

Provider ID Policy

Blue Cross and Blue Shield of Montana Health Care Services Administrative Policy Version: N005.2

Original Effective Date: 09/01/2005
Version Effective Date: 12/17/2021
Replaces: N005.1

Scope	This policy applies to providers who submit claims for all Blue Cross and Blue Shield of Montana (BCBSMT) lines of business.
Purpose	This policy explains the rules for use and assignment of the BCBSMT provider identification number (ID number) issued by the Network Management Department to any provider who submits a claim to BCBSMT.
Policy	All providers submitting claims to BCBSMT must have a National Provider Identification (NPI) number and are required to use that number when submitting claims to BCBSMT for services rendered to BCBSMT members. Claims submitted without an NPI number are returned to the provider. A provider may not let another provider use their NPI number to submit claims except as described in the Locum Tenens Policy or Provider in Training Policy.
ID Number Assignment Methodology	Professional providers are assigned ID numbers for each location where the provider performs services on a regular basis. Facility providers may have multiple ID numbers, each linked to a different type of service, e.g., outpatient lab or x-ray, emergency room physicians.
Rationale/Source	This policy documents BCBSMT business operations.
Cross-References	For additional information, refer to the following: Note: Other policies and procedures may be applicable that are not included in this reference section.

Document Name
BCBSMT Commercial Provider Manual
BCBSMT Medicare Advantage Provider Manual
N006 Provider in Training Policy
N002 Locum Tenens Provider Policy
N017 Incident to Billing Policy

Formal Review or Revision Date History This policy was reviewed or revised, and approved as documented below:

Version	Date	Summary of Changes
V-01	08/12/2005	<i>Original effective date</i>
V-02	09/23/2013	<i>Added HCSC language to the footer</i>
V-03	01/05/2016	<i>Updated from BCBSMT to NPI billing</i>
V-04	07/19/2017	<i>Unknown</i>
N005	11/13/2019	<i>Updated version numbering to new system</i>
N005.1	12/08/2020	<i>Removed "except Medicare and TriWest" from Scope language</i>
N005.2	12/17/2021	<i>Updated Executive approval. Updated cross reference document names</i>

Governance Responsibility for adoption and/or implementation of this policy is as follows:

Executive Approval	Date
Signature on File	
David Lechner, M.D. VP Health Care Delivery & Chief Medical Officer	12/17/2021