

Availity NPI FAQs

Contents

About NPIs.....	2
What is an NPI?	2
What are the impacts of NPI to providers and health care organizations?	2
Will my NPI replace my existing identifiers?	2
Do I need more than one NPI?	3
My organization obtained its NPI. As an individual provider with this organization, do I have to obtain an NPI also?	3
Is there a way to link an individual NPI to a group or organization?	3
I'm an individual provider. What happens if I move or change jobs, or my name changes? Will I need a new NPI?	4
Can an NPI be deactivated?	4
Applying for NPI.....	4
Who CAN apply for an NPI?	4
Who MUST apply for an NPI?	5
Who cannot receive an NPI?	5
I'm an individual provider working in the U.S., but am not a U.S. citizen. Am I eligible for or required to obtain an NPI?	5
How do I get an NPI? How do I get an application form?	5
What information must I provide on the application?	6
Sharing, Using, and Enforcing NPI.....	6
Do I need to have my office software changed to handle NPI?	6
How will payers get my NPI? How will providers share their NPIs with each other?	7
What is an atypical provider? If I am an atypical provider, do I continue to submit transactions as usual?	7
If I am an atypical provider, how do I register with Availity prior to submitting transactions?	8
Will Availity notify payers that I am an atypical provider?	8
What is the dual ID implementation strategy?	8
What is Availity's implementation strategy?	9
Which payers are supporting NPI Mandate (Option 3) on Availity?	10
Where on the transaction will NPI be required for payers supporting NPI Mandate?	10
If I submit transactions on the Web only, do I need to know each payer's individual NPI requirements?	10
Will Availity manipulate an EDI transaction in order to make it compliant for the payer's requirements?	10
What if a payer or receiver begins enforcing NPI before Availity does?	11
How do I (or should I) test for NPI only?	11
If a payer is NPI only, do I need any other identifiers?	11
How is Availity validating NPI?	11
Will Availity check the NPI registry to see if it is valid?	11
What rejection message will be sent back to the provider if there is an NPI related error?	12
Will EDI NPI rejections occur at the transaction level or the file level?	13

Will payers receive reports showing what providers' claims are rejecting for invalid or missing NPI?	13
I submit paper claims and have obtained an NPI. How do I submit the NPI on a paper claim form?	13
My payer told me to submit NPI only. Why are my claims still rejecting?	14

About NPIs

What is an NPI?

The National Provider Identifier (NPI) is part of the “administrative simplification” provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is a 10-digit numeric ID that contains no private information about the provider.

What are the impacts of NPI to providers and health care organizations?

- Providers must have obtained an NPI and begun using it in their electronic transactions by May 23, 2007. CMS delayed the enforcement of use of the NPI until May 23, 2008.
- Providers must notify the National Plan and Provider Enumeration System (NPPES) within 30 days of any changes to application information.
- Individual and organizational providers are responsible for providing their NPI to their trading partners, plans/payers, and other business associates as necessary.
- Business associates must use NPIs appropriately.

Will my NPI replace my existing identifiers?

Yes. The NPI is intended to replace all existing provider identifiers used today, for purposes of identifying a provider, in HIPAA standard transactions (“legacy identifiers”). Legacy identifiers include national provider identifiers such as Medicare UPIN, OSCAR, PIN, and National Supplier Clearinghouse (NSC) IDs; state Medicaid identifiers; and proprietary IDs issued by individual hospitals, health care systems, and commercial insurance payers and plans. Social Security Numbers and Tax IDs are not considered legacy identifiers when used to identify the provider as a taxpayer for reporting to the IRS, namely Billing and Pay-To Providers. Tax ID and/or SSN should now be submitted in the REF segments for these providers as the NPI must be submitted in the NM1 segment.

Do I need more than one NPI?

Individual providers need only one NPI. Some organizations may be required to have multiple, subpart identifiers, depending on how the organization is structured, their operational models, contracting practices with payers, and when certain other conditions exist.

For example, if the organization has multiple, autonomous centers or departments that provide health care services and bill separately, the organization will need one NPI plus an additional "subpart" NPI for each department or center.

Before applying for your NPI(s), assess all of the provider identifiers you currently use by considering questions like these:

- Is your organization structured with multiple, autonomous centers or departments that bill separately but are not, in themselves, separate legal entities?
- Are some of your identifiers set up for special reimbursement?
- Do some of your identifiers indicate service location?
- Do you have multiple identifiers for the same payer?

