CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 190

Department of Health & Human Services (DHHS)
Centers for Medicare and & Medicaid Services (CMS)
Date: NOVEMBER 3, 2005
Change Request 4023

SUBJECT: Stage 2 Requirements for Use and Editing of National Provider Identifier (NPI) Numbers Received in Electronic Data Interchange (EDI) Transactions, via Direct Data Entry (DDE) Screens, or Paper Claim Forms

I. SUMMARY OF CHANGES: This instruction contains those requirements applicable to Stage 2 of carrier, DMERC, Fiscal Intermediary, and shared system maintainer implementation of the NPI. During this second stage, NPIs will be accepted on claims and other EDI transactions, in DDE screens, and paper claims (once the UB-04 and revised Form CMS-1500 transition periods begin). The NPIs will be reported on X12 277 and 837 coordination of benefit (COB) outbound transactions if reported on the corresponding inbound transactions. The NPIs will be reported in X12 835 version 4010A1 transactions and standard paper remittance (SPR) letters when the pay-to-provider's NPI is in the data center provider file, and NPIs will be retained in claims history in addition to a provider's Medicare legacy identifier. Submitters will be directed to continue to report Medicare provider legacy identifiers in all electronic and paper claim transactions during Stage 2, but in those transactions that permit reporting of both an NPI and a legacy identifier, if a legacy identifier is not reported, in some cases the NPI-legacy number crosswalk, or data downloaded from the crosswalk into the data center provider file, will be used to obtain the applicable legacy identifier. During this stage, COB trading partners will be sent both the NPI and the legacy identifier for provider identification for each claim that included an NPI; if a claim contained one or more NPIs but not corresponding legacy identifiers, the crosswalk or provider file will be used to obtain the appropriate legacy identifiers so they may be reported in any applicable COB claims. This instruction also includes information about Stages 3 (May 23, 2007) and 4 (May 23, 2008) as this information may be helpful when programming for Stage 2.

NEW/REVISED MATERIAL
EFFECTIVE DATE: April 1, 2006
IMPLEMENTATION DATE: April 3, 2006

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

Funding for Medicare contractors is available through the regular budget process for costs required for implementation.

IV. ATTACHMENTS:

One-Time Notification Attachment

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

Attachment - One Time Notification

Pub. 100-20	Transmittal: 190	Date: November 3, 2005	Change Request 4023

SUBJECT: Stage 2 Requirements for Use and Editing of National Provider Identifier (NPI) Numbers Received in Electronic Data Interchange (EDI) Transactions, via Direct Data Entry (DDE) Screens, or on Paper Claim Forms

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires issuance of a unique NPI to each physician, supplier, and other provider of health care. The implementing regulation for that requirement appears in 45 CFR Part 162, Subpart D (162.402-162.414). CMS began to accept applications for NPIs at https://nppes.cms.hhs.gov and by mail on May 23, 2005, and to issue NPIs that same day. Change Request (CR) 4004 was recently issued for use of the NPI in transactions between January 1, 2006 and September 30, 2006, the period referred to as Stage 1. This CR addresses the NPI use requirements for Stage 2, which is expected to begin October 1, 2006 and end on May 22, 2007. Effective May 23, 2007, HIPAA mandates that the NPI be used in lieu of legacy provider identifiers in standard transactions (see Stage 4 information later in this CR for an exception that applies to "small" coordination of benefit (COB) trading partners). Legacy provider identifiers include OSCAR, National Supplier Clearinghouse (NSC), Provider Identification Numbers (PIN), National Council of Prescription Drug Plans (NCPDP) pharmacy identifiers, and Unique Physician Identification Numbers (UPINs) used by Medicare, but do not include taxpayer identifier numbers (TIN) such as Employer Identification Numbers (EINs) or Social Security Numbers (SSNs).

B. Policy: During Stage 2, Medicare will utilize a crosswalk between NPIs and legacy identifiers to validate NPIs received in transactions, assist with population of NPIs in data center provider files, and to report NPIs on remittance advice and coordination of benefit transactions. A separate CR will be issued about the content and use of the crosswalk once further progress has been made on its design and population. The crosswalk will utilize NPI data from the:

- The National Provider and Plan Enrollment System (NPPES) which issues NPI numbers to providers;
- PECOS database for provider enrollment in Medicare;
- Medicare legacy ID systems (UPIN, OSCAR, PINs, NCPDP, and NSC); and
- Could be supplemented by data from claims submitted to Medicare.

Attachment 2 in CR 4004 included edit logic to verify that a submitted NPI meets the basic design requirements of an NPI. This edit logic will continue to be applied to each NPI reported in a claim or X12 276 claim status request during Stage 2. In addition, each NPI received on an inbound X12 electronic claim for either a billing, pay-to, or rendering provider, or for a provider submitting a claim status query, will be validated either against the crosswalk or the data center provider file which has received NPIs from the crosswalk during Stage 2. Population of NPIs in the data center provider files, and use of the crosswalk and the data center provider files for validation will be discussed in a subsequent CR. If an NPI reported for a billing, pay-to or rendering provider in a claim, or for a provider requesting claim status

data, cannot be located in the file designated for NPI validation, the transaction will be rejected as unable to identify the provider. If the NPI is located, but a legacy identifier reported for the same provider in the transaction does not match the legacy identifier in the validation file for that NPI, the transaction will be rejected as unable to identify the provider. If only provider legacy identifiers are reported on an inbound transaction, pre-NPI provider legacy number edit rules shall be followed for use of the legacy identifiers.

The X12 837 claim implementation guide allows for reporting of NPIs for many types of providers, e.g., billing provider, referring provider, rendering provider, supervising physician, operating physician. More information is included in the 837 for "primary" providers (billing, pay-to, rendering or performing providers, and in the case of DMERCs, ordering providers), than "secondary" providers (supervising physician, operating physician, referring provider, etc.) referenced on claims that are submitted by a "primary" provider. There could be times that a secondary provider is not listed in a Medicare crosswalk because that provider does not submit claims to Medicare. As a result, less editing will be performed for secondary provider NPIs than for primary provider NPIs. The Coordination of Benefits Contractor (COBC) will need to inform COB trading partners of this difference in Medicare NPI editing in the event this could have some impact on a trading partner's processing of these claims.

This validation shall be applied to primary provider NPIs whether received via DDE, EDI transaction, or on a paper claim (once the transition periods begin for the new claim forms).

