

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 267	Date: SEPTEMBER 12, 2008
	Change Request 6093

Subject: Reporting National Provider Identifiers (NPIs) for Secondary Providers

I. SUMMARY OF CHANGES: This change request rescinds and replaces CR 5890, Transmittal 235, and dated January 18, 2008. This change request also clarifies CR 5674, Transmittal 225 and dated October 26, 2007.

Instructions are to clarify how to handle National Provider Identifiers when reported on a paper or electronically submitted claims for ordering/referring/attending/operating/supervising/purchased service/other and prescribers in the NCPDP 5.1 retail drug claims. Effective May 23, 2008, that identifier must be an NPI.

New / Revised Material

Effective Date: May 23, 2008

Implementation Date: September 26, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N	14.5-NPIs for Secondary Providers
N	14.5-NPIs for Secondary Providers

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Business Requirements

Pub. 100-08	Transmittal: 267	Date: September 12, 2008	Change Request: 6093
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SUBJECT: Reporting National Provider Identifiers (NPI) for Secondary Providers

This change request rescinds and replaces CR 5890, Transmittal 235, dated January 18, 2008.

This change request also provides clarification for CR 5674, Transmittal 225, dated October 26, 2007.

Effective Date: May 23, 2008

Implementation Date: September 26, 2008

I. GENERAL INFORMATION

A. Background: The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandate the adoption of a standard unique health identifier for health care providers. The National Provider Identifier (NPI) final rule, published on January 23, 2004, establishes the NPI as this standard. All entities covered under HIPAA must comply with the requirements of the NPI final rule (45 CFR Part 162, CMS-0045-F).

B. Policy: This instruction does not alter existing requirements for capturing the name and address, when required, of secondary providers or instructions that address the specific practitioner types that must be reported in certain referral and “incident to” situations. This instruction addresses only the reporting of the identifier of a secondary provider when an identifier is required to be reported.

When a provider identifier is reported on a paper or electronically submitted Medicare claim to identify a secondary provider, that identifier must be an NPI. Secondary providers are ordering, referring, attending, operating, supervising, purchased service, other, service facility provider (in the x12N 837 claims transactions) or prescriber (in the NCPDP 5.1 retail drug claim transaction). For Medicare purposes, this requirement is effective for claims received on and after May 23, 2008. If the provider to be identified as the ordering, referring, attending, operating, supervising, purchased service, other, service facility provider or prescriber does not furnish an NPI at the time of the order, referral, purchase, prescription, or time of service, the billing provider must attempt to obtain that NPI in order to use it in the claim. The billing provider may use the NPI Registry or may need to contact the ordering, referring, attending, operating, supervising, purchased service, other, service facility or prescriber in order to obtain the NPI. While the Implementation Guides for the X12N claims transactions permit the reporting of the Social Security Number (SSN) for some secondary providers if there is no NPI, we do not believe the billing provider will be successful in the obtaining the SSN.

- If unable to obtain the NPI of the provider to be identified in the service facility location loop (in the X12 N 837 transaction), no identifier should be reported in that loop.
- If unable to obtain the NPI of the ordering, referring, attending, operating, supervising, purchased service, other or prescriber, the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transactions) shall use its own NPI to identify those secondary providers. Medicare will not pay these claims if these secondary providers are not identified by NPIs.

Effective May 23, 2008, the NPI replaced the UPIN as the unique identifier for all physicians, as defined in 1861 (r) of the Social Security Act, as well as nurse practitioners, clinical nurse specialists, physician assistants, licensed clinical social workers, clinical psychologists, and certified nurse midwives. Only

