



Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana
Plan and Hoosier Care Connect



Professional providers

National provider identifiers, taxonomy codes and ZIP codes

NPI one-to-one match

- Anthem Blue Cross and Blue Shield (Anthem) must be able to make a one-to-one match between the billing provider's national provider identifier (NPI) and service location address identified on the provider's profile.
- A one-to-one match can be easily established for providers with only one enrolled service location by looking only at the billing provider's NPI.
- For providers with more than one enrolled service location, additional data points are required to make the match:
 - Taxonomy code
 - ZIP code + 4

Active enrollment validation

- Anthem must be able to validate that all providers involved in the member's episode of care were actively enrolled Indiana Health Coverage Programs (IHCP) providers on the date of service.
- Using the name and NPI, active enrollment is validated for (as applicable):
 - Ordering, prescribing and referring (OPR) the provider.
 - Rendering the provider.
 - Billing the provider.

Provider classifications

- Providers are enrolled with one of the four classifications:
 - Billing — This refers to a practitioner or facility operating under a unique taxpayer identification number (TIN) (for example, hospitals, durable medical equipment [DME] entities and ambulance providers [not all-inclusive]).
 - Group — This refers to any practice with one or more practitioners (rendering providers) sharing a common TIN. The group must have one or more rendering providers linked to the group (for example, medical practice).
 - Rendering — This refers to the provider who performs the services. Reimbursement for these services is paid to the group and reported on the group's TIN (for example, a physician who works for a medical practice).
 - OPR — These are practitioners who do not bill the IHCP for services rendered but may order, prescribe or refer services or medical supplies.

Crosswalk denials

- If you are receiving denials with any of the following (or similar) *Explanation of Benefit (EOB)* codes, this session applies to you:
 - M52 — Provider not attested with the state
 - Z32 — Attending NPI not registered with the state
 - Z33 — Billing NPI not registered with the state
 - Z49 — Operating NPI not registered with the state
 - Z50 — Other operating NPI not registered with the state
- * This list is not all-inclusive.

Field requirement descriptions

- Each field of the claim form is labeled with one of the following:
 - Required: This field is always required.
 - Required, if applicable: This field is required only when applicable by the circumstance, such as including an OPR provider when billing for physical therapy ordered by the member's physician.
 - Optional: The field is not required, but the provider may include the data at his/her discretion.
 - Not applicable: This field is not applicable for the IHCP.

OPR provider

- **Field 17:**
 1. Enter the name of OPR. This is required if applicable.
- **Field 17a:**
 2. The OPR provider's taxonomy code is not required.
- **Field 17b:**
 3. Enter the NPI of the OPR. This is required if applicable.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 1	17a. 2 17b. NPI 3	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

Rendering provider

- **Field 24I — Top/shaded area:**

1. Enter a legacy provider identifier (LPI) qualifier of 1D or G2 in 24I. Required if applicable. Enter the taxonomy code qualifier of ZZ or PXC. Required if applicable.

- **Fields 24J — Top/shaded area and bottom/unshaded area:**

2. Top/shaded: Enter the rendering provider's taxonomy code. Required if applicable.
3. Bottom/unshaded: Enter the rendering provider's NPI. This is **Required**.
4. Providers classified as Billing do not have rendering providers.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EP/DT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To							CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY											
														1	2	
														NPI	3	

Billing provider

- **Field 33:**
 1. Enter billing provider's name, address and ZIP code + 4 that corresponds with the location at which services were rendered. **Required.**
- **Field 33a:**
 2. Enter billing provider's NPI. This is **Required.**
- **Field 33b:**
 3. Enter taxonomy code qualifier ZZ or PXC and billing provider's taxonomy code. Required if applicable.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ()	
SIGNED _____ DATE _____	a. _____ b. _____	1 a. 2	b. 3