Expected Crosswalk Characteristics that Serve as the Basis for the Stage 2 Business Requirements:

- Each primary provider's NPI that could be reported on an inbound claim or claim status query will be crosswalked to the Medicare legacy identifier that applies to the owner of that NPI.
- The crosswalk shall be able to search both from a Medicare legacy identifier to NPI and from NPI to a legacy identifier.
- The Medicare crosswalk will be updated daily to reflect new provider registrations.
- The NPI system could issue more or fewer identifiers to a provider than the same provider might have been using, pre-NPI, to submit transactions to Medicare. In those cases, supplemental data will be used to create a 1-to-1 relationship between every Medicare legacy identifier (assuming a provider is still in operation) and an NPI for crosswalk purposes. While it is possible for more than one NPI to be mapped to the same legacy identifier, to enable Medicare to continue basing reimbursement and processing on the legacy identifier, no more than one legacy identifier can ever be mapped to the same NPI.

Impact of Stage 2 on EDI, DDE, and Paper Claim Transactions:

- X12 837 Incoming Claims and COB—During Stage 2, an X12 837 claim may technically be submitted with only an NPI, but providers, clearinghouses and billing services must be strongly encouraged to also submit the corresponding Medicare legacy identifier for each NPI in their X12 837 Medicare claims. Use of both numbers could facilitate investigation of errors if one identifier or the other cannot be located in the validation file. This is also consistent with the Workgroup for Electronic Data Interchange (WEDI) "Dual Use of NPI & Legacy Identifier" paper recommendations for health care industry implementation of the NPI. As in Stage 1, when an NPI is reported in a claim for a billing or pay-to-provider, the shared system must also edit to determine

that a TIN has also been submitted in a reference (REF) segment of that loop as required by the claim implementation guide.

If an X12 837 version 4010A1 claim is received with an NPI but not a Medicare legacy identifier for one or more providers listed on the claim, editing is required to determine that the NPI reported belongs to the provider for which reported. If the NPI cannot be located in the validation file for a billing, pay-to, rendering or performing provider, or in the case of DMERCs an ordering provider, the claim must be rejected. If an NPI is located and an EIN or SSN was also reported for the same provider, determine if that matches the TIN in the validation file; if it does not, reject the claim. If it does match, continue to process the claim. If an NPI cannot be located in the validation file for a secondary provider, but the NPI (s) submitted for the secondary provider(s) passed the edits for design of an actual NPI number, continue processing the claim.

The shared system must record the corresponding Medicare legacy identifier from the validation file in any COB flat file for the applicable primary provider(s) and for secondary providers when included in the validation file. The X12 837 version 4010A1 flat files already have fields for reporting of both NPIs and Medicare legacy identifiers for each type of provider for which data may be reported in a claim. During Stage 2, Medicare COB claims must always report the legacy provider identifier whenever an NPI is reported for a billing or pay-to-provider provider, and for secondary providers when their NPI can be located in the validation file. The TIN must also be reported in a COB flat file for a primary provider. Both the legacy identifier and the TIN can be reported by repeating the REF segment in a primary provider's loop. If no NPI is submitted, no NPI will be included if the claim is subsequently crossed over to another payer under a COB trading partner agreement.

Pending termination of the Medicare HIPAA COB contingency plan, NPIs and legacy identifiers, may be issued to COB trading partners in the 837 version 4010, if still in use with any trading partners, or in version 4010A1 COB claims.

- Non-HIPAA COB Claims—CMS expects that the COB contingency plan will terminate prior to October 2006, but if it has not, 837 version 3051, NSF, and UB-92 version 6.0 COB transactions will continue to report only provider legacy identifiers and TINs, and will not report NPIs.

- NCPDP Claims—The National Council of Prescription Drug Plans (NCPDP) format was designed to permit a prescription drug claim to be submitted with either an NPI or a legacy identifier, but not more than one identifier for the same retail pharmacy or prescribing physician. The NCPDP did provide qualifiers, including one for NPIs, to be used to identify the type of provider identifier being reported. For Stage 1, retail pharmacies were directed to continue filing their NCPDP claims with their individual national supplier clearinghouse (NSC) number and to report the UPIN of the prescribing physician. During Stage 2, retail pharmacies will be allowed to report their NPI, and/or the NPI of the prescribing physician (if they have the prescribing physician's NPI) in their claims. When an NPI is submitted in an NCPDP claim, it will be edited in the same way as an NPI submitted in an X12 837 version 4010A1 claim. The retail pharmacy will be considered the primary provider and the prescribing physician as the secondary provider for NPI editing purposes.

  The NCPDP format claims are not currently being accepted by COB trading partners but are expected to be accepted at some point prior to the end of Stage 2. Since it is not possible to report

both an NPI and a legacy identifier in an NCPDP claim for the same provider, and some trading partners may not yet be able to process crossover claims that contain only an NPI at the point when NCPDP format COB claims begin to be sent to other payers, the flat file sent the COBC for NCPDP crossover claims will be expanded to report both the NPI and the legacy identifier for the retail pharmacy (if the NPI was submitted in the claim) and the prescribing physician (if the NPI was included in the claim and the prescribing physician's legacy identifier is in the Medicare crosswalk).

The COBC will need to collect information from each trading partner prior to October 1, 2006, to identify whether that trading partner is able to process NCPDP COB claims that contain only an NPI to identify a retail pharmacy or prescribing physician. The COBC must update their online trading partner file accordingly. The COBC will need to choose, based upon their trading partner file, whether to send another payer the retail pharmacy's NPI or legacy identifier during Stage 2. In the event that DMERCs are still involved in transmission of NCPDP COB claims to trading partners by Stage 2, the COBC will need to share a copy of the trading partner NPI readiness file with the DMERC data center to enable it to determine whether to include NPIs or legacy identifiers in the COB flat file prepared for specific trading partners.

The COBC will also need to inform their trading partners that in the event Medicare receives a claim with a prescribing physician's NPI and that NPI is not in the Medicare crosswalk, but the NPI meets the format requirements for an NPI, that prescribing physician's NPI will be forwarded in the NCPDP COB claim, even if that trading partner had indicated that it is not yet able to process claims that do not contain a provider's legacy identifier. A claim will not be crossed over, however, if the NPI of the retail pharmacy could not be located in the Medicare validation file.

