



May 23, 2007

As you know, all electronic claims will be required to contain a National Provider Identifier (NPI) number per the HIPAA Act of 1996 as of May 23, 2007.

The Centers for Medicare and Medicaid Services (CMS) has announced implementation of a contingency plan for plans that have made an effort to comply with the National Provider Identifier guideline. The enforcement guidance clarifies that covered entities that have been making a good faith effort to comply with the NPI provisions may, for up to 12 months, implement contingency plans that could include accepting legacy provider numbers on HIPAA transactions in order to maintain operations and cash flows. Given varying state readiness and in an effort not to disrupt payments to providers, Peach State Health Plan™ (Peach State) is implementing a dual submission strategy to allow the submission of legacy identifiers after May 23, 2007.

Effective May 23, 2007 Peach State request that providers submit both NPI and legacy ID's on electronic and paper claims. If you are ready to send the NPI, claims must contain both the NPI and Medicaid/Amisys ID's along with the Employer Tax Identification number assigned to the provider. We are targeting June 30, 2007 to end the dual submission process and to begin processing claims with NPI only. You will be notified of exactly when NPI only processing will occur as the date approaches.

The following information explains how we will expect to receive the dual identifier information electronically. If you are not ready to submit the NPI, please note that claims submitted without the NPI will still be accepted.

Peach State is also implementing a soft edit to add a message to the explanation of payment (EOP) indicating to providers who do not bill with their NPI or bill with their NPI but do not have their NPI registered with us, that we will process the claim accordingly and it will advise the provider that they need to either bill with their NPI or contact us to register it.

The May 23, 2007 effective date applies to electronic and paper claims only. More information will soon be sent by Peach State regarding ERA transactions.

If you have any questions, please contact [EDIBA@centene.com](mailto:EDIBA@centene.com) or 1-800-225-2573 ext 25525.

Sincerely;

Rebecca Anderson  
Manager, Provider Operations

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The NPI number should be submitted in the ANSI X12, 004010X096A1, 837I in loops:

1. 2010AA (Billing Provider)
2. 2010AB (Pay-To-Provider)
3. 2310A (Attending Physician)
4. 2310B (Operating Physician)
5. 2310C (Other Provider)
6. 2310D (Referring Provider)
7. 2310E (Service Facility Name)
8. 2320D (Referring Provider)
9. 2420A (Attending Physician)
10. 2420B (Operating Physician)

If any of these loops are used the following information is needed in the segments below:

- a. NM108/09, NM108 (qualifier) XX, NM109 = Provider NPI number
- b. The 1st REF segment should be REF01= EI, REF02 = Employer ID
- c. The 2nd REF segment should be REF01= 1D, REF02 = Legacy ID

Note: Legacy ID = Provider Medicaid or Amisys ID

The NPI number should be submitted in the ANSI X12, 004010X098A1, 837P in loops:

11. 2010AA (Billing Provider)
12. 2010AB (Pay-To-Provider)
13. 2310A (Referring Provider)
14. 2310B (Rendering Provider)
15. 2310C (Purchased Service Provider)
16. 2310D (Service Facility Location)
17. 2310E (Supervising Provider)
18. 2320C (Service Facility Location)
19. 2320D (Supervising Provider)
20. 2320F (Referring Provider)
21. 2420A (Rendering Provider)
22. 2420B (Purchased Service Provider)
23. 2420E (Ordering Provider)

If any of these loops are used the following information is needed in the segments below:

- a. NM108/09, NM108 (qualifier) XX, NM109 = Provider NPI number
- b. The 1st REF segment should be REF01= EI, REF02 = Employer ID
- c. The 2nd REF segment should be REF01= 1D, REF02 = Legacy ID

Note: Legacy ID = Provider Medicaid or Amisys ID

In addition to sending the Provider's NPI number, we are asking that you send the provider's Taxonomy Code when available. The Taxonomy Code should be submitted in segment PRV; where PRV02 = ZZ (qualifier) and PRV03 = Provider Taxonomy Code.

In the 837I transaction, the Taxonomy Code should be given in the following loops:

- 2000A, 2310A, 2310B, 2310C, 2310D, 2310E, 2420A, 2420B, 2420C

In the 837P transaction, the Taxonomy Code should be given in the following loops:

- 2000A, 2310A, 2310B
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