

## National Provider Identifier (NPI) – Electronic Remittance Information

Your NPI is currently being returned in the 835 transaction when it is received in the ANSI 837 format for both Institutional and Professional claims, or when it is received on paper claim forms.

*Please be aware there may be variations in your 835 ERA and/or supporting payment documents (PCS/EPS) during and after the NPI transition period at BCBS. This situation is being pointed out to assist in planning and avoiding any reconciliation issues that might arise.*

During our transition to an NPI-only environment, providers will receive payments and supporting information based on the way they submit claims, regardless of whether a Type 1 or a Type 2 NPI is used.\* If you submit claims using only your BCBS provider number, your payment information will only contain your BCBS provider number; if you submit claims using dual identifiers, your payment information will contain a combination of the NPI and the BCBS provider number that was submitted; *if you have been approved for and submit NPI-only claims*, your payment information will contain only your NPI.

\* For clarification on differences between Type 1 and Type 2 NPIs, please reference the September issue of the *NPI Times* at <http://www.bcbsok.com/newslettersProviders.html>.

During the dual-identifier phase, the combination of NPI and BCBS provider number that you submit could result in multiple payments for one NPI if that NPI is submitted with multiple BCBS provider numbers. As we move toward the completion of the transition period, providers submitting NPI-only claims and using multiple NPIs where they formerly had a single BCBS provider number will receive payments for each of the NPIs submitted.

**The following section represents the formats that would be returned to you based on the claims you submit:**

### Institutional/Professional Segment Identifiers

GS02 usually identifies if the data contained in the 835 transaction is for an Institutional or Professional Provider. If the file contains both professional and institutional remits between one ISA and IEA, there will only be one GS segment and it will be as follows based on the first provider identified in the file:

**GS\*HP\*HCSCBD or GS\*HP\*HCSCBS**

HCSCBD = Blue Cross File

HCSCBS = Blue Shield File

### Payee Identification Loop – 1000B (page 72 of IG) – **BCBS provider number only**

1A = Blue Cross #

1B= Blue Shield #

N1\*PE\*ANY HOSPITAL\*FI\*TAX ID #~

N3\*ANY STREET ADDRESS~

N4\*CITY\*ST\*ZIP~

REF\*1A\*BLUE CROSS #~

N1\*PE\*ANY PROFESSIONAL PROVIDER\*FI\*TAX ID #~

N3\*ANY STREET ADDRESS~

N4\*CITY\*ST\*ZIP~

REF\*1B\*BLUE SHIELD #~

#### Note:

- ***If a claim was received with only a BCBS provider number, only a BCBS provider number will be returned on the 835.***

**Payee Identification Loop - Dual usage of the NPI and BCBS provider number**

N1\*PE\*HOSPITAL/PROFESSIONAL PROV NAME\*XX\*10 digit NPI #~  
N3\*ANY STREET ADDRESS~  
N4\*CITY\*ST\*ZIP~  
REF\*1B or 1A\*BS # or BC #~  
REF\*TJ\*TAX ID #~

**Note:**

- *REF\*1A or 1B (BCBS provider number) cannot be the same as the 10-digit NPI*
- *If a claim was received with dual IDs, both the NPI and BCBS provider number will be returned on the 835*

**Payee Identification Loop with NPI only**

N1\*PE\*ANY HOSPITAL or PROFESSIONAL PROVIDER\*XX\*10 digit NPI #~  
N3\*ANY STREET ADDRESS~  
N4\*CITY\*ST\*ZIP~  
REF\*TJ\*TAX ID #~

**Note:**

- *If a claim was received with only an NPI, only an NPI will be returned on the 835*

**IMPORTANT INFORMATION DURING TRANSITION OF BCBSOK CLAIMS TO HEALTH CARE SERVICE CORPORATION (HCSC) SYSTEMS**

Currently, BCBSOK claims are transitioning to be processed on the HCSC systems. As a result, providers who receive the 835 remittance advice will see differences within the transaction based on where the claim was adjudicated. This also impacts NPI information that is returned on the 835. The above information described how NPI is being handled for claims processed on the HCSC claims system. The following information will assist you in understanding how your NPI is being populated in the 835 for claims that processed on the BCBSOK legacy claims system.

***How do I identify a BCBSOK Remittance Advice from an HCSC Remittance Advice?***

The quickest way to distinguish a BCBSOK Remittance from an HCSC Remittance is by information in the 1000A Payer Loop.

**BCBSOK Remittance Advices contain:**

N1\*PR\*GROUP HEALTH SERVICES OF OKLAHOMA, INC.~  
N3\*1215 SOUTH BOULDER~  
N4\*TULSA\*OK\*74119~

**HCSC Remittance Advices contain:**

N1\*PR\* HEALTHCARE SERVICE CORPORATION ~  
N3\*300 E RANDOLPH ~  
N4\*CHICAGO\*IL\*60601~

## ***NPI Related changes for BCBSOK adjudicated claims***

### **When billing NPI is on file with BCBSOK**

Billing NPI is sent for any provider who has communicated that information to BCBSOK. Qualifier 'XX' and the billing NPI identifier will be placed in the N1 segment (Payee Identification segment) of the 1000B Payee Identification Loop.

A new REF segment in the 1000B Payee Identification Loop will contain qualifier 'TJ' and the billing tax-id.

The 'PQ' qualifier and legacy provider id will be sent in another REF segment in the same loop.

### **When billing NPI is NOT on file with BCBSOK**

If no billing NPI is on file with BCBSOK, the 'FI' qualifier and billing Tax ID will be placed in the N1 segment (Payee Identification segment) of the 1000B Payee Identification Loop.

The 'PQ' qualifier and legacy provider id will be sent in another REF segment in the same loop.

### **When rendering NPI data is received on the submitted claim, and is different than the billing NPI**

The 2100 Claim Payment Information Loop will contain an additional NM1 - Service Provider Name segment containing qualifier 'XX' and rendering NPI identifier. This is not dependent on the presence or absence of the billing NPI.

## ***HCSC vs BCBSOK 835 Remittance Advice Differences***

The following table provides additional information on the differences between the claims in the 835 Remittance Advice that are adjudicated on the HCSC claims system and those processed on the BCBSOK legacy claims system.

<b>FIELD OR SEGMENT</b>	<b>LOOP IDENTIFICATION</b>	<b>HCSC VALUES</b>	<b>BCBSOK VALUES</b>
ISA05-Interchange Sender's ID Qualifier		ZZ	30
ISA06-Interchange Sender's ID		G00840	730266607
GS02-Application Sender's Code		HCSCBD ( <i>Blue Cross file</i> ) HCSCBS ( <i>Blue Shield file</i> )	730266607
TRN02-Check Number for \$0	HEADER	All zeros	'NO CHECK ISSUED'
N1, N3, & N4 segments – Payee Information	1000B PAYEE IDENTIFICATION	HEALTHCARE SERVICE CORPORATION 300 E RANDOLPH CHICAGO, IL 60601	GROUP HEALTH SERVICES OF OKLAHOMA, INC. 1215 SOUTH BOULDER TULSA,OK74119
REF segment-Payee Additional Identification	1000B PAYEE IDENTIFICATION	1A ( <i>facility claims</i> ) 1B ( <i>professional claims</i> )	PQ ( <i>all claims</i> )

***For questions on the 835 transaction, please contact E-Commerce Center at 1-800-746-4614.***