- DDE Screens—Claim (fiscal intermediary [FI] only), claim adjustment (FI only), eligibility (CWF responsibility) and claim status (carriers, DMERCs and FIs) DDE/Professional Provider Telecommunication Network (PPTN) screens must be expanded by October 2, 2006, to enable a submitter to furnish both an NPI and a legacy identifier for each provider. Each field must be labeled as to the type of identifier that may be entered in that field. Neither a legacy identifier, nor an NPI number, may be auto-filled by a DDE/PPTN system. Provider identifier fields must be entered by the transaction submitter.

- Paper Claim Forms—Separate CRs will be issued once CMS obtains Office of Management and Budget approval under the Paperwork Reduction Act for Federal use of the paper UB-04 form and the revised Form CMS-1500. Those CRs will discuss requirements for implementation of those new forms, termination of acceptance of the old forms, the edits to be applied to NPIs when reported on those forms, changes to Optical Character Recognition hardware or software to read NPIs and legacy identifiers reported on those claims and changes to manual claim data entry screens to accommodate data in those new forms. The transition period for the revised Form CMS-1500 is currently scheduled to begin October 1, 2006 and end February 1, 2007. The transition period for the UB-04 is currently scheduled for March 1, 2007-May 22, 2007.

  Pending the start of submission of the revised Form CMS-1500 and the UB-04 form, providers must continue to report legacy identifiers, and not NPIs, when submitting claims on the non-revised form CMS-1500 and UB-92 paper claims. A presumption will be made that provider identifiers reported on those claim forms are legacy identifiers and they will be edited accordingly.

"Old" form paper claims, received through the end of the transition period that applies to each form, may be rejected if submitted with an NPI, or if not rejected since some legacy identifiers were also 10-digits in length, could be incorrectly processed, preventing payment of the provider that submitted that paper claim.

- Free Billing Software—This software must be changed as needed by October 2, 2006, to enable reporting of both an NPI and a Medicare legacy identifier for each provider for which data is furnished in a claim, and to identify whether an entered identifier is an NPI or a legacy identifier.

- X12 276/277 Claim Status Inquiry and Response Transactions—The Stage 1 276/277 NPI requirements in CR 4004 continue to apply for Stage 2, with one exception. A 276 submitted with an NPI but no legacy identifier will not be rejected, but editing is required to determine that the NPI reported belongs to the provider for which reported. If the NPI cannot be located in the validation file for the submitting provider, the query must be rejected. If it does match, process the query.

  When an NPI is accepted on an X12 276 version 4010A1 transaction, it must be returned on the 277 response. If a 276 is submitted with an NPI only, and the provider's legacy identifier is located in the validation file, do not return that legacy identifier in the 277, even if some of the claims for which status is reported on the 277 were submitted under that legacy identifier. If both an NPI and a provider's legacy identifier were reported in the 276 though, both must be reported in the 277, with the 2100C loop repeated to enable reporting of both identifiers. Pending termination of the 276/277 Medicare HIPAA contingency plan, the rules for reporting of the NPI apply to version 4010 as well as version 4010A1 276/277 transactions.

- 270/271 Eligibility Inquiry and Response Transactions—Carriers, DMERCs, FIs, and shared system maintainers are not involved in processing of X12N 270/271 version 4010A1 eligibility inquiries and responses but information on this transaction pair is included in this CR for informational purposes. The 270/271version 4010A1 flat files are already able to accept both an NPI and a Medicare legacy identifier for a provider. During Stage 2, 270s will be processed if submitted with either an NPI or provider legacy identifier, or with both numbers. If both are submitted in a 270, both will be returned in the 271 during Stage 2 as well as during Stage 1.

- 835 Payment and Remittance Advice Transactions—It was not possible to report NPIs in 835 transactions during Stage 1 due to the lack of NPI numbers in the data center provider files. The NPI of each Medicare provider that obtained an NPI will be in the data center provider files by the start of Stage 2. Requirements for population of the NPI field(s) and for the number of different NPIs that might apply to the same provider or provider sub-part will be contained in the crosswalk CR or a separate CR. During Stage 2, an NPI in a provider's data center file will be reported in an X12N 835 version 4010A1 transaction as well as the legacy identifier in the provider's file. The 835 version 4010A1 flat file is already able to report an NPI and a Medicare provider legacy identifier. If no NPI is in the provider's data center file, only the provider's legacy identifier will be reported on that provider's 835 transactions.

  The NPI of the provider being paid must be reported in the 1000B loop of the 835 envelope when it is available in a provider's data center file. If the provider that rendered or performed services for one or more of the claims submitted by a different billing provider, or that rendered or

performed one or more of the services in any claim is other than the pay-to-provider, the NPI and legacy identifier of the rendering provider(s) must also be reported in that 835 if available in the data center files for that provider.

- Standard Paper Remits (SPRs)—The SPR FI and carrier/DMERC formats will have a field added to allow reporting of a provider's NPI when available in the data center provider file. If a provider's NPI is available in the data center provider file, it must be reported on the SPR, even if the NPI was not reported for the billing/pay-to, or rendering provider on each of the claims included in that SPR. The revised FI and carrier/DMERC SPR formats are attached.

- Remit Print Software—The 835 PC-Print and Medicare Remit Easy Print software must be modified by October 2, 2006, to enable either the NPI, or a Medicare legacy number, or both if included in the 835 to be printed during Stage 2.

- Claims History—Since legacy identifiers (other than the UPIN) will continue to be used internally for Medicare processing for an indefinite period, both the NPI and the legacy identifier shall be reported to the national claims history file during Stage 2. A separate CR will be issued to address the impact of the anticipated elimination of UPIN issuance effective with the start of Stage 3. The national claims history file has already been expanded to allow reporting of both a provider's NPI and legacy identifier.

- Proprietary Error Reports—This refers to those reports generated by a shared system and/or a carrier, DMERC or FI to report detected implementation guide or Medicare program errors. These use messages or codes designed by the party responsible for the edit. These messages and/or codes are generally forwarded to the submitter of a transaction to describe an error and enable the submitter to correct and resubmit the transaction as appropriate. If these reports would have included a provider's legacy identifier prior to Stage 2, they must be modified to permit the provider's NPI (if submitted on the incoming transaction) and/or the provider's legacy identifier (if the only identifier reported for the submitter of the incoming transaction) to be issued in the report, or the NPI to be reported in lieu of the provider's legacy identifier, effective with the start of Stage 2. Error messages or codes must also be added for reporting that a submitted NPI could not be located in Medicare's files or that a submitted NPI-legacy number pair did not agree with the information in Medicare's files by the start of Stage 2.

