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Non-acceptance of Legacy Provider Numbers on Incoming Medicare Claims

Note: This article was revised on May 22, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

This article is intended for physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or durable medical equipment MACs (DME MACs)) services provided to Medicare beneficiaries.

Provider Action Needed

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 highlighted 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 HIPAA 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.

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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. In addition, providers should only use values qualified by “EI,” “TJ,” and “SY” when valid for the loop submitted.

EXCEPTION: 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 highlighted above. 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.

Additional Information

If you have any questions, please contact your intermediary, carrier, A/B MAC, or DME MAC at its toll-free number found at <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html>.

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Document History

Date of Change	Description
May 22, 2018	This article was revised to update Web addresses.
October 8, 2008	Initial article released

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