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NPI-Only Professional Electronic Claims

837P Electronic Transactions

ACS is now a Xerox company

NPI-Only Electronic Requirements

As of April 23, 2010, Alaska Medicaid will no longer accept electronic claims containing Medicaid Provider IDs. The HIPAA national standard of NPI-only will be enforced.

Claims submitted on or after April 23, 2010, with your Medicaid Provider ID will be delayed or denied.



Do It Now

If you have not submitted a test file of NPI-only claims, submit one today! Do NOT wait until April 23, 2010.

When submitting Test Data, enter a "T" in Field ISA 15 (Usage Indicator) to indicate it is a test file.

EDI Department

- (907) 644-6836
- (800) 770-5650, option 1, 4 (toll-free in Alaska)



NPI-Only Billing: Servicing/Rendering Provider

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

Complete instructions can be found at medicaidalaska.com/Providers/Updates

- Refer to your Alaska Medicaid provider billing manual to determine if you are required to identify the rendering provider on claims.
- NPI for *rendering provider performing the service* is entered in field 24J.
- Corresponding taxonomy, when provided, is entered in the shaded portion of field 24J with ZZ qualifier in the shaded portion of field 24I.
- NPI in field 24J and taxonomy in field 24J (shaded portion) must match NPI and taxonomy of the rendering provider's enrollment record.

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



NPI-Only Billing: Group Provider

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.		G.	H.	I.	J.
From		To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT 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	
		Dr. Jones Professional Group 123 ABC Street Someplace, AK 99508-3469		Dr. Jones Professional Group 123 Main Street Someplace, AK 99508-3469	
SIGNED	DATE	a.	NPI	b.	
				a.	9876543210 A
				b.	ZZ193400000X B

Complete instructions can be found at medicaidalaska.com/Providers/Updates

- *NPI for Rendering Provider* is entered in field 24J.
- *NPI for Group Practice* is entered in field 33A. (See "A" in example above.) Field 33A information is used to determine *Pay-to Provider* for claims billed with only the NPI.
- *Corresponding group taxonomy* is entered in field 33B with ZZ qualifier. (See "B" in example above.)
- *Address with full ZIP+4 postal code* for physical location of the group practice is entered in field 32. (See "C" in example above.)



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NPI-Only Billing: Group Provider, cont.

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

Complete instructions can be found at medicaidalaska.com/Providers/Updates

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



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

24. A. DATE(S) OF SERVICE							B. PLACE OF SERVICE	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E.	F.		G.	H.	I.	J.
From To							EMG		CPT/HCPCS I			DIAGNOSIS POINTER	\$ CHARGES		DAVIS OR UNITS	IPSOT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY													
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							DURABLE MEDICAL EQUIPMENT 456 D STREET ANYPLACE, AK 99507-3439					DURABLE MEDICAL EQUIPMENT P.O. Box 1234 ANYPLACE, AK 99508-1234						
DATE							NPI					2105438769 A ZZ332B00000X B						

Complete instructions can be found at medicaidalaska.com/Providers/Updates

- Fields 24I and 24J can remain blank.
- NPI* is entered in field 33A. (See "A" in example above.) Field 33A information is used to determine the *Pay-to Provider*.
- Corresponding taxonomy* is entered in field 33B with ZZ qualifier immediately preceding the taxonomy. (See "B" in example above.)
- Address with full ZIP+4 postal code* for physical location of the business or agency is entered in field 32. (See "C" in example above.)



Tips for Avoiding Processing Delays / Denials

Address and ZIP+4 Postal Code

- Submit the address and ZIP+4 postal code for both the physical location and billing address.

Rendering/Servicing Providers

- Submit the rendering/servicing provider NPI and taxonomy if required.
- Refer to your Alaska Medicaid provider billing manual to determine if/when you are required to submit rendering information.

Referring Providers

- Submit the NPI of any secondary providers, such as a referring provider.



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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.