- Carrier, DMERC, and FI Local Provider Files, including EDI System Access Security Files—To the extent that these local files recorded Medicare provider legacy identifiers prior to October 2006, they may need to be expanded to also record each provider's NPI by October 2, 2006. Each contractor will need to assess whether these internal files require modification. For example: In many cases, Medicare contractors use a provider's Medicare legacy number as the core of the EDI number issued a provider. A legacy identifier may have modifiers or other letters or numbers that bear some level of intelligence added to the beginning or end. That EDI number is then used with the provider's password to obtain access to a carrier's, DMERC's, or FI's front end.

  These EDI numbers are used to obtain system access and not used to identify a provider within any HIPAA transactions. As such, they are not subject to the HIPAA requirement for use of NPIs. Contractors are not required to convert existing EDI numbers to use the NPI, but any contractors that may have used UPINs as the core of their EDI numbers must begin to use the NPI or

otherwise redesign the EDI numbers issued new providers by the end of Stage 2. Issuance of UPINs is expected to end at the end of Stage 2. Although Medicare may still issue certain legacy numbers to providers that apply for Medicare claim submission after the end of Stage 2, there are no plans at this time to notify providers of those internal Medicare numbers.

- Med A and Med B Translators—These translators do not require modification to accept either an NPI or a legacy identifier, but their flat file maps and IG edit modules could require modification. These changes must be completed by FISS (Med A) and MCS (Med B) by October 2, 2006, to assure acceptance of inbound NPIs and issuance of outbound NPIs for transactions as previously discussed in this CR.

- Other Translators—Other translators should not require modification to accept either an NPI or a legacy identifier, but their flat file maps could also require modification. Users of these translators must complete those changes by October 2, 2006, to assure acceptance of inbound NPIs and issuance of outbound NPIs for transactions as previously discussed in this CR. Contractors will coordinate with their translator companies as needed to ensure any changes are implemented by October 2, 2006.

STAGES 3 and 4—A CR will be issued in late 2006 for these stages. The information for Stages 3 and 4 presented here is provided for planning purposes, but is subject to change. Stage 3 will involve acceptance and processing of transactions for all but "small" COB trading partners, and Stage 4 will apply to "small" trading partners.

- HIPAA prohibits requiring reporting of provider legacy identifiers, in other than COB claims sent to "small" trading partners, during Stage 3. Legacy identifiers will no longer be sent to COB trading partners, except those that meet the HIPAA definition for "small" trading partners, or on other outbound electronic or paper Medicare transactions or correspondence. Separate CRs will be issued concerning use of the NPI in Medicare correspondence, for interactive voice recognition (IVR) technology queries, and for other non-EDI purposes.

  Small trading partners are allowed to elect to continue to receive legacy identifiers with NPIs (instead of NPIs in the case of NCPDP claims) in COB claims for 1 year after larger COB trading partners. The COBC will obtain information from trading partners to identify those that are small and that want to continue to receive legacy identifiers in addition to provider NPIs in 837 COB claims after the end of Stage 2. A separate CR will be issued to indicate how shared systems will be able to identify small trading partners for flat file creation purposes after the end of Stage 2.
- By the start of Stage 3, all NCPDP claims, 270, 276, and 837 transactions sent Medicare must contain the NPI in lieu of the legacy identifier. Any that lack NPIs will be rejected.
- NPI validation editing is expected to continue for NPIs as in Stage 2.
- The Stage 3 CR will address NPI exception processing, such as for claims submitted from a non-U.S. health care provider who is not required to obtain an NPI, reporting of a provider identifier in an 835 or COB claim after the end of Stage 2 (or after the end of Stage 3 for a small COB trading partner) when the NPI was not contained in the inbound claim and is not available in the data center provider file or in the crosswalk, when an ordering provider of services in a claim is an entity that never bills U.S. health care payers and is not required to obtain an NPI by HIPAA, and in other identified situations in which it may not be possible to report an NPI.

EFFECTIVE DATE INFORMATION–Multiple CRs are expected to be issued by the end of fiscal year 2006 that will require shared system and other NPI-related changes. For example, CRs will be issued by other CMS components addressing modification of IVRs to use NPIs, use of NPIs in correspondence, use of the NPI crosswalk, and COBC identification of small trading partners. **To assure that Stage 2 changes are completed by October 2, 2006, this CR is being issued early with the expectation that the shared system programming for this CR can be spread over two or more releases, but will not be "turned on" prior to October 2, 2006. The requirements for Stage 2 apply to all transactions that are first processed by the shared system on or after October 2, 2006, and not based on the date of receipt of a transaction, unless otherwise stated in a business requirement.**

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

FIs conduct many implementation guide (IG) edits before they forward transaction data to their shared system, and some carriers use front end editors that apply certain IG edits prior to transmission of a transaction to their shared system. Business Requirements for application of new NPI edits are listed in this CR as shared system responsibility only, but neither carriers, DMERCs nor FIs are required to terminate existing front end edits that perform the same function. CMS will not however, share in the cost of installation of new edits at a contractor's front end which this change request identifies as the responsibility of the shared system. The shared systems will conduct these edits upon receipt of transaction files from their users, but prior to passing of that data to the Core System for claim adjudication or other appropriate processing.

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.1	The shared systems shall apply the Stage 1 edits in Business Requirements 4004.2, 4004.3, and 4004.4 to each NPI reported in an electronic claim received via X12 837, DDE screen (FISS only), NCPDP (VMS only), or free billing software, and in 4004.6.1, 4004.6.2, 4004.6.3, and 4004.6.5 to each NPI received in an electronic claim status request received via X12 276 or DDE screen to verify that each NPI meets NPI numeric content criteria as contained in attachment 2 of CR 4004. For any DDE					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	claims and/or non-X12 electronic claim status queries, substitute the comparable qualifiers and field names that apply to those alternate formats when programming to extend these edits to those claims. Reject a transaction if it fails one or more of these edits for any NPI included in a claim or claim status request.									
4023.2	The shared systems shall apply the Stage 1 edit in Business Requirement 4004.17 whenever an NPI has been received for a billing/pay-to-provider in an electronic claim received via X12 837, DDE screen (FISS only), or free billing software to assure that a taxpayer identification number (TIN) has been reported. For DDE claims, substitute the comparable qualifiers and field names that apply to those alternate formats when programming to extend this edit to those claims. Reject a claim if a TIN has not been submitted for one of these provider types.					X	X	X		
4023.3	The shared systems and CWF shall add a field to their DDE/PPTN screens to enable reporting of an NPI in addition to the legacy identifier for each type of provider for which data can currently be entered in that screen. The provider identifier field names shall specify which type of identifier can be or is entered in each provider identifier field. This applies both to DDE/PPTN screens completed by providers as well as to response DDE/PPTN screens that contain data furnished by a shared system or CWF.					X	X	X	X	
4023.4	Carriers, DMERCs, FIs, and any shared system maintainer that provides billing software to their users to share with providers, shall have their free billing software modified as needed, tested, and available for provider use by the start of Stage 2 to enable both an NPI and a provider legacy identifier to be reported for each type of	X	X	X	X	X	X	X		DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	provider for which data can be entered in a claim. The names of the provider identifier fields must specify which type of provider identifier may be entered in each field.									
4023.5	VMS shall modify the NCPDP COB flat file to enable reporting of both an NPI and a legacy identifier for both the retail pharmacy that submitted the claim and the prescribing physician, and shall share the expanded flat file format with the DMERCs and the COBC so they will be aware of the location of the additional provider identifier fields. The provider identifier fields in that flat file must indicate which type of identifier is contained in each of those fields for both the retail pharmacy and the prescribing physician.							X		
4023.6	FISS shall modify the PC-Print software and VMS shall modify the Medicare Remit Easy Print software prior to the start of Stage 2 to enable that software to print both the NPI and the legacy identifier for a provider to which an 835 is transmitted in the event both numbers are reported in any 835 transactions sent them.					X		X		
4023.7	When an electronic claim (837, free billing software claim, DDE claim [FIs only] but does not apply to NCPDP claims) is submitted with an NPI and a legacy identifier for one or more providers during Stage 2, the shared system shall perform the following edits for each NPI in the claim for which there is a Medicare legacy identifier: a. Search the designated validation file for each NPI. b. If the NPI is located in the validation file, determine if the legacy identifier in the claim matches the legacy identifier included in the same validation file as					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	that NPI. A Medicare provider legacy identifier is qualified in an 837 claim with either 1C (Medicare provider) or 1G (UPIN) and is comparably identified by the free billing software and the DDE field name. If the NPI and the legacy number do not each match the information in that validation file, reject the claim back to the submitter as unable to identify the provider. The rejection message issued shall indicate which of the providers identified in the inbound claim could not be identified. c. If the NPI and the legacy identifier both match, continue processing that claim. d. If the NPI cannot be located in the validation file, reject the claim back to the submitter as unable to identify the provider.									
4023.8	When an electronic claim (837, free billing software claim, DDE claim [FIs only] but does not apply to an NCPDP claim) is submitted with an NPI for one or more providers, and no Medicare provider legacy identifier has been submitted, the shared system shall perform the following edits for each billing/pay-to, rendering, or performing provider, and in the case of DMERCs also for an ordering provider, NPI included in the claim: a. Search for the NPI in the validation file. b. If the NPI is not located, reject the transaction back to the submitter as unable to identify the provider. The rejection message issued must indicate which of the providers identified in the inbound claim could not be					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	identified. c. If the NPI is located, determine if an EIN or SSN (qualified with EI or SY respectively in REF01 in the same provider loop of an X12 claim, or if a DDE claim, if in the corresponding field that applies to the same provider in that format) was submitted and matches the TIN in the same validation file as the NPI. d. If a TIN was submitted but does not match, reject the claim as unable to identify the provider. The rejection message issued must indicate which of the providers included in the inbound claim could not be identified and that the submitted TIN did not agree with the number recorded in Medicare's file for that provider. e. If a TIN was submitted and matches, continue processing the claim. f. If the NPI is located, but no TIN was reported and the NPI is for a secondary provider, continue processing the claim. (If the TIN was missing for a billing/pay-to-provider, it should have been rejected under Business Requirement 4023.2.)									
