can accept ANSI 4010A1 claims containing NPI, and these claims **must** contain the legacy identifiers in the applicable REF segments. *For formatting information refer to the ANSI 4010A1 NPI companion guide.*

At this point Capario does not plan to require provider testing for submitting your NPI.

Since each Payer will accept NPI based on their timeline/schedule Capario will:

- Only forward the legacy identifiers if the Payer does not accept the NPI.
- Activate NPI based on schedule of each Payer. *Capario's PhoenixSM claims processing system can be configured at a payer level to allow the NPI in outbound payer files.*
- Forward legacy identifiers and/or NPI, per Payer requirement, when a Payer accepts NPI, based on the Payer's requirements.

NSF 4.0 Format

Capario will accept NPI in your NSF 4.0 claims on 12/1/06 but these claims must also include the legacy identifiers. This companion guide provides instruction on how to submit NPI compliant NSF 4.0 claims.

Since each Payer's NPI schedule will vary, Capario will determine when it is appropriate to forward the NPI to the Payer. Our determination will be based on payer readiness and their implementation requirements.

To see which Payers are accepting NPI go to:

http://www.capario.com/services/resource_center/payer/list/default_db.asp to locate your Payer then view the 'Accepting NPI' column.

NSF 4.0 Companion Guide

Billing Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
Billing Provider NPI	BA0.09	15	48-62	2010AA/NM108-XX 2010AA/NM109

If BA0.12 - BA0.15 are populated, you can not duplicate the corresponding qualifier in BA0.28

Billing Provider Secondary ID Legacy-Medicaid	BA0.12	15	75-89	2010AA/REF02
Billing Provider Secondary ID Legacy CHAMPUS	BA0.13	15	90-104	2010AA/REF02
Billing Provider Secondary ID Legacy Blue Shield	BA0.14	15	105-119	2010AA/REF02
Billing Provider Secondary ID Legacy Commercial	BA0.15	15	120-134	2010AA/REF02

Required if BA0.28 populated

Billing Provider Secondary ID # 1 (Legacy)	BA0.16	15	135-149	2010AA/REF02
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If BA0.12 - BA0.15 are populated, you can not duplicate the corresponding qualifier in BA0.28

Billing Provider Secondary ID # 1 (Legacy) qualifier:	BA0.28	2	295-296	2010AA/REF01
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Required if BA0.16 populated

0B	State License Number	
1A	Blue Cross Provider Number	
1B	Blue Shield Provider Number	
1C	Medicare Provider Number	
1D	Medicaid Provider Number	
1G	Provider UPIN Number	
1H	CHAMPUS Identification Number	
1J	Facility ID Number	
B3	Preferred Provider Organization Number	
BQ	Health Maintenance Organization Code Number	
EI	Employer's Identification Number	
FH	Clinic Number	
G2	Provider Commercial Number	
G5	Provider Site Number	
LU	Location Number	
SY	Social Security Number	
U3	Unique Supplier Identification Number (USIN)	
X5	State Industrial Accident Provider	

<i>Required if BA0.29 populated</i>				
Billing Provider Secondary ID # 2 (Legacy)	BA0.17	15	150-164	2010AA/REF02

<i>If BA0.12 - BA0.15 are populated, you can not duplicate the corresponding qualifier in BA0.29</i>				
Billing Provider Secondary ID # 2 (Legacy) qualifier:	BA0.29	2	297-298	2010AA/REF01

<i>Required if BA0.17 populated</i>				
0B	State License Number			
1A	Blue Cross Provider Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
1J	Facility ID Number			
B3	Preferred Provider Organization Number			
BQ	Health Maintenance Organization Code Number			
EI	Employer's Identification Number			
FH	Clinic Number			
G2	Provider Commercial Number			
G5	Provider Site Number			
LU	Location Number			
SY	Social Security Number			
U3	Unique Supplier Identification Number (USIN)			
X5	State Industrial Accident Provider			