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



One NPI: Multiple Alaska Medicaid Enrollments for Multiple Types of Providers at Multiple Service Locations*

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

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



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Group Enrollment

- If a group enrollment is required for your organization, submit a completed enrollment application to the ACS enrollment department.
- You may need a group enrollment if:
 - Your organization bills for services rendered by multiple providers.
 - Payment should NOT go to the individual rendering provider.
 - The servicing provider renders services for multiple organizations.
 - Your organization or group has been contacted by ACS enrollment to enroll as a group.
- Print a copy of the enrollment application from the ACS website at <http://medicaidalaska.com/providers/enrollment.shtml>.
- All rendering providers of the group must be cross-referenced to the group enrollment record. These are the individuals for whom you will be billing.



Group Enrollment, cont.

Submit Group Enrollment Application

- Submit the completed enrollment application, along with required supporting documentation to ACS Provider Enrollment.

Mail your group enrollment application to:

Affiliated Computer Services, Inc.
ATTN: Provider Enrollment
P.O. Box 240808
Anchorage, AK 99524-0808

Drop off your group enrollment application at:

Affiliated Computer Services, Inc.
ATTN: Provider Enrollment
1835 S. Bragaw Street, Ste. 200
Anchorage, AK 99508-3469



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Resources

NPI Professional Claims Biller Instructions

- <http://medicaidalaska.com/providers/provupdates.shtml>

Companion Guide for electronic transactions

- <http://medicaidalaska.com/providers/hipaa/guide.shtml>

NPI Instructions: Guidelines for Professional (837P) Claim Submission

- http://medicaidalaska.com/Downloads/Providers/NPI_claim_instructions_electronic_20100324.pdf



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Resources

Provider Inquiry Unit

- (907) 644-6800, option 1
- (800) 770-5650, option 1, 1, 1 (toll-free in Alaska)

EDI Department

- (907) 644-6836
- (800) 770-5650, option 1, 4 (toll-free in Alaska)

Other Resources

- 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



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NPI-Only – Payerpath®

Providers may bill electronically with Payerpath® using the HIPAA-compliant 837P format.

- Free internet-based electronic claim submission software
- Immediate claims editing
- Correction prior to submission
- Patient re-bill demographics
- Reduces pending/denied claims
- Reduces data entry errors