4023.9	When an NCPDP claim is submitted, the shared system shall read the qualifiers for the retail pharmacy identifier and the prescribing physician identifier to determine the type(s) of identifier entered for each. The following edits shall be applied according to the type of each submitted provider identifier: a. If an NPI, apply the edits contained in Business Requirement 4023.1 to validate							X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	that the NPI meets the numeric criteria for an NPI and reject or process the claim as necessary as provided for in that business requirement. b. If a Medicare legacy identifier, apply the edit in Business Requirement 4023.10. c. If an identifier other than an NPI or a Medicare legacy identifier was submitted, reject that claim with a message indicating which submitted identifier(s) in the claim was/were inappropriate for a Medicare claim.									
4023.10	If a provider legacy identifier but no NPI is submitted in an inbound electronic claim (X12 837, DDE [FISS only], free billing software claim, or NCPDP claim) or in an electronic claim status query (X12 276 or DDE/PPTN), the shared system shall: a. Process that transaction following pre-NPI edit, rejection and processing requirements that applied to the submitted type of legacy identifier. b. If it is necessary to reject that transaction for some reason, and an NPI was located for that provider in the course of processing, the shared systems shall NOT report that NPI in the applicable rejection transaction.					X	X	X		
4023.11	When an electronic claim status request is submitted (276 or DDE/PPTN) with an NPI and a Medicare provider legacy identifier: a. The shared system shall search for the NPI in the validation file. b. If it is not located, reject the transaction					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	as unable to identify that provider. c. If it is located, determine if the legacy identifier also matches. If it does, process the request and report that NPI and legacy identifier in the 277 or DDE/PPTN response. d. If the legacy identifier does not match, reject the query as unable to identify the provider because the NPI and the legacy number submitted for that provider do not agree with the information in the Medicare file for that provider.									
4023.12	When an electronic claim status request is submitted (276 or DDE/PPTN) with an NPI and a Medicare provider legacy identifier has not been submitted, the shared system shall: a. Search for that NPI in the validation file. b. If not located, reject the query as unable to identify the provider. c. If located, and the submitted HICN is located in claim history for the period for which claim status is requested, include that NPI in the 277 or DDE response. Do not report the legacy identifier for that provider in the response issued even if located during processing. d. If the HICN is not located in claim history for the period for which claim status is requested, issue a response with claim status code 35 (Claim/encounter not found) or the equivalent DDE message.					X	X	X		
4023.13	When a non-revised Form CMS-1500 or UB-92 paper claim is submitted and entered to the shared system, the shared system shall assume that each provider identifier reported in that					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	paper claim is a legacy identifier as appropriate and edit that number accordingly following pre-NPI legacy identifier edit, rejection, and claims processing requirements. **NOTE:** NPI requirements that apply to the revised form CMS-1500 and the UB-04 will be included in the implementation CRs for those paper claim forms.									
4023.14	When an electronic claim (other than an NCPDP claim) has been processed that contained one or more NPIs that passed the NPI edits, but no corresponding legacy identifier for one or more of those NPIs, if COB applies, the shared system shall: Obtain the legacy identifier from the validation file that applies to the NPI in the inbound claim for the billing, pay-to, rendering, performing, or in the case of DMERCs the ordering provider, and Report that/those legacy identifier(s) in the appropriate segments, data elements and loops with the 1C or 1G qualifier as applicable in the COB flat file. The legacy identifier for other types of providers for which data was reported in the claim is also to be reported in the COB flat file if the NPI for those providers could be located in the validation file. The shared system must also report the TIN of the billing, pay-to, rendering, or performing provider in a repeat of the REF segment in the loop for that provider type in the COB flat file.					X	X	X		
4023.15	When a carrier, DMERC, FI or COBC receives legacy identifiers as well as NPIs, NPIs only, or a mixture of NPIs and legacy identifiers for different types of providers referenced in a non-NCPDP claim in a shared system COB flat file, that contractor must include each of those numbers when translating that flat file into a	X	X	X	X					COBC DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	compliant X12 837 version 4010A1 transaction to be sent to a COB trading partner. They shall also include the billing, pay-to, rendering or performing provider's TIN in the translated 837 COB transaction. If the COB HIPAA contingency plan has not yet been terminated, carriers, DMERCs, and FIs shall also translate these numbers into any 837 version 4010 COB claims still sent to trading partners, but they shall not report provider NPIs in any NSF or UB-92 flat file or 837 version 3051 COB transactions still being sent to COB trading partners. They shall continue to report provider legacy identifiers in those pre-HIPAA claim transactions.									
4023.16	The COBC must survey each of the COB trading partners that accepts NCPDP COB claims to determine whether that payer can accept NCPDP claims that contain NPIs for either the retail pharmacy, the prescribing physician, or both providers prior to the start of Stage 2, and add that information to their trading partner file. If DMERCs are still involved in transmission of NCPDP COB claims by the start of Stage 2, the COBC must share that information from their trading partner file with the DMERC data center.				X			X		COBC DMAC

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.17	When an NCPDP claim is received that contains an NPI for either the retail pharmacy, the prescribing physician, or both, and COB applies, VMS must report both identifiers for that provider type in the COB flat file. Either the DMERC or the COBC (whichever is responsible for NCPDP crossover claims at the start of Stage 2) must determine from their trading partner file whether that payer can accept an NPI as the sole identifier of a provider for which data is included in an NCPDP claim. If "yes," the NPI is to be translated from the flat file and reported in the NCPDP COB claim sent that payer. If "no," the legacy identifier is to be translated from the flat file and reported in the NCPDP COB claim sent that payer.				X			X		DMAC COBC
4023.18	When an NPI is available in the data center provider file and a shared system is preparing an 835 flat file for that provider during Stage 2, the shared system shall report: XX in N103 and the NPI in N104 in the payee identification segment in loop 1000B, and the Medicare provider legacy identifier in a REF segment in that same loop with the 1C or 1G qualifier as applicable in REF01 and the Medicare legacy identifier (OSCAR, NSC, PIN, NCPDP or UPIN) in REF02. A second iteration of the REF segment is to be reported in that loop with TJ (TIN qualifier) in REF01 and the provider's TIN in REF02. If the NPI is not in the data center provider file, the shared system shall continue to report the provider's TIN in N104 with the FI qualifier in N103 and the provider's legacy identifier (1C or 1G) in REF01 and that number in REF02 in that loop. When a legacy identifier and/or an NPI is available in the provider file for any of the other					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	types of provider that can be reported upon in an X12 835 transaction, each of those identifiers is to be reported in the 835 for those providers.									
4023.19	Carriers, DMERCs and FIs shall translate the 835 flat file records, including all reported NPIs and legacy numbers, into compliant 835 version 4010A1 transactions if the 835 Medicare contingency plan has been terminated by October 2, 2006. If not yet terminated, contractors shall also report the NPI and legacy identifiers in 835 version 4010 transactions if still sent to any providers, but are not to report NPIs in any 835 version 3030M or 3051 or NSF (MCS and VMS only) remittance advice transactions still accepted by providers.	X	X	X	X					DMACs
4023.20	FIs shall use the format in attachment 1 when issuing standard paper remits (SPRs) during Stage 2. The FI SPR format has been expanded to add a second provider identifier field to enable reporting of both an NPI and a legacy identifier when both numbers are available in the data center provider file for the provider being sent that SPR.	X	X			X				
4023.21	Carriers and DMERCs shall use the format in attachment 2 when issuing SPRs during Stage 2. This SPR format has been expanded to add a second provider identifier field to enable reporting of both an NPI and a legacy identifier when both are available in the data center provider file for the provider being sent the SPR.			X	X		X	X		DMACs
4023.22	When an NPI is available in the data center provider file and a shared system is preparing a record to be used by a carrier, DMERC or FI to produce an SPR, the shared system shall report both the NPI and the legacy identifier in that record for the provider to whom the SPR will be sent, but shall report the NPI only for the					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	performing provider.									
4023.23	The shared system maintainers shall identify and expand internal files as appropriate to add 10-digit NPI fields to record provider NPIs in addition to the provider legacy identifiers. This applies to both shared system and non-shared system maintained files that reside at a data center. If appropriate, the new NPI fields will be populated with NPIs by the crosswalk when available.	X	X	X	X	X	X	X		Data Centers DMACs
4023.24	The shared systems shall coordinate with their users so that the proprietary error reports generated by each furnishes a provider's NPI in addition to, or in lieu of, the same provider's legacy identifier. They shall also modify their proprietary error reports and messages by the start of Stage 2, to: a. Enable reporting of a provider's NPI (when reported on a transaction for which an error is being reported) either in lieu of or in addition to the provider's legacy identifier at the option of the shared system. b. Report Messages as indicated in Business Requirements 4023. 7-.9 and in 4023.11 to report errors detected in submitted NPIs, to have transactions resubmitted with the corrected information, and to have submitters include their legacy identifier as well as the NPI in certain situations. **NOTE:** Also see the next business requirement.					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.25	Carriers, DMERCs and FIs shall modify their proprietary error reports used to alert submitters of errors detected by their front end, if those error reports previously contained provider legacy identifiers. The error reports shall report a provider's NPI, either in lieu of or in addition to the legacy identifier, when the NPI was reported as the provider's primary identifier in an inbound transaction. (See the prior business requirement for shared system and user coordination required.) Carriers, DMERCs and FIs shall post information about the proprietary error report change, if any change is needed, on their provider Web site and publish the information in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.26	The FISS Med A , the MCS Med B, and the VMS NCPDP IG edit modules shall be modified as needed by the start of Stage 2 to apply appropriate IG NPI edits when an NPI is submitted in an X12 837 or NCPDP (VMS only) claim or in an X12 276 query. The flat file maps shall be modified as necessary to permit NPIs to be submitted to the core system or accepted from the core system for use in outbound transactions as needed.					X	X	X		
4023.27	Contractors that do not use the Med A or Med B translator shall coordinate with their translator companies and their front end maintainers as needed to certify that those translators and their front ends will be able to accept/issue an NPI with a legacy identifier, an NPI without a legacy identifier, or a legacy number alone during Stage 2 in X12 837, NCPDP (either NPI or legacy identifier for each provider type, not both) and 276 inbound transactions and outbound 835 and X12 837 or NCPDP COB transactions. Their flat file maps shall be	X	X	X	X					DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	modified accordingly to permit NPIs to be submitted to or received from the shared system.									
4023.28	Carriers, DMERCs and FIs shall notify users of non-revised Form CMS-1500 and UB-92 forms that they must continue to report only legacy provider identifiers on those forms. "Old" form paper claims, received through the end of the transition period established for each type of form, may be rejected if submitted with an NPI, or if not rejected, could be incorrectly processed, preventing payment of the provider that submitted that claim.	X	X	X	X					DMACs
4023.29	Carriers, DMERCs and FIs shall notify submitters of transactions (X12 837, DDE, and free billing software claims, but does not apply to NCPDP claims) that they should continue to submit the Medicare provider legacy identifier of each provider for which information is reported in a transaction, in addition to a provider's NPI, once available, during Stage 2. Failure to report the legacy identifier for a provider when an NPI is reported for that provider could delay processing of a claim. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.30	DMERCs shall notify submitters of NCPDP claims that they <u>may</u> (but are not required to) report the NPI in those claims for identification of a retail pharmacy and/or a prescribing physician effective with the start of Stage 2. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.				X					DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.31	Carriers, DMERCs and FIs shall notify X12 276 submitters that when submitting an NPI in a 276 claim status request, they should also report the corresponding Medicare provider legacy number in a repeat of the 2100C loop during Stage 2. Failure to report both numbers could result in rejection or delay in processing of their query. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.32	Carriers, DMERCs and FIs shall notify transaction submitters that they shall continue to report Medicare provider legacy identifiers in any inbound non-HIPAA electronic transactions for which the Medicare HIPAA contingency plan will not yet have been terminated by October 1, 2006. Reporting of NPIs in those non-HIPAA formats will result in rejection or incorrect processing of those transactions. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.33	Carriers, DMERCs and FIs shall notify users of DDE/PPTN screens that the screens are being expanded effective with the start of Stage 2 to permit the reporting of an NPI for each provider, when available, in addition to the Medicare legacy identifier assigned to that provider. When an NPI is reported for a provider in a DDE/PPTN screen, the submitter should also report the legacy identifier of that provider. Failure to report a legacy identifier for a provider when an NPI has been reported could delay processing of the transaction.	X	X	X	X					DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.34	Carriers, DMERCs and FIs shall notify receivers of 835 remittance advice transactions that NPIs will be used to identify a provider for which an 835 is generated when the NPI is available in CMS files, on or after the start of Stage 2. The provider's legacy identifier will continue to be reported in those 835s during Stage 2. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.35	The COBC shall notify trading partners prior to the start of Stage 2 that NPIs will be included in non-NCPDP COB claims when reported on claims sent to Medicare, and that the corresponding provider Medicare legacy identifiers of billing, pay-to, rendering or performing providers and their TINs will be included in those COB transactions. When an NPI is submitted in a claim sent to Medicare for other types of providers that may never bill Medicare for their services, Medicare will not have a file for those providers and will not be able to furnish their legacy identifiers unless those legacy identifiers were submitted on the claims when sent to Medicare. In those cases, Medicare will edit the NPI to determine that the numeric criteria are met for a valid NPI but will not be able to verify that an NPI submitted for a provider was actually issued to that provider or that the legacy identifier submitted for that provider is correct. COB trading partners should be aware of this in the event this may impact their processing of those claims.									COBC
4023.36	Carriers, DMERCs and FIs shall notify providers that still receive SPRs that effective with the start of Stage 2, SPRs will also report the provider's NPI, if the provider has obtained	X	X	X	X					DMACs