Pay to Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
Pay to Provider NPI Qualifier (XX= NPI)	BA1.24	2	291-292	2010AB/NM108
Pay to Provider NPI	BA1.25	15	293-305	2010AB/NM109
Pay to Provider Secondary ID(Legacy) qualifier:	BA1.26	2	306-307	2010AB/REF01
<i>Required if BA0.27 populated</i>				
0B	State License Number			
1A	Blue Cross Provider Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
1J	Facility ID Number			
B3	Preferred Provider Organization Number			
BQ	Health Maintenance Organization Code Number			
EI	Employer's Identification Number			
FH	Clinic Number			
G2	Provider Commercial Number			
G5	Provider Site Number			
LU	Location Number			
SY	Social Security Number			
U3	Unique Supplier Identification Number (USIN)			
X5	State Industrial Accident Provider			
<i>Required if BA1.26 populated</i>				
Pay to Provider Secondary ID(Legacy):	BA1.27	13	308-320	2010AB/REF02

Referring Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
Referring Provider NPI - Claim Level	EA0.20	15	80-94	2310A/NM108 - XX 2310A/NM109
Referring Provider UPIN- Claim Level Legacy:	EA0.21	15	95-109	2310A/REF01 - 1G 2310A/REF02
<i>EA0.22- Required if EA0.23 populated</i>				
Referring Provider Tax ID Type: TIN=T	EA0.22	1	110-110	2310A/REF01 - EI
Referring Provider Tax ID Type: SSN=S				2310A/REF01 - SY
<i>EA0.23- Required if EA0.22 populated</i>				
<ul style="list-style-type: none"> o If EA0.20 populated, and EA0.22=T, map EIN value to REF02 and map "EI" to REF01. o If EA0.20 populated, and EA0.22=S, map SSN value to REF02 and map "SY" to REF01. 				
Referring Provider Tax ID:	EA0.23	9	111-119	2310A/REF02
Referring Secondary ID #1(Legacy) qualifier:	EA9.10	2	88-89	2310A/REF01
<i>Required if EA9.11 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	Employer's Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			
<i>Required if EA9.10 populated</i>				
Referring Provider Secondary ID #1 (Legacy)	EA9.11	15	90-104	2310A/REF02

Referring Secondary ID #2(Legacy) qualifier:	EA9.12	2	105-106	2310A/REF01
<i>Required if EA9.13 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	Employer's Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			
<i>Required if EA9.12 populated</i>				
Referring Provider Secondary ID #2 (Legacy)	EA9.13	15	107-121	2310A/REF02
<i>Required if FB1.32 populated</i>				
Referring Provider NPI - Line Level	FA0.24	15	108-122	2420F/NM109
<i>Required if FA0.24 populated</i>				
Referring Provider qualifier - Line level (XX= NPI)	FB1.32	2	316-317	2420F/NM108
<i>Required if FB1.33 populated</i>				
Referring Provider Secondary ID Line level (Legacy)	FB1.13	15	154-168	2420F/REF02
Referring Secondary ID (Legacy) qualifier:	FB1.33	2	318-319	2420F/REF01
<i>Required if FB1.13 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	EIN			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			

Rendering Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
Rendering Provider NPI:	FA0.23	15	93-107	2310B-2420A/NM108 - XX 2310B-2420A/NM109
Rendering Provider UPIN- Legacy:	FB1.17	15	202-216	2310B-2420A/NM108 - 1G 2310B-2420A/NM109
Rendering Provider Secondary ID (Legacy) qualifier:	FB1.24	2	281-282	2310B-2420A/REF01
<i>Required if FB1.25 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	EIN			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			
<i>Required if FB1.24 populated</i>				
Rendering Provider Secondary ID (Legacy)	FB1.25	12	283-294	2310B-2420A/REF02

Supervising Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
<i>Required if EA1.17a populated</i>				
Supervising Provider NPI- Claim Level	EA1.16	15	193-207	2310E/NM109
<i>Required if EA1.16 populated</i>				
Supervising Provider ID Qualifier NPI- Claim Level (XX= NPI)	EA1.17a	2	208-209	2310E/NM108
<i>Required if EA1.17b populated</i>				
Supervising Provider Secondary ID (Legacy)- Claim Level	EA1.05	15	38-52	2310E/REF02
Supervising Provider Secondary ID (Legacy)- Claim Level	EA1.17b	2	210-211	2310E/REF01
<i>Required if EA1.05 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	EIN			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			
<i>Required if FB1.28 populated</i>				
Supervising Provider NPI- Line Level	FB1.21	15	250-264	2420D/NM109
<i>Required if FB1.21 populated</i>				
Supervising Provider Qualifier - Line Level (XX= NPI)	FB1.28	2	309-310	2420D/NM108
<i>Required if FB1.29 populated</i>				
Supervising Provider Secondary ID (Legacy) - Line Level	FB1.22	15	265-279	2420D/REF02