Understanding the provider identifiers you currently use and how they relate to your new NPI and NPI "subparts" is critical for transitioning smoothly to using NPI only and ensuring uninterrupted payment reimbursement. Read the CMS guidance on NPI subpart enumeration for more information about who needs multiple NPIs:

http://www.cms.gov/nationalprovidentstand/01_overview.asp

My organization obtained its NPI. As an individual provider with this organization, do I have to obtain an NPI also?

Yes. Even though the organization that you are working with has obtained an NPI, you also need to obtain one as an individual provider.

Is there a way to link an individual NPI to a group or organization?

No. NPIs are not linked to or associated with each other in the National Plan and Provider Enumeration System (NPPES). Each NPI stands alone. For example, the NPI of an organizational provider is not linked to the NPIs of its subparts or affiliated corporations except to the extent that they may share certain data, such as tax numbers, or have similar names.

I'm an individual provider. What happens if I move or change jobs, or my name changes? Will I need a new NPI?

No. Just as with a Social Security Number, a provider's NPI does not change and will remain with the provider for life regardless of job, name, or location changes. Providers must notify the National Plan and Provider Enumeration System (NPPES) within 30 days of any changes to their information.

Can an NPI be deactivated?

Yes, but only under the most extreme circumstances. NPIs are intended to be assigned for life. The following circumstances are examples of when an NPI may be deactivated:

- Identity theft cases, when the provider's NPI has been used fraudulently
- Provider's retirement
- Provider's death

Applying for NPI

Who CAN apply for an NPI?

All health care providers that render health care services are eligible to obtain an NPI. Health care providers may include:

- Individuals – Physicians, nurses, dentists, chiropractors, physical therapists, pharmacists
- Organizations – Hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, health maintenance organizations, suppliers of durable medical equipment, pharmacies

Health care providers who are “non-covered entities” (health care providers who do not send any electronic transactions) are eligible to receive an NPI, but HIPAA does NOT require them to obtain or use NPIs. However, non-covered health care providers may still want to obtain an NPI for the following reasons:

- Some payers and health plans may require participating providers to obtain and use their NPI when submitting paper claims.
- CMS recommends using NPIs on paper-claim submissions, and the standard paper claim forms have been modified to accept NPIs.

- Many pharmacy providers may need a non-covered provider's NPI to process prescriptions.

Who MUST apply for an NPI?

All HIPAA-covered health care providers, both individuals and organizations, must obtain an NPI to identify themselves in HIPAA-standard electronic transactions. A HIPAA-covered health care provider is a health care provider who transmits any health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services (HHS) has adopted a standard, even if the health care provider uses a business associate.

Who cannot receive an NPI?

Per CMS communication SMDL #06-020 dated September 19, 2006, Director Dennis Smith defines atypical providers as follows, "Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program." The complete communication can be found at the following link: <http://www.cms.gov/smdl/downloads/SMD091906b.pdf>.

I'm an individual provider working in the U.S., but am not a U.S. citizen. Am I eligible for or required to obtain an NPI?

If you are licensed to practice medicine in the United States, you are eligible and required to obtain an NPI to meet the HIPAA regulations.

How do I get an NPI? How do I get an application form?

Some providers will get their NPIs through an enumeration process provided by the group or organization with whom they participate or are employed. Those who will not get their NPIs in that way can apply for one using one of these methods:

- **On the web** – A web-based application is available at <https://nppes.cms.hhs.gov>.
- **By mail** – You can obtain a copy of the form in one of the following ways, and then complete and mailing it:
 - **Download** – <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>
 - Request by phone – 1-800-465-3203 or TTY 1-800-692-2326
 - Request by e-mail – customerservice@npienumerator.com

Mail the completed application to:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

The provider receives the assigned NPI by mail. For more information about the NPI and the process for obtaining one, see this document:

http://www.cms.gov/NationalProvIdentStand/Downloads/NPIFactSheet_010906.pdf

What information must I provide on the application?