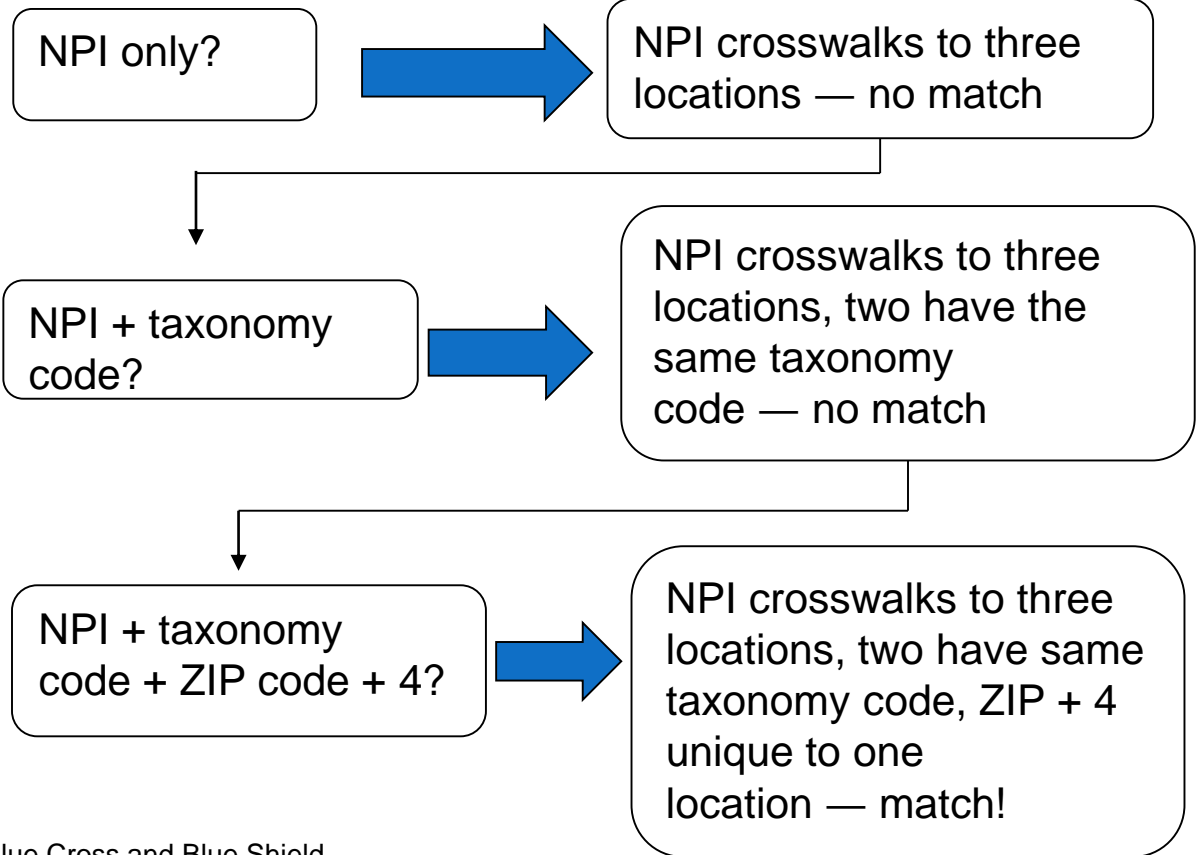
NPI crosswalk

ABC Clinic
NPI: 1234567890

ABC Clinic
1234 E. Anthem St.
Noplace, IN 46000-0001
Taxonomy: 207Q00000X

ABC Clinic
2222 Medicaid Lane
Someplace, IN 46666-2222
Taxonomy: 207P00000X

ABC Clinic
20000 Provider Ave.
Someplace, IN 46666-1222
Taxonomy: 207P00000X



NPI crosswalk examples

NPI only

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (317) 875-0000		
			ABC Clinic 20000 Provider Avenue Someplace, IN 46666		
SIGNED	DATE	a.	b.	a. 1234567890	b.

NPI crosses to three locations — no match

NPI and taxonomy code

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (317) 875-0000		
			ABC Clinic 20000 Provider Avenue Someplace, IN 46666		
SIGNED	DATE	a.	b.	a. 1234567890	b. ZZ207P00000X

NPI crosses to three locations, taxonomy code same for two locations = no match

NPI crosswalk examples (cont.)

NPI and taxonomy code and ZIP code + 4

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (317) 875-0000		
			ABC Clinic 20000 Provider Avenue Someplace, IN 46666-1222		
SIGNED _____	DATE _____	a. _____	b. _____	a. 1234567890	b. ZZ207P00000X

NPI crosses to three locations, taxonomy code same for two locations, ZIP code + 4 unique to one location — match!

NPI and ZIP code + 4 (used only if taxonomy code is not present)

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # (317) 875-0000		
			ABC Clinic 20000 Provider Avenue Someplace, IN 46666-1222		
SIGNED _____	DATE _____	a. _____	b. _____	a. 1234567890	b. ZZ207P00000X

NPI crosses to three locations, ZIP code + 4 unique to one location — match!

NPI crosswalk examples (cont.)

NPI and P.O. Box for lockbox

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (317) 875-0000	
SIGNED _____ DATE _____	a. _____ b. _____	ABC Clinic PO Box 000123 Chicago, IL 60606-6666	a. 1234567890 b. _____

NPI crosses to three locations, address/ZIP code do not match any of the service locations on the provider profile — no match

NPI only and address in Field 32

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (317) 875-0000	
SIGNED _____ DATE _____	ABC Clinic 20000 Provider Avenue Someplace, IN 46666	a. 1234567890	b. 207P00000X

NPI crosses to three locations; the IHCP does NOT use Field 32 — no match

Thank you

www.anthem.com/inmedicaiddoc

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Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect