

# **CareFirst BlueCross BlueShield HIPAA National Provider Identifier - Dual Use Companion Guide**

**Refers to the Implementation Guides Based on  
X12 version 004010A1  
Companion Guide Version: 1.0**

**November 1, 2006**

This Companion Guide is issued in an effort to provide the trading partners of CareFirst BlueCross BlueShield with the most up-to-date information related to National Provider Identifier (NPI). Any and all information in this guide is subject to change at any time without notice. Each time you test or submit using the dual use approach, we recommend that you refer to the most recently posted Dual Use Companion Guide to ensure you are using the most current information available.

This Companion Guide is applicable to all lines of business within CareFirst BlueCross BlueShield and its affiliates and subsidiaries.

## Disclosure Statement

This document has been designed to assist both technical and business areas of our trading partners who wish to submit standard claim transactions during the dual use period. All instructions in this document were written using information known at the time of publication and may change. The most up-to-date version of the Dual Use Companion Guide is available in the *Providers & Physicians* section [www.carefirst.com](http://www.carefirst.com).

Please be sure that any printed version you use is the same as the latest version available on [www.carefirst.com](http://www.carefirst.com). Most users will choose to test their systems and transmissions; the X12 file responses you receive during testing are not a guarantee of payment. CareFirst BlueCross BlueShield (CareFirst) is not responsible for the performance of software you may use to complete these transactions.

**Only those loops that have modifications from the existing CareFirst Companion Guide are listed here. If they are not listed, they are not affected during the NPI dual use period.**

### TRANSACTION DETAIL TABLE

837I					
Loop ID	Reference	X12 Element Name	Length	Codes	Notes/Comments
<b>2000A - DETAIL - BILLING/ PAY-TO PROVIDER HIERARCHICAL LEVEL</b>					
2000	PRV01	Provider Code	3	BI PT	Indicates if the following information is for the Billing or Pay-to provider
2000	PRV02	Reference Identification Qualifier	3	ZZ	Indicates Health Care Provider Taxonomy
2000	PRV03	Reference Identification	30		Provider Taxonomy
<b>2010AA - DETAIL - BILLING PROVIDER NAME LEVEL</b>					
<b>CareFirst expects the 2010AA Loop to identify the Billing Agent or Billing Service if applicable.</b>					
2010	NM108	Identification Code Qualifier	2	XX	Identification Code Qualifier - NPI
2010	NM109	Identification Code	80		Organizational NPI for the Billing Provider
2010	REF01	Reference Identification Qualifier	3	EI or SY	Tax ID Identifier Code or SSN Identifier Code
2010	REF02	Additional Billing Provider Information	30		Tax ID Number or SSN
2010	REF01	Reference Identification Qualifier	3	1A	CareFirst requires one repeat to contain value "1A" for plan code 00070 (DE) When this loop contains the Pay-to Provider, CareFirst requires one repeat to contain value "1A" for all plan codes.
2010	REF02	Reference Identification (Billing Provider Additional Identifier)	30		When this loop contains the Billing Provider, CareFirst requires for the segment with qualifier "1A": Billing Agent # for 00080 (DC) Submitter #/Billing Provider # for 00190 (MD) DE specific Blue Cross Provider # for

					00070 (DE) When this loop contains the Pay-to Provider, CareFirst requires for the segment with qualifier "1A": 3 digit Provider ID # for 00080 (DC) 8 digit (6+2) Provider # for 00190 (MD) DE Secondary Provider ID for 00070 (DE)
<b>2010AB — PAY-TO PROVIDER NAME</b>					
2010	NM108	Identification Code Qualifier	2	XX	Identification Code Qualifier - NPI
2010	NM109	Identification Code	80		Organizational NPI for the Billing Provider
2010	REF01	Reference Identification Qualifier	3	EI or SY	Tax ID Identifier Code or SSN Identifier Code
2010	REF02	Additional Billing Provider Information	30		Tax ID Number or SSN
2010	REF01	Reference Identification Qualifier	3	1A	CareFirst requires one repeat to contain value "1A" for all plan codes.
2010	REF02	Reference Identification (Billing Provider Additional Identifier)	30		CareFirst requires for the repeat with qualifier "1A": 3 digit Provider ID # for 00080 (DC) 8 digit (6+2) Provider # for 00190 (MD) DE Secondary Provider ID for 00070 (DE)