physicians and the non-physician practitioners listed above are eligible to refer/order services or items for Medicare beneficiaries.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	A / M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6093.1	Effective May 23, 2008, contractors shall accept an NPI to identify the ordering, referring, attending, operating, supervising, purchased service, other (in the X12N 837 claims transactions) and the prescriber (in the NCPDP 5.1 claims transaction) when any of those secondary providers must be reported.	X	X	X	X	X					
6093.2	Effective May 23, 2008, contractors shall accept an NPI to identify the service facility location provider (in X12N 837 claims transactions) if the service facility location provider must be reported and if the NPI is present; otherwise, contractors shall accept a blank for the service facility location provider.	X	X	X	X	X					
6093.3	Effective May 23, 2008, contractors shall not reject/return as unprocessable a claim if there is no NPI reported in the service facility loop.	X	X	X	X	X					
6093.4	Effective May 23, 2008, contractors shall accept the Billing Provider's NPI if it is reported as the ordering, referring, attending, operating, supervising, purchased service, or other provider or prescriber's NPI when any of those secondary providers need to be reported.	X	X	X	X	X					
6093.5	Effective May 23, 2008, contractors shall reject/return as an unprocessable a claim for which an NPI is not reported for the ordering, referring, attending, operating, supervising, purchased service, other provider or prescriber when any of those secondary providers must be reported.	X	X	X	X	X					
6093.6	Effective May 23, 2008, contractors shall turn off all edits that set if the Billing Provider NPI is the same as the ordering, referring, attending, operating, supervising, purchased service, other provider or prescriber when any of those secondary providers must be reported.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	

										F I S S	M C S	V M S	C W F	
6093.7	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin.</p> <p>Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X	X	X	X								

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. For all other recommendations and supporting information, use this space: Joint Signature Memorandum/Technical Direction Letter 08296

V. CONTACTS

Pre-Implementation Contact(s): Sandra Olson (410) 786-1325 or Patricia Peyton (410) 786-1812

Post-Implementation Contact(s): Sandra Olson (410) 786-1325 or Patricia Peyton (410) 786-1812

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of

work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Program Integrity Manual

Chapter 14 – *National Provider Identifier*

Table of Contents *(Rev. 267, 09-12-08)*

14.5 - *NPIs for Secondary Providers*

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(Rev. 267; Issued: 09-12-08; Effective Date: 05-23-08; Implementation Date: 09-26-08)

When a provider identifier is reported on a paper or electronically submitted Medicare claim to identify an ordering/referring /attending/operating/supervising/purchased service/other/service facility provider (in the X12N 837 claims transactions) or prescriber (in the NCPDP 5.1 retail drug claim transaction), that identifier must be an NPI. For Medicare purposes, this requirement is effective for claims received on and after May 23, 2008. If the entity to be identified as the ordering/referring/attending/operating/supervising/purchased service/other/service facility provider or prescriber does not furnish an NPI at the time of the order/referral/purchase or time of service, the billing provider must attempt to obtain that NPI in order to use it in the claim. The billing provider may use the NPI Registry or may need to contact the ordering/referring/ attending/operating/supervising/purchased service/other/service facility or prescriber in order to obtain the NPI. While the Implementation Guides for the X12N claims transactions permit the reporting of the Social Security Number (SSN) for some secondary providers if there is no NPI, we do not believe the billing provider will be successful in the obtaining the SSN.

- If unable to obtain the NPI of the entity to be identified in the service facility location loop (in the X12 N 837 transaction), no identifier should be reported in that loop.*
- If unable to obtain the NPI of the ordering/referring/attending/operating/supervising/purchased service/other or prescriber, the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transactions) shall use its own NPI to identify those secondary providers. Medicare will not pay these claims if these secondary providers are not identified by NPIs.*

Effective May 23, 2008, the NPI will replace the UPIN as the unique identifier for all physicians, as defined in 1861 (r) of the Social Security Act, as well as nurse practitioners, clinical nurse specialists, physician assistants, licensed clinical social workers, clinical psychologists, and certified nurse midwives. The only types of providers eligible to refer/order services or items for Medicare beneficiaries are physicians and the non-physician practitioners mentioned above.