Questions and answers (Q&A)

1. What is the National Provider Identifier?
The National Provider Identifier (NPI) is a unique identification number for use in standard health care transactions. It is issued to health care professionals and covered entities that transmit standard Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic transactions (such as electronic claims and claim status inquiries).

The Centers for Medicare & Medicaid Services (CMS) began issuing NPIs to health care professionals who applied and qualified in May 2005. Health care professionals and covered entities may apply for NPIs through the National Plan and Provider Enumeration System (NPPES) established by CMS for this purpose.

Type 1 NPIs are assigned to individual practitioners, e.g. physicians, dentists, nurses, chiropractors, pharmacists, and physical therapists.

Type 2 NPIs are assigned to organizations, e.g. hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, and pharmacies.

2. What is the purpose of the NPI?
The NPI fulfills a requirement of HIPAA, and must be used by health plans, health care professionals, and health care clearinghouses in HIPAA standard electronic transactions. The NPI is intended to:

- Replace other identifiers previously used by health care professionals and assigned by payers
- Establish a national standard and unique identifier for all health care professionals
- Simplify health care system administration
- Encourage the electronic transmission of health care information

3. Does the NPI replace the Taxpayer Identification Number (TIN)?
No. The TIN should continue to be used on the HIPAA 837 electronic claim to identify the tax entity to which claims should be paid.

The NPI also does not replace the health care professional's Social Security number (SSN) or Employer Identification Number (EIN) where it is required in other business processes or electronic feeds not covered by HIPAA (e.g., credentialing).
4. **How can larger dental groups with multiple NPIs provide their most current NPI information?**

These health care professionals can submit a roster (or spreadsheet). Please be sure to include:

- Your organization’s NPI(s)
- The corresponding TIN
- Your organization’s name
- A description of the NPI(s) for your organization (if the NPI is used for a specific department or location)
- Name and contact information (phone number, email address, or both) of the person submitting the NPI information for your organization, in the event we have any questions about what was submitted

Submit your NPI roster by fax or email:

- Fax: 1.646.459.9141
- Email: DentalNetworkinbox-ProviderFileChanges@Cigna.com

**Reminder:** Cigna uses your NPI when exchanging claim, eligibility, claim status, or payment transactions electronically. To avoid delays you must keep your NPI information current with us.

5. **How should the NPI be included on HIPAA transactions?**

Contact your EDI vendor for more information about including the NPI on transactions to ensure accurate submissions and reporting of transactional data.

In general, only the NPI should be used for identification purposes for a health care professional or any covered entity. "Legacy" identifiers may not be used. Your appropriate TIN should be used for tax purposes in standard transactions.

Cigna accepts the NPI on standard HIPAA transactions as outlined below. This approach should not be confused with any guidance specific to Medicare claims requirements.

**837 Electronic Claim (Professional, Institutional and Dental)**

- The "Billing Provider" TIN and NPI are required. Any additional health care professional identified on the claim, such as the "Rendering Provider" or "Referring Provider" must include the name and NPI when submitted.

- An organization may have more than one organization or type 2 NPI. Use the most appropriate organizational NPI as your primary identifier when submitting the “Billing Provider” on claims. The TIN must be submitted as the secondary provider identifier. This TIN is the number used on the Internal Revenue Service (IRS) form 1099, which is either the EIN for organizations, or the SSN for individuals; both an EIN and SSN number should not be included concurrently. Other identifiers, such as Medicare provider number, are considered "legacy" identifiers and should not be included.

- Submission of the "Billing Provider" TIN on the electronic claim is a HIPAA requirement. The National EDI Transaction Set Implementation Guide specifically states:

  "If 'code XX - NPI' is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop. The number sent is the one which is used on the 1099."

- Under HIPAA Accredited Standards Committee (ASC) X12 5010 standards "Pay To Provider" information is limited to an alternate address only. No additional identifiers, neither TIN nor NPI, are permitted. The "Pay to Provider" address is only needed if it is different than that of the "Billing Provider."

- Dental claims should continue to include “Rendering Provider” name and NPI. We will continue to accept the dental license number as a secondary identifier.
• Cigna will reject electronic claims received without a NPI unless the submitter is ineligible to receive a NPI. If you are not eligible to receive a NPI, notify Cigna.