Supervising Provider Secondary ID (Legacy)- Line Level	FB1.29	2	311-312	2420D/REF01
<i>Required if FB1.22 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
EI	EIN			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			

Service Facility

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
<i>Required if EA1.30 populated</i>				
Service Facility NPI- Claim Level	EA1.04	15	23-37	2310D/NM109

<i>Required if EA1.04 populated</i>				
Service Facility qualifier- Claim Level (XX=NPI)	EA1.30	2	319-120	2310D/NM108

Service Facility Secondary ID (Legacy) qualifier- Claim Level	EA9.14	2	122-123	2310D/REF01
<i>Required if EA9.15 populated</i>				
0B	State License Number			
1A	Blue Cross Provider Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
TJ	Federal Taxpayers ID			
X4	CLIA Number			
X5	State Industrial Accident Provider Number			

<i>Required if EA9.14 populated</i>				
Service Facility Secondary ID (Legacy)- Claim Level	EA9.15	15	124-138	2310D/REF02

<i>Required if GZ9.23 populated</i>				
Service Facility qualifier- Line Level (XX=NPI)	GZ9.22	2	79-80	2420C/NM108

<i>Required if GZ9.22 populated</i>				
Service Facility NPI- Line Level	GZ9.23	15	81-95	2420C/NM109

Service Facility Secondary ID (Legacy) qualifier- Line Level	GZ9.24	2	96-97	2420C/REF01
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<i>Required if EA9.25 populated</i>				
0B	State License Number			
1A	Blue Cross Provider Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
TJ	Federal Taxpayers ID			
X4	CLIA Number			
X5	State Industrial Accident Provider Number			

<i>Required if GZ9.24 populated</i>				
Service Facility Secondary ID (Legacy)- Line Level	GZ9.25	15	98-112	2420C/REF02

Purchasing Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
<i>Required if FB0.35 populated</i>				
Purchase Service Provider ID	FB0.11	15	85-99	2310C-2420B/NM109
<i>Required if FB0.11 populated</i>				
Purchase Service Provider ID qualifier: (X=NPI)	FB0.35	1	318-318	2310C-2420B/NM108 - XX
Purchase Service Provider Secondary ID (Legacy) qualifier:	FB1.26	2	295-296	2420B/REF01
<i>Required if FB1.27 populated</i>				
0B	State License Number			
1A	Blue Cross Provider Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
E1	Employer's Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
U3	Unique Supplier Identification Number (USIN)			
X5	State Industrial Accident Provider Number			
<i>Required if FB1.26 populated</i>				
Purchase Service Secondary ID (Legacy)	FB1.27	12	297-308	2420B/REF02

Ordering Provider

Field Name	Inbound to Capario			Outbound to Payers
	Field No.	Length	Positions	ANSI Conversions
<i>Required if FB0.36 populated</i>				
Ordering Provider ID	FB0.09	15	68-82	2420E/NM109
<i>Required if FB0.09 populated</i>				
Ordering Provider ID qualifier: (X=NPI)	FB0.36	1	319	2420E/NM108 - XX
<i>Required if FB1.30 populated</i>				
Ordering Provider Secondary ID (Legacy)	FB1.09	15	106-120	2420E/REF02
Ordering Provider Secondary ID (Legacy) qualifier:	FB1.30	2	313-314	2420E/REF01
<i>Required if FB1.09 populated</i>				
0B	State License Number			
1B	Blue Shield Provider Number			
1C	Medicare Provider Number			
1D	Medicaid Provider Number			
1G	Provider UPIN Number			
1H	CHAMPUS Identification Number			
E1	Employer's Identification Number			
G2	Provider Commercial Number			
LU	Location Number			
N5	Provider Plan Network Identification Number			
SY	Social Security Number			
X5	State Industrial Accident Provider Number			