837P					
Loop ID	Reference	X12 Element Name	Length	Codes	Notes/Comments
<b>2000A - DETAIL - BILLING/ PAY-TO PROVIDER HIERARCHICAL LEVEL</b>					
2000	PRV01	Provider Code	3	BI PT	Indicates if the following information is for the Billing or Pay-to provider
2000	PRV02	Reference Identification Qualifier	3	ZZ	Indicates Health Care Provider Taxonomy
2000	PRV03	Reference Identification	30		Provider Taxonomy
<b>2010AA - DETAIL - BILLING PROVIDER NAME LEVEL</b>					
<b>CareFirst expects the 2010AA Loop to identify the Billing Agent or Billing Service if applicable.</b>					
2010	NM108	Identification Code Qualifier	2	XX	Identification Code Qualifier - NPI
2010	NM109	Identification Code	80		Organizational NPI for the Billing Provider
2010	REF01	Reference Identification Qualifier	3	EI or SY	Tax ID Identifier Code or SSN Identifier Code
2010	REF02	Additional Billing Provider Information	30		Tax ID Number or SSN
2010	REF01	Reference Identification Qualifier	3	1B	CareFirst requires one repeat to contain value "1B" for all plan codes.
2010	REF02	Reference Identification	30		When this loop contains the Billing

		(Billing Provider Additional Identifier)			<p>Provider, CareFirst requires for the repeat with qualifier “1B”:  Billing Agent Number (Z followed by 3 numerics) for 00580 (DC).  9 digit Submitter number (51NNNNNNN) for 00690 (MD)  DE specific Blue Shield Provider Number for 00570 (DE)  When this loop contains the Pay-to Provider CareFirst requires for the repeat with qualifier “1B”:  Provider ID type in position 1, ID Number in positions 2-10, and Member Number in positions 11-14. Member number cannot be “0000” for 00580 (DC).  5-6 byte provider number for 00690 (MD)  DE specific Blue Shield provider number for 00570 (DE)</p>
<b>2010AB — PAY-TO PROVIDER NAME</b>					
2010	NM108	Identification Code Qualifier	2	XX	Identification Code Qualifier - NPI
2010	NM109	Identification Code	80		Organizational NPI for the Billing Provider
2010	REF01	Reference Identification Qualifier	3	EI or SY	Tax ID Identifier Code or SSN Identifier Code
2010	REF02	Additional Billing Provider Information	30		Tax ID Number or SSN
2010	REF01	Reference Identification Qualifier	3	1B	CareFirst requires one repeat to contain value “1B” for all plan codes.
2010	REF02	Reference Identification (Billing Provider Additional Identifier)	30		<p>CareFirst requires for the repeat with qualifier “1B”:  Provider ID type in position 1, ID Number in positions 2-10, and Member Number in positions 11-14. Member number cannot be “0000” for 00580 (DC).  5-6 byte provider number for 00690 (MD)  DE specific Blue Shield provider number for 00570 (DE)</p>
<b>2310B — RENDERING PROVIDER NAME</b>					
<b>Submit only one Rendering provider per claim</b>					
2310	NM103	Last Name/Organization Name (Rendering Provider Last or Organization Name)	35		CareFirst recommends for Plan Code 00690 (MD) enter Rendering Provider Last Name
2310	NM104	Name First (Rendering Provider First Name)	25		CareFirst recommends for Plan Code 00690 (MD) enter Rendering Provider First Name
2310	NM108	Identification Code Qualifier	2	XX	Identification Code Qualifier - NPI

2310	NM109	Identification Code	80		Individual's NPI for the Rendering Provider
2310	PRV02	Reference Identification Qualifier	3	ZZ	Indicates Health Care Provider Taxonomy
2310	PRV03	Reference Identification	30		Provider Taxonomy
2310	REF01	Reference Identification Qualifier	3	1B Or 1G	CareFirst recommends use '1B' for Plan Codes 00580 (DC) and 00690 (MD). Use '1G' for Plan Code 00570 (DE).
2310	REF02	Reference Identification (Rendering Provider Secondary identifier)	30		CareFirst recommends Provider ID type in position 1, ID Number in positions 2-10, and Member Number in positions 11-14. Member number cannot be "0000" for 00580 (DC) CareFirst 6+2 Rendering Provider number For 00690(MD) 6 byte Rendering Provider UPIN in format ANNNNN, AANNNN, AAANN, OTH000 or UPN000 for 00570 (DE)