

## Correction to "NPI Claims Reminder"

### Overview:

This is a correction to an article that was posted on the TMHP website at [www.tmhp.com](http://www.tmhp.com) on June 6, 2008, entitled "NPI Claims Reminder". The article incorrectly stated that providers must enter a physical address in Block 24J of the CMS-1500 claim form. Field 24J must contain only the rendering provider's NPI. In addition, the article incorrectly indicated "32 a-b" instead of Block 33 of the CMS-1500 claim form and did not indicate when to submit a Texas Provider Identifier (TPI) on the CMS-1500 and ADA Dental Claim Form. Click on the title to view the complete, corrected article.

### Article:

Reminder: All electronic and paper claims must contain the provider identifier(s), name, physical street address, city, state, ZIP+4 Code, and telephone number of the billing provider in the appropriate billing provider fields. The billing provider's address must be the same one that was provided during attestation. The facility provider information fields must be completed if services were provided in a place other than the patient's home or the billing provider's facility. The facility provider information fields must contain the name, physical street address, ZIP+4 Code, and the National Provider Identifier (NPI) of the facility where the service was provided.

The following tables identify the paper or electronic fields that indicate the billing or services facility information:

### CMS-1500 (Professional) Paper Claim Form

Block No.	Guidelines
17, 17a-b	Enter the referring provider's name and NPI.
24J	Enter the rendering provider identifiers (NPI and Texas Provider Identifier [TPI]).
32, 32a-b	Required if services were provided in a place other than the patient's home or the billing provider's facility. Enter the name, address, ZIP+4 Code, and the NPI of the facility where the service was provided.
33, 33a-b	Enter the billing provider's NPI, TPI and physical address provided during attestation, including the ZIP+4 Code.

### Family Planning 2017 Paper Claim Form

Block No.	Guidelines
2a-b	Enter the billing provider's TPI and NPI.
23a-b	Members of a group practice (except pathology and renal dialysis groups) must identify the NPI of the doctor or clinic within the group who performed the service.

38, 38a-b	Required if services were provided in a place other than the patient's home or the billing provider's facility. Enter the name, physical address, ZIP+4 Code, and the NPI of the facility where the service was provided.
39	Enter the billing provider name, physical street address, city, state, ZIP+4 Code, and telephone number.

**Professional (See 837P Acute Care Companion Guide V4.2)**

Location	Guidelines
2010AA Loop	Enter the billing provider's information, including the physical address provided during attestation, with the ZIP+4 Code. <b>Note:</b> ZIP+4 Code in the LU Ref Segment – optional. If group taxonomy – optional.
2310B Loop	Members of a group practice (except pathology and renal dialysis groups) must identify the information of the doctor or clinic within the group who performed the service.
2310D Loop	If services were provided in a place other than the patient's home or the billing provider's facility, enter the information for the facility where the service was provided.

**2006 ADA Dental Paper Claim Form**

Block No.	Guidelines
48	Enter the name and physical address of the billing group or individual provider (not the name and address of a provider employed within a group).
49	Enter the billing dentist's NPI for a group or individual provider (not the NPI of a provider employed within a group).
52A	Enter the TPI for the billing provider.
54	Enter the NPI of the performing dentist(s) (provider who treated the client).
58	Enter the TPI of the performing dentist(s) (provider who treated the client).

**Electronic Dental Claim (837D Acute Care Companion Guide V4.2)**

Location	Guidelines
2010AA loop	Enter the billing group or individual provider information (not the name and address of a provider employed within a group). <b>Note:</b> If group taxonomy – optional.
2310B loop	Enter the performing dentist's information (provider who treated the client).

Location	Guidelines
2310C loop	Enter the service facility information. <b>Note:</b> If group taxonomy – optional.

### CMS-1450 UB-04 Institutional Paper Claim Form

Block No.	Guidelines
1	Enter the hospital's address provided during attestation.
56	Enter the NPI of the billing provider.
57	Enter the TPI of the billing provider.
76	Enter the attending provider's name (last name and first name) and NPI.
77	Enter operating provider's name (last name and first name) and NPI.
78-79	Other provider's name (last name and first name) and NPI. <b>Other operating physician</b> —An individual performing a secondary surgical procedure or assisting the operating physician. Required when another operating physician is involved. <b>Rendering provider</b> —The health-care professional who performed, delivered, or completed a particular medical service or nonsurgical procedure

### Institutional (837I Acute Care Companion Guide V4.2)

Block No.	Guidelines
2010AA	Enter the billing provider's information including the physical address provided during attestation, with the ZIP+4 Code.
2310A	Enter the attending provider's information.
2310B	Situational— Enter operating provider's information.
2310C	Situational—Enter the other provider's information, <b>Other operating physician</b> —An individual performing a secondary surgical procedure or assisting the operating physician. Required when another operating physician is involved. <b>Rendering provider</b> —The health-care professional who performed, delivered, or completed a particular medical service or nonsurgical procedure.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.