

Vendor Tags are used by our dental submitter to indicate when they have the same TIN/NPI combo, but different remit address.

In order for CIM to pick up any submitted vendor tag correctly, the submitter must send the 2310B REF segment using the G2 code noted in REF01. You may also send this information in the 2420A rendering provider segment using the same criteria.

Ayin also accepts mutually agreed upon values that agencies may need to identify claims for billing purposes. If you need to denote some subset of claims, please contact EDI Support to discuss your needs at EDI.Support@Ayin.com or 503-584-2169 Opt 1

5010 Format

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 4

Usage: Situational

REF – Rendering Provider Secondary Identification

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 3

Usage: Situational

Situational Rule: Required prior to the mandated HIPAA Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider.

Notes: The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.

Example: REF*G2*12345 3rd~

<u>Usage</u>	<u>REF. DES.</u>	<u>NAME</u>
REQUIRED	REF01	<u>Reference Identification Qualifier</u>
		Code qualifying the Reference Identification
		<u>CODE</u> <u>DEFINITION</u>
		0B State License Number
		1G Provider UPIN Number
		G2 Provider Commercial
Number		LU Location Number
REQUIRED	REF02	Reference Identification

Providers sometimes submit the billing provider as the individual rendering provider when it should be the agency or clinic information. This is not allowed in 5010 for agencies or clinics with multiple providers see Note 4 below. Rendering provider information should be sent in the 2310B Rendering Provider loop.

5010 Format

Loop: 2010AA – BILLING PROVIDER NAME

Segment Repeat: 1

Usage: Required

Notes:

1. Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider **MUST** always represent the most detailed level of enumeration as determined by the organization health care provider and **MUST** be the same identifier sent to any trading partner. For additional explanation, see section 1.10.3 Organization Health Care Provider Subpart Presentation.

2. Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB.
3. The Taxpayer Identifying Number (TIN) of the Billing Provider to be used for 1099 purposes must be reported in the REF segment of this loop.
4. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose social security number is used for 1099 purposes. That individual's NPI is reported in NM109, and the individual's Tax Identification Number must be reported in the REF segment of this loop. The individual's NPI must be reported when the individual provider is eligible for an NPI. See section 1.10.1 (Providers who are Not Eligible for Enumeration).
5. When the individual or the organization is not a health care provider and, thus, not eligible to receive an NPI (For example, personal care services, carpenters, etc), the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary identifiers necessary for the receiver to identify the entity are to be reported in the Loop ID-2010BB REF, Billing Provider Secondary Identification segment. The TIN to be used for 1099 purposes must be reported in the REF (Tax Identification Number) segment of this loop.

Example: NM1*85*2*Test PCP Practice*XX*1234567890~

<u>Usage</u>	<u>REF. DES.</u>	<u>NAME</u>
REQUIRED	NM101	<u>Entity Identifier Code</u> Code identifying an organizational entity, a physical location, property or an individual
		<u>CODE</u> <u>DEFINITION</u>
		85 Billing Provider
REQUIRED	NM102	<u>Entity Type Qualifier</u> Code qualifying the type of entity
		<u>CODE</u> <u>DEFINITION</u>
		1 Person
		2 Non-Person Entity
REQUIRED	NM103	<u>Organization Name or Name Last</u> Organizational name or Individual last name
SITUATIONAL	NM104	<u>Name First</u> Individual first name
SITUATIONAL	NM105	<u>Name Middle</u> Individual middle name or initial

SITUATIONAL NM106
SITUATIONAL NM107
SITUATIONAL NM108

Name Prefix
Name Suffix
Identification Code Qualifier
Code designating the system/method of code

structure used for Identification Code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

CODE DEFINITION

XX Centers for Medicare and Medicaid

Services National Provider Identifier
SITUATIONAL NM109

Identification Code

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

INDUSTRY NAME: Billing Provider Identifier

5010 Format

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 1

Usage: Situational

Situational Rule: Required when the Rendering Provider information is different than that carried in Loop ID-2010AA-Billing Provider.

Notes:

1. Used for all types of rendering providers including labs. The Rendering Provider is the person or company (lab or other facility) who rendered the care. In the case where a sub provider (locum tenens) was used, enter that provider’s information here.
2. Information in Loop-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101

Example: NM*82*1*DOE*JOHN*K***XX*1234567890

<u>Usage</u>	<u>REF. DES.</u>	<u>NAME</u>
REQUIRED	NM101	<u>Entity Identifier Code</u> Code identifying an organizational entity, a physical location, property or an individual
		<u>CODE</u> <u>DEFINITION</u>
		82 Rendering Provider
REQUIRED	NM102	<u>Entity Type Qualifier</u> Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103
		<u>CODE</u> <u>DEFINITION</u>
		1 PERSON
		2 Non-Person Entity
REQUIRED	NM103	<u>Name Last or Organization Name</u> Individual last name or organizational name
SITUATIONAL	NM104	<u>Name First</u> Individual first name
SITUATIONAL	NM105	<u>Name Middle</u> Individual middle name or initial
NOT USED	NM106	<u>Name Prefix</u>
SITUATIONAL	NM107	<u>Name Suffix</u> Suffix to individual name
SITUATIONAL	NM108	<u>Identification Code Qualifier</u>

structure used for Identification Code

Code designating the system/method of code

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OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

<u>CODE</u>	<u>DEFINITION</u>
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XX	Centers for Medicare and Medicaid
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Services National Provider Identifier

SITUATIONAL NM109

Identification Code

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

INDUSTRY NAME: Rendering Provider Identifier