



## Non-acceptance of Legacy Provider Numbers on Incoming Medicare Claims – JA0835

Related CR Release Date : NA

Date Job Aid Revised: November 14, 2008

Effective Date: NA

Implementation Date: NA

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**Key Words** SE0835, Legacy, Provider, NPI

**Contractors Affected**

- Medicare Carriers,
- Fiscal Intermediaries (FIs),
- Regional Home Health Intermediaries (RHHIs),
- Part A/B Medicare Administrative Contractors (A/B MACs),
- Durable Medical Equipment MACs (DME MACs)

**Provider Types Affected**

Physicians, providers, and suppliers submitting claims to Medicare Carriers, FIs, including RHHIs, A/B MACs, and/or DME MACs for services provided to Medicare beneficiaries



Effective October 6, 2008, Medicare will reject all incoming Medicare X12N 837 4010A1 claims that contain legacy identifiers.

**Provider Needs to Know...**

- With the implementation of the National Provider Identifier (NPI) on May 23, 2008, Medicare ceased accepting legacy provider numbers, qualified by 1C and 1G within the secondary provider REF segments, on incoming Medicare American National Standards Institute (ANSI) X12N 837 4010A1 claims.
- Effective October 6, 2008, providers should note that, with one qualified exception as noted below, Medicare will reject all incoming Medicare X12N 837 4010A1 claims that contain legacy identifiers.

- The following qualifiers within the secondary provider REF loops are acceptable:
  - For 837 institutional claims, the Employer Identification Number (EIN)/Federal Tax ID, qualified by "EI" or "TJ," will be accepted; and
  - For 837 professional claims, the provider's EIN/Tax ID, qualified by "EI" or "TJ," or social security number, as qualified by "SY," will be accepted.
- The secondary provider REF loops encompass all of the following loops within the Health Insurance Portability and Accountability Act ANSI X12N 837 4010A1 institutional or professional format: 2010AA, 2010AB, 2310A, 2310B, 2310C, 2310D, 2310E, 2330D, 2330E, 2330F, 2330G, 2330H, 2420A, 2420B, 2420C, 2420D, 2420E and 2420F.
- Therefore, providers that bill Medicare should only be including the above referenced values within the indicated secondary provider REF loops as appropriate for the line of business submitted.
- Providers should only use values qualified by "EI," "TJ," and "SY" when valid for the loop submitted.

**Noted Exceptions:** Providers that bill Veterans Administration (VA) demonstration claims to TrailBlazer Health Enterprises, LLC are permitted to include Medicare legacy provider numbers, qualified by 1C and 1G, within the secondary REF fields previously mentioned. In addition, Medicare does **not** require NPI qualifiers and values within the NM108 and NM109 segments of the above referenced loops for incoming VA demonstration code claims (also known as the VA Medicare Remittance Advice [VA MRA] project claims).

- Providers and suppliers that have questions regarding these loops and/or qualifiers should contact their software vendor for further details.

**Background**

The Centers for Medicare & Medicaid Services (CMS) implemented the NPI as the primary provider identifier to be used on Medicare claims effective May 23, 2008. Through the systematic actions that CMS is implementing on October 6, 2008, CMS will ensure that its objective of not accepting legacy provider numbers will be realized.

**Operational Impact**

N/A

**Reference Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0835.pdf> on the CMS website.