Individual providers should be prepared to supply the following information on the application:

- **Required information** – Name; gender; mailing address; location address; telephone number; taxonomy code(s); date of birth; state of birth; country of birth; contact person's name/telephone; and Individual Taxpayer Identification Number (ITIN) assigned by the IRS, if individual does not qualify for a Social Security Number (SSN).
- **Required information for certain taxonomy codes** – License number(s) and issuing states(s).
- **Optional information** – SSN/TIN, prefix/suffix for name, other names(s), credentials(s), other identifiers.

Organizational providers should be prepared to supply the following information on the application:

- **Required information** – Name; mailing address; location address; telephone; taxonomy code; authorized official's name/telephone; contact person's name/telephone; and Employer Identification Number (EIN) assigned by the IRS or Social Security Number (SSN).
- **Optional information** – License number(s) and issuing states(s), other name(s), other identifiers

Sharing, Using, and Enforcing NPI

Do I need to have my office software changed to handle NPI?

Talk to your practice management (PMS) or hospital information system (HIS) vendor. Some changes to your current PMS or HIS software will probably need to be made to accommodate the NPI. Additional information is available at: <http://www.cms.gov/NationalProvIdentStand/>.

Some questions to consider when speaking to your vendor:

- Will our practice management system or clearinghouse require changes to accommodate NPI?
- Will other changes need to be made to our system to remove the provider identifiers being replaced by NPI?
- Do our systems include any logic tied to our current provider identifiers that must be updated for the NPI?
- Will these system changes affect our paper-claim capability?
- When will our vendor make these changes?
- How will these changes be tested, and who will test them?
- What are the impacts to training our staff?
- Do any changes to office procedures need to be made?

How will payers get my NPI? How will providers share their NPIs with each other?

In the past, payers assigned proprietary IDs to their participating providers. With the NPI, however, the responsibility for sharing your NPI with payers and other providers is up to you.

How you register your NPI with individual payers will vary. Please contact your health plans to determine the steps required for registering your NPI with them. Many payers and plans are implementing a “dual ID implementation” strategy to collect NPIs and build cross-references to previous provider IDs.

You should also be prepared to obtain and share NPIs with other provider practices. You will be required to submit NPIs for any ordering, referring, attending, etc. providers that you conduct business with. Historically you have provided the UPIN for any referring providers, You will now be required to provide their NPI instead. We encourage you to begin gathering these IDs and entering them into your PMS/HIS now and begin using them.

What is an atypical provider? If I am an atypical provider, do I continue to submit transactions as usual?

An atypical provider does not provide any health-related services, such as taxi and construction companies. Atypical providers are not eligible to obtain an NPI.

Availity will continue to accept the Tax ID or existing Legacy ID as the primary identifier for atypical providers. You must register with Availity as an atypical provider before you submit to a payer that requires an NPI.

If I am an atypical provider, how do I register with Availity prior to submitting transactions?

Availity will maintain a database of registered identifiers and refer to it to determine if an NPI is required for the submitting provider.

- **WEB** - Atypical providers submitting via the web must complete the ID tab within the Maintain Provider function by selecting the option indicating that they are not required to have an NPI and completing the ID field for their primary identifier.
- **Non-WEB (EDI/B2B)** - Transactions submitted by or on behalf of atypical providers without an NPI will be rejected unless they are registered as an atypical provider with Availity. You may contact Client Services for assistance in registering atypical providers. If you wish to contact Availity on behalf of your atypical providers, we request that you send a list of atypical providers and their primary identifiers to npquestions@availity.com ahead of time. This will ensure a smooth transition for the atypical providers, and avoid rejections and possible claim delays.

Will Availity notify payers that I am an atypical provider?

No. A provider registers with Availity as atypical in order for Availity to properly validate transactions. This registration allows Availity to relax the NPI requirement in order to properly pass the transaction to the payer. Availity has no way of knowing every impacted payer, and therefore cannot notify payers of a provider's atypical status.

Atypical providers should notify applicable payers of their status so that transactions are not rejected by the payer for a missing NPI.

What is the dual ID implementation strategy?

Availity is coordinating with payers to ensure preparedness to accept NPI and legacy identifiers in the parts of electronic transactions (loops, segments, and fields) recommended by WEDI.

The dual ID implementation strategy involves these three phases:

1. **Pre-NPI Transition** – Continue to accept the identifiers payers have used to identify their providers in the past.
2. **NPI Transition** – Accept NPI, the provider's tax IDs, and payer-specific provider IDs on all HIPAA transactions. During this time period, payers should return NPI in transactions only

when the health care provider has submitted an NPI. During this phase, payers collect the NPIs in a database and build their cross-references between historically used identifiers and the NPIs.

3. **NPI Mandate** – Require NPI on HIPAA transactions.

Timelines for the beginning and ending of each these phases vary by payer/plans. Many plans will coordinate their schedules with the implementation schedule published by Centers for Medicare & Medicaid Services (CMS), which can be found at:

http://www.cms.gov/NationalProvIdentStand/06_implementation.asp.

What is Availity's implementation strategy?

CMS announced that through May 23, 2008, they will not impose penalties on covered entities that deploy contingency plans to facilitate the compliance of their trading partners (e.g. those healthcare providers who bill them).

Effective May 17, 2008, Availity will support payers that require NPI according to mandate regulations, as well as payers that will continue with their NPI contingency plans. Availity is requiring that all connected payers process any X12 HIPAA standard electronic transactions according to one of the following options.

The options of NPI readiness are as follows:

1. Legacy ID Required

- NPI allowed
- Legacy identifier required

2. Dual ID

Allows all of the following scenarios:

1. NPI only
2. Legacy identifier only
3. NPI and Legacy identifiers

3. NPI per Mandate

- NPI required per mandate under HIPAA regulations
- Legacy identifier not allowed

4. NPI per Mandate. Legacy ID also allowed.

- NPI required per mandate under HIPAA regulations
- Legacy identifier also allowed
- **Available for EDI and B2B only**

As noted above, all payers either accept or mandate use of the NPI.

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- If you send a transaction without an NPI to a payer who is following Option 3 or 4, the transaction will be rejected.
 - If you send a transaction with a Legacy ID to a payer who is following Option 3, the transaction will be rejected.
 - Tax ID and Social Security Number (SSN) are not considered Legacy IDs when used to identify the provider as a taxpayer. In addition to the NPI, you must submit your Tax ID and/or SSN in the secondary Billing Provider and Pay-To Provider (if loop used) identifier field for Professional and Facility Claim submissions.

Rejection of claims can affect timely payment of your claims. Please communicate with health plans you bill and pay attention to information you receive from health plans. You must be aware of each specific health plan's NPI requirements and enforcement date.

Which payers are supporting NPI Mandate (Option 3) on Availity?

Availity is making every effort to confirm and communicate the status of our connected payers. For our most up-to-date list, please review the Availity Health Plan Partners document for a list of payers and their status – http://www.availity.com/documents/edi%20guide/availity_edi_clearinghouse_health_plans_list.pdf

Where on the transaction will NPI be required for payers supporting NPI Mandate?

In order to support each payer's readiness for NPI, Availity must validate transactions according to Option specific rules. The following outlines Availity's edits for payers supporting NPI Mandate.

Option 3 Edits – NPI per Mandate (pdf) – http://www.availity.com/documents/option3_rules.pdf.

If I submit transactions on the Web only, do I need to know each payer's individual NPI requirements?

No. Availity has screen edits in place according to each payer's NPI requirements. If a payer requires an NPI, the field will be required on the screen. If a payer does not allow Legacy IDs, Availity will not display legacy fields on the screen.

Will Availity manipulate an EDI transaction in order to make it compliant for the payer's requirements?

No. Availity will validate all incoming EDI transactions according to the payer's NPI readiness. Availity will reject transactions if identification numbers do not follow the payer's requirements.

If a payer requires an NPI, Availity will not add a provider's NPI and submit to the payer. If a payer does not allow Legacy IDs, Availity will not strip the Legacy ID and submit to the payer.

What if a payer or receiver begins enforcing NPI before Availity does?

Payers and receivers can reject EDI transactions for missing NPI using their business rules, just as they do today with their other business rules, before Availity's May 17, 2008, enforcement date. Rejections will display as a payer-specific error in the electronic batch report (EBR).

How do I (or should I) test for NPI only?

The best way to ensure your claims processing will not be interrupted is to send a small sample of production claims with only the NPI to your payers prior to the May 23rd effective date. Continue to send the majority of your claims as you do today and monitor the processing of the NPI only production claims to ensure accurate and timely processing. As you see the NPI only claims processing normally, gradually increase the claim volumes in the NPI only files until all of them are NPI only.

