



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2008-29

May 2008

TO: All Providers

SUBJECT: National Provider Identifier (NPI) Claim Submission Procedures

The purpose of this bulletin is to provide guidance to the provider community in order to avoid claim denials for Explanation of Benefits (EOB) code 1945 "Claim/detail denied. Billing/performing provider could not be determined". Claims that have denied for this EOB should be corrected and resubmitted by following proper paper or electronic claim submission procedures which are found below.

Electronic Claims Submissions:

ASC X12 Format:

LOOP 2000A PRV01 – Enter "BI" (billing provider).

LOOP 2000A PRV02 – Enter "ZZ" (taxonomy qualifier).

LOOP 2000A PRV03 – Enter the billing provider's taxonomy code.

LOOP 2010AA NM101 – Enter "85" (billing provider).

LOOP 2010AA NM108 – Enter "XX" (NPI qualifier).

LOOP 2010AA NM109 – Enter the billing provider's NPI.

LOOP 2010AA N403 – Enter the billing provider's nine (9) digit zip code.

Professional and Dental Groups must also submit the following:

LOOP 2310B NM101 – Enter '82' (rendering provider).

LOOP 2310B NM108 – Enter 'XX' (NPI qualifier).

LOOP 2310B NM109 – Enter the rendering provider's NPI.

LOOP 2310B PRV01 – Enter 'PE' (performing provider).

LOOP 2310B PRV02 – Enter "ZZ" (taxonomy qualifier).

LOOP 2310B PRV03 – Enter the rendering provider's taxonomy code.



NCPDP 5.1 Format:

Field 202-B2 Service provider ID Qualifier – Enter ‘01’

Field 411-DB Prescriber ID – Enter the Prescriber’s NPI

Billing instructions for electronic claims submission can be found at www.ctdssmap.com under Trading Partner > EDI > EDI documents, click on the link “Companion Guide”

Professional Claims Submission: CMS-1500 Forms

Field 24I (ID Qualifier) - This field is only required when the billing provider is an enrolled group. Enter the two character taxonomy qualifier (ZZ) in field 24I.

Field 24J (Rendering Provider ID) - In the shaded field next to the ZZ qualifier enter the performing provider’s taxonomy code. This is now a required field when the billing provider is a group.

Field 24J (Rendering Provider ID) - In the un-shaded field enter the NPI of the performing provider for each line of the claim for which services are submitted. This field is only required when the billing provider is an enrolled group.

Field 33 (Billing Provider Info & PH#) - Enter the billing provider name, address, nine (9) digit zip code and telephone number of the actual service location. If submitting as a group practice, enter the group name, address, nine (9) digit zip code and telephone number.

Field 33a – Enter the NPI of the billing provider or group’s NPI.

Field 33b – Enter the two digit qualifier ZZ and the taxonomy code of the billing provider.

Billing instructions for CMS-1500 can be found at www.ctdssmap.com under publications; Chapter 8, Provider Specific Claims Submission Instructions, select your provider type from the drop down list.

Institutional Claims Submission: UB-04 Forms:

Field 1 - Enter the provider information including; name, address and nine (9) digit zip code of the practice location.

Field 4 - Enter the type of bill.

Field 56 (NPI) - Enter the 10-digit NPI of the billing provider.

Field 81 (CC) - Enter the NUBC qualifier B3 in the first position of Field 81, Line A followed by the billing provider taxonomy code in the second position.

Billing instructions for UB-04 can be found at www.ctdssmap.com under publications; Chapter 8 Provider Specific Claims Submission Instructions, select your provider type from the drop down list.

This bulletin and other program information can be found at www.ctdssmap.com		
Questions regarding this bulletin may be directed to the EDS Provider Assistance Center -		
Monday through Friday from 8:00 a.m. to 5:00 p.m. at:		
In-state toll free	800-842-8440 or	EDS
Out-of-state or in the		PO Box 2991
Local Farmington, CT area	860-269-2028	Hartford, CT 06104

