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# Using Your National Provider Identifier in Aetna Electronic Transactions

*Aetna Provider eSolutions<sup>SM</sup>*



Aetna is fully prepared to process your HIPAA transactions using just your NPI in real time transactions and your NPI and tax ID number in electronic claim submissions.

You should already be including NPIs in all HIPAA standard electronic transactions submitted to us. Federal regulations require you to submit HIPAA standard electronic transactions with only your NPI number. Please act immediately to address and resolve any problems related to submitting transactions with only your NPI number.

**Reminder:** NPIs must be shared with Aetna before using them in Aetna real-time transactions. Additional information on how to [share your NPIs with Aetna](#) is available at [Aetna.com](#).

If you receive an error message when you transmit your NPI in a real-time transaction, you should confirm that Aetna has received and loaded your NPI into their database. You can confirm that your NPI is in Aetna's system by logging into the Aetna secure provider website and selecting "Update Aetna Provider Profiles." Then, input your PIN and click continue, then follow the hyperlink for Add/Update National Provider Identifier (NPI). Any NPIs you have submitted to Aetna that have been loaded into Aetna's database will be displayed on the first screen

If you have not already begun to use your NPI in electronic transactions, find out the steps you need to take to begin including NPIs in your transactions to ensure a smooth transition.

- If you use a Web-based solution, refer to that website for information.
- If you submit electronic transactions using computer software, contact your computer system vendor support area for assistance.

The following HIPAA standard electronic transactions require NPI use by providers:

- Claims
- Encounters
- Real-time transactions
  - Eligibility and Benefits Inquiry
  - Claim Status Inquiry
  - Precertification Add
  - Referral Add

While not required by the regulations, Aetna will also process Precertification Inquiry and Referral Inquiry transactions with NPIs.

You can view a list of transaction examples that outline provider identifier requirements for compliant transactions.

**REMINDER:** Be sure you have already [shared your NPI with Aetna](#) so that you can be accurately identified in Aetna real-time transactions.

## Obtaining and using other providers' NPIs

In addition to their own NPIs, many health care providers will need to know and use the NPIs of other providers to submit transactions electronically. Therefore, you should share your NPI with other providers who may require it to conduct electronic transactions.

For example:

- Primary care providers will need to know and use the NPIs of specialists they refer to in referral transactions.
- Specialists will need to know and use the NPIs of facilities associated with care that requires precertification.
- Hospitals will need to know and use the NPIs of admitting and attending physicians in claims.

If you cannot obtain another provider's NPIs directly from them, the federal government's database of NPIs can be searched at [NPI Registry Search Home](#) and Aetna's provider referral directory includes NPIs that have been shared with Aetna.

Situations that require a provider name, and in some cases, an identifier, have not changed with the implementation of NPI. For professional claims, if there is a referring provider, that provider should be identified by name. An identifier for the named provider must be sent, if known. When that provider does not have an NPI, use of an identifier other than NPI will be accepted.

While the regulations generally prohibit the inclusion of provider identifiers other than the NPI, the use of other IDs is permitted to identify:

- An entity or individual as a taxpayer using the Tax Identification Number (TIN), Social Security number or employer identification number. This exception only applies to billing/pay to providers in claims and payees in electronic remittance advices. An NPI must be used to identify covered health care providers as providers in these situations but claims **must also continue to include the billing provider's TIN**.
- Non-covered health care providers. For example, a referring provider who does not conduct any electronic transactions is a non-covered provider who may have chosen not to obtain an NPI.
- Individuals and entities who are not considered health care providers (also known as atypical providers).
- Providers acting in a way that is not considered to be a provider role, such as information submitter or receiver, or utilization management organization.

For more information, refer to CMS' answer to question ID 5816 at <http://questions.cms.hhs.gov>.

If you are not a health care provider as defined under HIPAA and the regulations do not apply to you, your transactions will still be processed with legacy identifiers if you submit our [NPI Exemption Notification Form](#).

### **Medicare OSCAR numbers**

*Note: OSCAR numbers, commonly referred to as UPIN or MPN, are six-digit Medicare provider numbers issued to facilities.*

To be compliant with the regulations, use of a Medicare Provider Number is not permitted on electronic claims. Because of this, we will require an NPI or NPI and taxonomy code on institutional claims where the submission of a Medicare Provider Number is currently required by Aetna. Depending on your current set-up, you may or may not be required to submit a taxonomy code to Aetna.

Institutional providers that do currently bill Medicare for subparts are required to use taxonomy codes on their claims to Aetna. All other providers are encouraged to use taxonomy codes to help ensure accurate identification but submission of taxonomy codes is not required.

For situations where a provider is unable to send his or her claim electronically, the billing facility taxonomy code should be formatted on the UB04 paper claim form in field 81 cc, preceded with the qualifier B3.

### **Still have questions?**

We continue to provide information on NPI through our provider newsletter, OfficeLink Updates™, as well as through direct outreach and communications, and industry events.