

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

<i>CHIR</i>	08-03	<i>OMP-THER-PT</i>	08-05
<i>CLTC *</i>	08-03	<i>OMP-THER-SP</i>	08-05
<i>DEN*</i>	08-06	<i>PHY-ALG</i>	08-06
<i>DME</i>	08-05	<i>PHY-ANES</i>	08-06
<i>HH</i>	08-04	<i>PHY-CARD</i>	08-06
<i>LAB-IND</i>	08-03	<i>PHY-DERM</i>	08-06
<i>MC-ASC</i>	08-07	<i>PHY-ENT</i>	08-07
<i>MC-CCDC</i>	08-05	<i>PHY-ER</i>	08-06
<i>MC-DE</i>	08-05	<i>PHY-MSP-CBP</i>	08-06
<i>MC-DHEC</i>	08-07	<i>PHY-MSP-HBP</i>	08-06
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<i>MC-ESRD</i>	08-06	<i>PHY-PATH</i>	08-06
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<i>MC-MCHC</i>	08-07	<i>PHY-PC-INT</i>	08-08
<i>MC-PDN</i>	08-05	<i>PHY-PC-NEO</i>	08-08
<i>MC-RHC</i>	08-08	<i>PHY-PC-OG</i>	08-09
<i>MC-SHC</i>	08-07	<i>PHY-PC-PED</i>	08-08
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* Targeted Providers

TO: Providers Indicated

SUBJECT: Clarification of National Provider Identifier (NPI) Billing Instructions for the 837 Professional Transactions

This bulletin is to clarify the NPI billing instructions for the 837 Professional (837P) transactions.

- The NPI for the Billing Provider/Pay-To provider is always needed in loop 2010AA.
- If you have one NPI that is linked to multiple South Carolina Medicaid legacy numbers the following rules should be followed regarding NPI, taxonomy and zip code in an 837P transaction:
 - The Taxonomy for Billing Provider/Pay-To provider is needed in loop 2000A, unless loop 2310B is utilized. The National Electronic Data Interchange Transaction Set Implementation Guide 837P (004010X098A1) does not allow the provider taxonomy in Loop 2000A if the rendering/line provider Loop 2310B is used.
 - The 9-digit zip code for the Billing Provider/Pay-To provider is needed in loop 2010AA.
 - If the service is rendered in a location other than the Billing Provider/Pay To location, then the 9-digit zip code for the Service Facility Location is needed in loop 2310D.

- If the Billing Provider is a non group organization, such as a Rural Health Clinic, Home Health, FQHC, Lab, Mental Health Clinic, or DME provider, use Loop 2010AA – Billing/Pay NPI and Loop 2000A for taxonomy. Loop 2310B is not needed. However, if it is used for an organizational provider that is not a practitioner group, the NPI in Loop 2310B must be the same as the NPI in Loop 2010AA.
- If you have multiple legacies that share the same NPI and you utilize Loop 2310B, the taxonomy should be included in Loop 2310B as opposed to Loop 2000A.
- If your Billing Provider is a practitioner group such as a physician group or podiatry group, etc., the NPI for the rendering practitioner must be included in Loop 2310B. No taxonomy is needed for individual practitioners in Loop 2310B.

Please refer to the attached chart as a guide when billing NPI in an 837 transaction. For clarity, the corresponding fields on the CMS-1500 are included. For further information refer to the S.C. Medicaid Companion Guides, which are found at <http://www.dhhs.state.sc.us/dhhsnew/hipaa/Companion%20Guides.asp>. If you have any questions, please contact your program representative or the South Carolina Medicaid EDI Support Center at 1-888-289-0709.

/s/

Emma Forkner
Director

EF/mrsm

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

Billing with your NPI

Billing with your NPI

Always Needed:

Information Needed	Hard Copy Location	837 Location	Special Note
1. Billing Provider/Pay-To NPI	33a-enter the 10-digit NPI	2010AA-enter the 10-digit NPI	

Needed When One NPI is Used for Multiple Legacy Numbers:

2. Billing Provider/Pay-To Taxonomy	33b-enter ZZ and taxonomy	2000A-PRV02-enter the qualifier ZZ PRV03-enter the taxonomy	The 837 Implementation Guide does not allow the taxonomy in this loop if the line provider loop, 2310B is used.
3. Billing Provider/Pay-To Zip	33-enter the 9-digit zip	2010AA-enter the 9-digit zip	
4. Service Facility Location Zip	32-enter the 9-digit zip where the services were rendered if different from the billing provider/pay-to provider zip	2310D-enter the 9-digit zip	

Only Needed When the Billing Provider is a Group Practice:

This is **not** needed for organizational providers such as FQHCs, RHCs, Home Health, DME, Lab, Maternal and Child Health Clinic, etc.

It is **needed** if the billing provider is a group practice such as a physician group, podiatry group, etc. since the rendering practitioner must be billed on the line.

Information Needed	Hard Copy Location	837 Location	Special Note
1. Rendering Provider NPI	24j unshaded-enter the 10-digit NPI of the individual practitioner rendering the service	2310B-enter the NPI of the individual practitioner rendering the service	
2. Rendering Provider Taxonomy-situational	24i shaded-enter the qualifier ZZ 24j shaded-enter the taxonomy	2310B-PRV02-enter the qualifier ZZ PRV03-enter the taxonomy	Although the line provider is not needed for providers such as FQHC, RHC, Home Health, Lab, DME, Maternal and Child Health Clinic, <u>if used</u> , the taxonomy is required. Taxonomy is not needed for individual practitioners such as physicians, nurses, podiatrists since practitioner NPIs are not shared by multiple legacy numbers.