If a payer is NPI only, do I need any other identifiers?

In addition to the NPI, you must submit your Tax ID and/or Social Security Number in the secondary Billing Provider and Pay-To Provider (if loop used) identifier field for Professional and Facility Claim submissions. Other identifiers are not needed. Most are not allowed.

How is Availity validating NPI?

Availity will not be enforcing that an NPI *is present or not present* unless a payer requires it after May 17, 2008. However, Availity continues to validate that any NPI present in a transaction is properly formatted. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number) with a check digit.

Will Availity check the NPI registry to see if it is valid?

No, Availity does not verify NPI numbers against the NPPES file or any master list to determine validity. This level of validation will only be conducted by the payer.

What rejection message will be sent back to the provider if there is an NPI related error?

Error	When is this active?	Error Message	What does this mean?
Invalid NPI Format (NM1 Segment)	Now active and will continue to be active for ALL NPI Readiness Options – 1,2,3 and 4	The National Provider ID (NPI) submitted is not in the valid NPI format. Please correct and resubmit. Providers can apply for an NPI online at https://nppes.cms.hhs.gov .	The NPI submitted was not in the proper format. It must be a 10-digit number (9 numeric digits followed by one numeric check digit). This will occur any time you send the 'XX' qualifier in NM108 and send an improperly formatted NPI in NM109.
NPI is Missing (NM1 Segment)	Effective May 18, 2008 for all payers in NPI Readiness Option 3 or 4	The National Provider ID (NPI) is required for this payer. Expected value for NM108 is 'XX.' Please add the Provider's NPI to this claim and resubmit the claim(s) for processing. Providers can apply for an NPI online at https://nppes.cms.hhs.gov .	The valid qualifier sent for an NPI in NM108 is 'XX.' You will receive this message if you send any qualifier other than 'XX' when NPI is mandated for use.
Legacy ID Not Allowed (REF Segment)	Effective May 18, 2008 for all payers in NPI Readiness Option 3	The legacy identifier, <Decode of the REF01>, may not be used for this payer after the National Provider ID (NPI) is mandated for use. Please correct and resubmit.	The payer's legacy identifier is not allowed for payers following NPI Mandate guidelines. Note – State license numbers (0B) will continue to be accepted.
Tax ID/SSN is Missing (REF Segment)	Now active and will continue to be active for ALL NPI Readiness	Segment REF (Billing/Pay-To Provider Secondary Identification) is missing. Either EIN or SSN of Provider must be carried in this REF segment when NM108 is 'XX'.	For Professional and Facility Claims only – If the NPI is sent in the NM1 loop for the Billing (2010AA)/Pay-to Provider (2010AB), then either the

Error	When is this active?	Error Message	What does this mean?
	Options – 1,2,3 and 4		Employer's Identification Number (IEN) or the Social Security Number (SSN) must be sent in the REF segment of the same loop.

Will EDI NPI rejections occur at the transaction level or the file level?

All NPI errors that Availity is validating will be rejected at the transaction level (e.g., at the claim level).

Will payers receive reports showing what providers' claims are rejecting for invalid or missing NPI?

Currently Availity has no standard reports that provide this type of information. If the payer is using the portal, information can be obtained on the payer's dashboard.

I submit paper claims and have obtained an NPI. How do I submit the NPI on a paper claim form?

The paper claim form (CMS 1500 (08/05)) has been modified to include NPI fields – Referring provider box 17b, Rendering Provider box 24J (the un-shaded area of the field), Service Facility Location box 32a, Billing Provider box 33a. Providers submitting paper claims with an NPI should obtain the newest versions of the forms. The new CMS1500 (08/05) is required effective April 1, 2007.

The paper claim form (UB-04 CMS-1450) has been modified to include NPI fields – Billing Provider box 55, Attending provider box 75, Operating provider box 76, and boxes 77 and 78 for Other provider. The new UB04 CMS1450 is required effective May 23 2007.

My payer told me to submit NPI only. Why are my claims still rejecting?

CMS and numerous other payers have implemented NPI using crosswalks between the NPI and the legacy numbers. If the NPI is not reported to the payer and correct on the crosswalk, you could encounter rejects. You should contact the payer directly to determine why the claims are being rejected.