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NPI-Only – Payerpath®

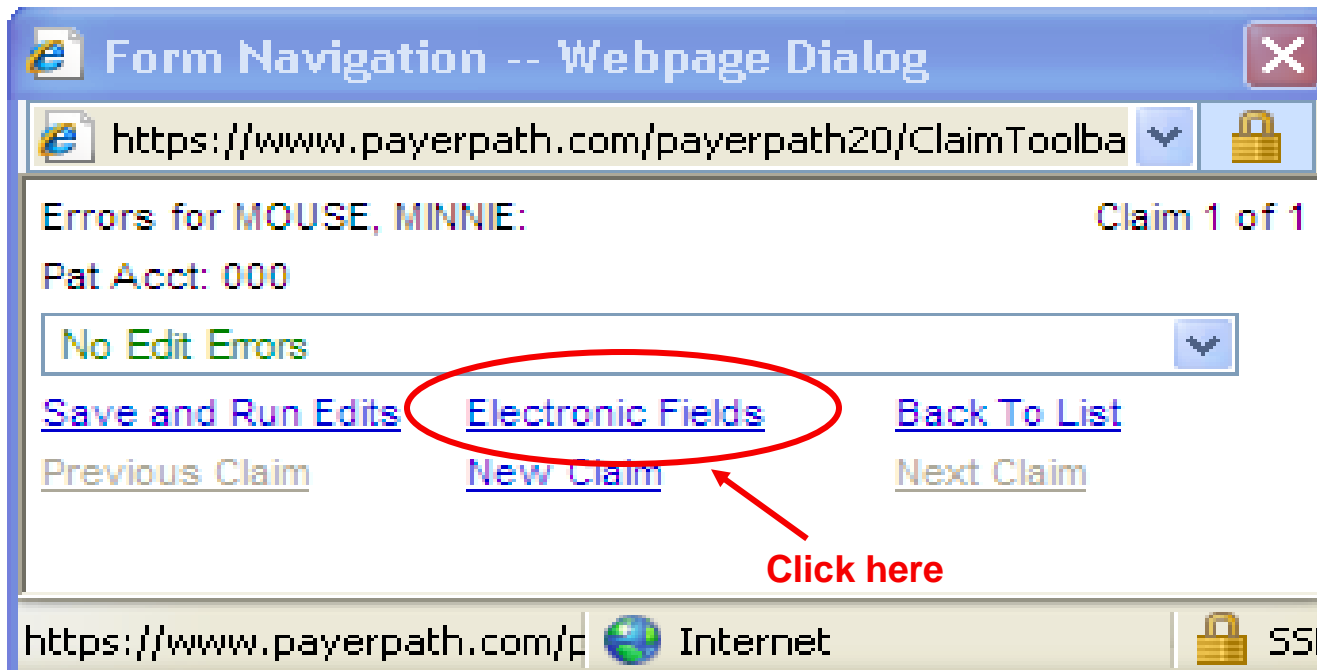
Navigating to the Payerpath® Webpage

- Open Internet Explorer
- Go to www.payerpath.com
- Enter required log-in information
- Create a new claim
- Form Navigation Box appears



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NPI-Only – Payerpath®



NPI-Only – Payerpath®

	From Date	To Date	POS	TOS	HCPCS	Mod1	Mod2	Diag code	Charges	Units	FP	EMG	COB	Reserved	NPI	Del
1	03/25/2010	03/25/2010	11		99502				\$75.00	1						
2																
3																
4																
5																
6																

25. FED TAX ID: 541559955 ID TYPE: 24 Emp=24 SSN=34	26. PAT ACCT # 000	27. ACCEPT? A Assigned=A Not Assigned=C	28. TOT CHARGE \$75.00	29. AMT PAID	30. BAL DUE
31. SIGNATURE OF PHYSICIAN Y	32. FACILITY NAME		33. BILLING NAME ABC CLINIC 789 HOPE RD ANYWHERE AK 995041234 9075228899		
	32. FACILITY NPI	Leave blank →	33. BILLING PROV ID	RESERVED FOR LOCAL USE	NPI 0987654321

Zip+4

Enter NPI



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NPI-Only – Payerpath®

Rendering Provider		Display Charge Fields
Rendering Provider Id Qualifier	<input type="checkbox"/>	
Rendering Provider ID	<input type="text" value="Leave blank"/>	
Rendering Provider Flag	<input type="checkbox"/>	
Rendering Provider First Name	<input type="text" value="JO"/> *	
Rendering Provider Middle Initial	<input type="text"/>	
Rendering Provider Last Name	<input type="text" value="Smith"/> *	* These 4 fields required if submitting rendering provider
Rendering Provider Taxid	<input type="text"/>	
Rendering Provider Qualifier	<input type="checkbox"/>	
Rendering Provider Entity Type Qualifier	<input type="text" value="1"/> *	
Rendering Provider 2ND ID Qualifier	<input type="checkbox"/>	
Rendering Provider 2ND ID	<input type="text"/>	
Rendering Provider 3RD ID Qualifier	<input type="checkbox"/>	
Rendering Provider 3RD ID	<input type="text"/>	
Rendering NPI	<input type="text" value="1234567890"/> *	



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NPI-Only – Payerpath®

Billing Provider		Display Charge Fields
Provider Id Qualifier	<input type="checkbox"/>	
Billing Provider 2ND ID Qualifier	<input type="checkbox"/>	
Billing Provider 2ND ID	<input type="text"/>	
Billing Provider 3RD ID Qualifier	<input type="checkbox"/>	
Billing Provider 3RD ID	<input type="text"/>	
Provider Commercial Number	<input type="text"/>	
Provider First Name	<input type="text"/>	* These fields required if submitting billing Taxonomy
Provider Middle Initial	<input type="text"/>	
Provider Last Name	<input type="text"/>	
Provider Address Line 2	<input type="text"/>	
Provider Blue Shield Number	<input type="text"/>	
Provider Champus Number	<input type="text"/>	
Provider Taxonomy Code	<input type="text"/>	
Billing Taxonomy Code	261QC1500X *	
Provider Entity Type Qualifier	2 *	



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Payerpath® Resources

EDI Department

- (907) 644-6836
- (800) 770-5650, option 1, 4 (toll-free in Alaska)

Payerpath® Tutorial

- <http://medicaidalaska.com/providers/Claims.shtml>

Other Resources

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



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