• As with any change to your billing process, if you or your organization plan to change the way claims are submitted to Cigna as a result of your NPI implementation or enumeration, please notify Cigna of this change. One example would be an organization that has enumerated multiple NPI subparts and will start to bill using the "new" subpart health care professionals.

Real-Time Request Transactions (270, 276, 278)

• All eligibility and benefit inquiries (270) transactions should be submitted with either a type 1 (individual) or type 2 (organizational) NPI. We will also accept a 270 submitted with a TIN.

• For professional or dental claim status inquiries (276), the “Billing Provider” or “Rendering Provider” NPI from the submitted claim should be used to inquire on claim status.

• For institutional claim status inquiries (276), the “Billing Provider” NPI from the submitted claim should be used to inquire on claim status.

• For all claim types, we will also continue to accept claim status inquiries (276) using the TIN from the submitted claim.

• Health Care Services Review — Request for Review (278) transactions should include the NPI or TIN to identify any health care professionals included in the request.

• Contact your EDI vendor for details regarding the submission of NPI on these transactions.

6. How and when will I receive the NPI on HIPAA transactions?

Cigna will send the NPI on standard HIPAA transactions as outlined below.

835 Electronic Remittance Advice (ERA)

• Cigna currently includes the "Billing Provider" NPI on the 835. If more than one claim is included in a single 835, the NPI from the first claim included in the remittance will be returned as the “Payee” NPI. The NPI for the “Rendering Provider” will be included in the 835, if the “Rendering Provider” NPI was submitted on the 837 electronic claim.

• In the fourth quarter of 2013, we will group the claims within your 835 remittance by the “Billing Provider” NPI submitted on the original claim(s). A Provider Summary (TS3) field will be added to your 835 and will include the “Billing Provider” NPI to help you easily reconcile your payment.

Real-Time Response Transactions (271, 277, 278)

• The NPI will be returned on real-time response transactions when the NPI is submitted on the corresponding request transaction.

• When a NPI is received on a 270 eligibility and benefit inquiry, we will return your network participation status for the patient in the 271 eligibility and benefit response.

• When a NPI is received on a 276 claim status inquiry, the claims submitted with the same NPI on the corresponding claim(s) will be returned on the 277 claim status response.

7. Are health care professionals required to submit their NPI on standard electronic HIPAA transactions?

Yes. Only the NPI may be used for identification purposes for a health care professional or any covered entity. "Legacy" identifiers may not be used. The appropriate TIN should be used for tax purposes in standard transactions.

8. Are health care professionals required to submit their NPI on paper transactions?

Regulations only require the use of the NPI on electronic transactions. However, the standard ADA dental claim form allows the NPI to be included. We strongly encourage you to submit NPI on paper claims to avoid processing delays and ensure appropriate payment disbursement.
9. Can I submit claims that include both the NPI and "legacy" identifier?
   No. HIPAA standards prohibit the use of "legacy" identifiers. We also do not use "legacy" identifiers in the claim adjudication process.

   Claim submission still requires a TIN in addition to the NPI. A TIN is not considered a "legacy" identifier, as it is not payer assigned. It identifies the tax entity to which claim payments should be made; it does not identify a health care professional.

   We will continue to accept dental claims submitted with the dental license number as an additional identifier.

10. Does Cigna require the “Rendering Provider” NPI on claims?
    If a “Rendering Provider” is submitted on the claim, the “Rendering Provider” NPI must be included.

11. Does Cigna require the “Referring Provider” NPI on claims?
    If a “Referring Provider” is submitted on the claim, the “Referring Provider” NPI must be included.

12. Will Cigna include the NPI on the explanation of payment (EOP)?
    No. We return the NPI on the ERA or 835, only.

13. Will Cigna disclose NPI information?
    We can validate NPI information on file with an individual health care professional or health care professional organization. Health care professionals will be required to validate their TIN in order to receive this information. We will not disclose the NPI of other health care professionals. The National Plan & Provider Enumeration System (NPPES) Data Dissemination Notice states:

    "Entities wishing to obtain the NPI of a health care provider for use in a standard transaction may contact that health care provider directly and request the NPI. Health care providers who are covered entities under HIPAA (known as "covered health care providers") are required by the final rule to disclose their NPIs to any entity that needs them for use in standard transactions."

14. Where can I find additional information about NPIs?
    For additional information on NPIs, visit the CMS website and type "NPI" in the search box. You can also access the NPI registry on the NPPES database.