



expertise in action™

## National Provider Identifier (NPI) Instructions

### Guidelines for Professional (CMS-1500) Claim Submission

Alaska Medicaid enrollment records must include the rendering providers within a group practice. To avoid claim denial, Medicaid provider records must show the rendering provider as a member of the group practice for the claim Date of Service. It is the responsibility of the group practice to keep their practice membership records current. Please refer to the *Group Enrollment Required for All Individual Providers Billing with an Organizational Type 2 NPI* flyer located at: <http://www.medicaidalaska.com/providers/provupdates.shtml> dated 12/12/08.

#### Paper Claim Billing Guidelines for Group Practices (when billing only with NPI):

1. The National Provider Identifier (NPI) for the rendering provider must be submitted in field 24J of the CMS-1500 claim form. The rendering provider must be enrolled with Alaska Medicaid and must have submitted this NPI number in their enrollment packet, in addition to other standard enrollment information such as SSN and license number. The NPI number in Field 24J must match to the NPI number submitted on the enrollment packet.

If provided, the corresponding taxonomy for the rendering provider must be on the shaded line in field 24J with the ZZ qualifier in field 24I.

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG		D. PROCEDURE, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPCS/Part		I. ID QUAL		J. RENDERING PROVIDER ID. #		
From	To		From	To		EMG	Help	Modifier	Pointer	Charges	Units	Part	Qual	ID	Qual	Provider ID. #	Provider ID. #	INFORMATION				
MM	DD	YY	MM	DD	YY		(Explain Unusual Circumstances)															
12	10	09	12	10	09	11		99213		1	50	00	1			ZZ	207V00000X	1234567890				

In the example above, NPI 1234567890 belongs to Dr. Jones. Taxonomy code 207V00000X is the taxonomy code that describes Dr. Jones' specialty. This was reported along with the NPI number in Dr. Jones' enrollment packet.

2. The billing group must submit the Group Practice NPI in field 33A of the CMS-1500 claim form (see A in below example). Field 33A information is used in determining the Pay-to Provider for claims billed with only the NPI. If provided, the corresponding taxonomy must be in field 33B with the ZZ qualifier (see B in below example). Providers must submit the full ZIP+4 postal code for the physical location where services were rendered in field 32 (see C in below example).

<b>31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS</b> (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED _____ DATE _____	<b>32. SERVICE FACILITY LOCATION INFORMATION</b> Medicaid of Alaska <b>C</b> P.O. Box 0000 Someplace, AK 11111-5888	<b>33. BILLING PROVIDER INFO &amp; PH #</b> (907) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 98765-0888 a. <b>9876543210</b> <b>A</b> b. <b>ZZ123D00000X</b> <b>B</b>
---	--	--

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the example above, NPI 9876543210 belongs to Dr. Jones' Professional Corporation, a group practice. Taxonomy code 123D00000X describes Dr. Jones' Professional Corporation. The zip code in field 32 identifies the physical location for services rendered. This information was reported in Dr. Jones' enrollment packet.

#### Paper Claim Billing Guidelines for Group Practices (when billing with both NPI and MCI in Field 33):

Although NPI-only submission is encouraged, claims submitted with both the NPI and the Alaska MCI will be accepted. Billing providers that choose to submit claims using both the Group Practice NPI in field 33A and the Alaska MCI in Field 33B must ensure that the appropriate Alaska group MCI is entered. The MCI in field 33B of the CMS-1500 claim form must correspond to the NPI entered in field 33A. The group MCI must be preceded by qualifier **1D**. The field 33B MCI will not be used in processing if the 1D qualifier is omitted.

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 Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-5888		33. BILLING PROVIDER INFO & PH # ( 907 ) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888	
SIGNED	DATE	a. NPI	b.	a. 9876543210	b. 1DMDG999

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above example, MCI MDG999 is the Alaska Medicaid enrollment number for Dr. Jones' Professional Corporation. The NPI in field 33A belongs to Dr. Jones' Professional Corporation.

**Paper Claim Billing Guidelines for the Individual Provider (when billing only with NPI):**

- The NPI for the rendering provider must be submitted in field 24J of the CMS-1500 claim form. The rendering provider must be enrolled with Alaska Medicaid and must have provided this NPI number in their enrollment packet, in addition to other standard enrollment information such as SSN and license number. If provided, the corresponding taxonomy for the rendering provider must be on the shaded line with the ZZ qualifier in field 24I and the taxonomy in field 24J:

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURE, SERVICE, OR SUPPLIES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-9-CM	I. J. RENDERING PROVIDER ID. #	INFORMATION					
From MM DD YY	To MM DD YY			(Explain Unusual Circumstances) CPT/HCPCS MODIFIER				QUAL								
12	10	09	12	10	09	11		99213			1	50	00	1	ZZ	123D00000X 777777777

In the above example, NPI 7777777777 belongs to Dr. Smith. Taxonomy code 123D00000X is the taxonomy code which describes Dr. Smith's specialty. This was reported along with the NPI number in Dr. Smith's enrollment packet.

- When the rendering provider is also the billing provider, submit the rendering provider's NPI in field 33A of the CMS-1500 claim form (see A in the example below). Field 33A information is used in determining the Pay-to Provider for claims billed with only NPI. If provided, the corresponding taxonomy must be in field 33B with the ZZ qualifier (see B in the example below). Providers must submit the full ZIP+4 postal code in field 32 for the physical location where services were rendered (see C in the example below).

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 Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-7777		33. BILLING PROVIDER INFO & PH # ( 907 ) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888	
SIGNED	DATE	a. NPI	b.	a. 7777777777	b. ZZ123D00000X

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above examples, the NPI for Dr. Smith appears in both 33A and 24J. The taxonomy code appears in 24J and 33B. The physical location for the services rendered appears in field 32.

**Paper Claim Billing Guidelines for the Individual Provider (when billing with both NPI and MCI in Field 33):**

Although NPI-only submission is encouraged, paper claims submitted with the Alaska MCI will be accepted. Billing providers that choose to submit claims using both the NPI in field 33A and the Alaska MCI in Field 33B must ensure that the appropriate Alaska MCI is entered. The MCI in field 33B of the CMS-1500 claim form must correspond to the NPI entered in field 33A. The individual provider's MCI must be preceded by qualifier **1D**. The field 33B MCI will not be used in processing if the 1D qualifier is omitted.

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 Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-5888		33. BILLING PROVIDER INFO & PH # ( 907 ) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888	
SIGNED	DATE	a. NPI	b.	a. 7777777777	b. 1DMD01010

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above example, MCI MD01010 is the Alaska Medicaid enrollment number for Dr. Smith.

Please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (in-state toll free) if you need additional clarification regarding the information provided in this flyer, or have general inquiries regarding the Alaska Medicaid Program. Provider Inquiry staff is available to assist you Monday – Friday, 8:00 a.m. – 5:00 p.m.

P.O. Box 240808  
Anchorage, AK 99524-0808  
(907) 644-6800