



News Flash - Effective March 1, 2008, Medicare fee-for-service 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable beginning March 1, 2008. Until further notice, you may continue to include legacy identifiers only for the secondary fields.

MLN Matters Number: MM5749 **Revised**

Related Change Request (CR) #: 5749

Related CR Release Date: December 14, 2007

Effective Date: January 1, 2008

Related CR Transmittal #: R1393CP

Implementation Date: January 7, 2008

Note: This article was revised on January 8, 2008, to show that items 32a and 32b are completed if required by Medicare claims processing policy. All other information remains the same.

Revised Guidance for Completing Form CMS-1500

Provider Types Affected

All physicians, providers, and suppliers who submit claims using Form CMS-1500 to Medicare contractors (carriers, Medicare Administrative Contractors (A/B MACs), and durable medical equipment Medicare Administrative Contractors (DME/MACs)).

Provider Action Needed



STOP - Impact to You

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5749 that notifies physicians and suppliers who use Claim Form CMS-1500

Disclaimer

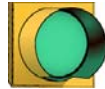
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

(those providers who qualify for a waiver from the Administrative Simplification Compliance Act (ASCA)) that changes are being made to submission instructions for completing boxes 32a and 32b of Form CMS-1500.



CAUTION – What You Need to Know

The Key Points section of this CR outlines the changes required in the Form CMS-1500.



GO – What You Need to Do

Make certain your office staffs are aware of these changes in the content requirements of the Form.

Background

The Form CMS-1500 claim completion instructions are being revised in order to provide guidance **related to the submission of service facility identifiers**.

The Form CMS-1500 answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare program and is only accepted from physicians and suppliers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act (ASCA) and the implementing regulation at 42 CFR 424.32.

Key Points

Providers note the changes in Chapter 26 of the *Medicare Claims Processing Manual* that impact the Form CMS-1500 boxes 32a and 32b.

- **Box 32a:** If required by Medicare claims processing policy, enter the National Provider Identifier (NPI) of the service facility.
- **Box 32b:** If required by Medicare claims processing policy, **enter the legacy Provider Identification Number (PIN)** of the service facility preceded by the **ID qualifier 1C**. There should be one blank space between the qualifier and the PIN.

Additional Information

To see the official instruction (CR5749) issued to your carrier, DME/MAC, or A/B MAC refer to <http://www.cms.hhs.gov/Transmittals/downloads/R1393CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, DME/MAC, or A/B MAC at their toll-free number, which may be found at

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>
n the CMS website.

News Flash - It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu! Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.