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	CARRIERS	DMERCS	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	an NPI. This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.									
4023.37	Carriers, DMERCs and FIs shall notify users of the Medicare Remit Easy Print or the PC-Print software respectively that they are to cease use of prior versions of that software once the version is available that is able to print the provider's NPI as well as the provider's legacy identifier. That same notification shall inform providers how they may obtain the new version of that software (this information will be supplied during the summer of 2006 by FISS for PC-Print and by VIPs for Medicare Remit Easy Print). This information shall be posted on each contractor's provider Web site and published in a provider newsletter prior to the start of Stage 2.	X	X	X	X					DMACs
4023.38	Carriers, DMERCs and FIs shall assess any provider files they maintain at their front end to determine if any of these files require modification to support any of the business requirements listed in this CR for Stage 2. If so, those changes shall be completed prior to the start of Stage 2.	X	X	X	X					DMACs
4023.39	Shared system maintainer hours shall continue to be reserved in each release through October 2006 for analysis and assistance to CMS and/or the crosswalk contractor in construction of the crosswalk.					X	X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4023.40	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: CR 3892, Pub. 100-20 Transmittal 160
CR 4004, Pub.100-20 Transmittal 180

X-Ref Requirement #	Instructions
4004.1-20	Stage 1 Use and Editing of National Provider Identifier Numbers Received In Electronic Data Interchange Transactions, via Direct Data Entry Screens, or Paper Claim Forms.
3892.1-15	Systems Analysis, Planning and Initial Systems Changes Integral to the Implementation of the National Provider Identifier (NPI) Including Design Work in Preparation for the Definition, Construction and Ongoing Maintenance of a CMS Provider Crosswalk System.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2006 **Implementation Date: April 3, 2006** **Pre-Implementation Contact(s):** X12 837-P or Form CMS-1500 claims: Brian Reitz, 410-786-5001, Brian.Reitz@cms.hhs.gov X12 837-I, DDE, UB-92, or UB-04 claims: Matthew Klischer, 410-786-7488, Matthew.Klischer@cms.hhs.gov X12 835 and SPR: Sumita Sen, 410-786-5755, Sumita.Sen@cms.hhs.gov NCPDP Claims: Thomas Latella, 410-786-1310, Thomas.Latella@cms.hhs.gov X12 276/277 Transactions: Michael Cabral, 410-786-6168, Michael.Cabral@cms.hhs.gov **Post-Implementation Contact(s):** Same as the Pre-Implementation contacts.	**Funding for Medicare contractors is available through the regular budget process for costs required for implementation.**

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

2 Attachments

ATTACHMENT 1: FI Standard Paper Remit (SPR) Amended Format for Stage 2

The following is an excerpt from a recent SPR instruction contained in Chapter 22 of the Medicare Claims Processing Manual. It has been amended to permit reporting of the provider's NPI as well as the provider's legacy identifier. The NPI and provider legacy identifier changes are in bold type.

50.2.1 - Part A/FI SPR Format

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

NPI # 1234567890 PROV LEGACY #1234567890 PART A PAID DATE: MM/DD/CCYY REMIT#: 1234567890 PAGE 1
NAME

PATIENT NAME	PATIENT CNTRL#	RC REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
HIC#	ICN	RC REM	OUTCD CAPCD	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	
FROM DT THRU DT	NACHG HICHG TO	RC REM	PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT
CLM STATUS	COST COVDY NCOVDY	RC REM	DRG AMT	DEDUCTIBLES	DENIED CHGS	NET REIMB	
123456789012345678	1 1 12345678901234567890	12 1234	123	1234567.89	1234567.8	1234567.89	1234567.89
123456789012345678	9 12345678901234567890	12 1234	1 1	1234567.89	1234567.89	1234567.89	
12345678 12345678	12 1 123	12 1234	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89
12	1234 123 1234	12 1234	1234567.89	1234567.8	1234567.89		
SUBTOTAL FISCAL MMCCYY			12345678.90	12345678.90	12345678.90	12345678.90	
YEAR			12345678.90	12345678.90	12345678.90	12345678.90	
			12345678.90	12345678.90	12345678.90	12345678.90	12345678.90
	12345 12345 12345		12345678.90	12345678.90	12345678.90	12345678.90	
SUBTOTAL PART A			123456789.01	123456789.01	123456789.01	123456789.01	
			123456789.01	123456789.01	123456789.01	123456789.01	
			123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
	123456 123456 123456		123456789.01	123456789.01	123456789.01	123456789.01	

NPI # 1234567890 PROV LEGACY #1234567890 PART B PAID DATE: MM/DD/CCYY REMIT#: 1234567890 PAGE 2
NAME

PATIENT NAME	PATIENT CNTRL#	RC REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
HIC#	ICN	RC REM	OUTCD CAPCD	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	
FROM DT THRU DT	NACHG HICHG TO	RC REM	PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT
CLM STATUS	COST COVDY NCOVDY	RC REM	DRG AMT	DEDUCTIBLES	DENIED CHGS	NET REIMB	
123456789012345678	1 1 12345678901234567890	12 1234	123	1234567.89	1234567.89	1234567.89	1234567.89
1234567890123456789	12345678901234567890	12 1234	1 1	1234567.89	1234567.89	1234567.89	
12345678 12345678	12 1 123	12 1234	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89
12	1234 123 1234	12 1234	1234567.89	1234567.89	1234567.89		
SUBTOTAL FISCAL MMCCYY			12345678.90	12345678.90	12345678.90	12345678.90	
YEAR			12345678.90	12345678.90	12345678.90	12345678.90	
			12345678.90	12345678.90	12345678.90	12345678.90	12345678.90
	12345 12345 12345		12345678.90	12345678.90	12345678.90	12345678.90	
SUBTOTAL PART B			123456789.01	123456789.01	123456789.01	123456789.01	
			123456789.01	123456789.01	123456789.01	123456789.01	
			123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
	123456 123456 123456		123456789.01	123456789.01	123456789.01	123456789.01	

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

NPI # 1234567890 PROV LEGACY # 1234567890 / NAME PAID DATE: MM/DD/CCYY REMIT#:1234567890 PAGE 3

SUMMARY

CLAIM DATA:
CAPITAL: 123,456,789.01
DAYS:
COST: 1234567
COVDY: 1234567
NCOVDY: 1234567
NONPHYSICIAN ANESTHETISTS: 123,456,789.01
CHARGES:
COVD: 12,345,678.90
NCOVD: 12,345,678.90
DENIED: 12,345,678.90
ACCELERATED PAYMENTS: 123,456,789.01
REFUNDS: 123,456,789.01
PROF COMP: 12,345,678.90
MSP PAYMT: 12,345,678.90
DEDUCTIBLES: 12,345,678.90
COINSURANCE: 12,345,678.90
PAT REFUND: 12,345,678.90

PASS THRU AMOUNTS:
PROVIDER PAYMENT RECAP:
RETURN ON EQUITY: 123,456,789.01
DIRECT MEDICAL EDUCATION: 123,456,789.01
KIDNEY ACQUISITION: 123,456,789.01
BAD DEBT: 123,456,789.01
PROC CD AMT: 123,456,789.01
TOTAL PASS THRU: 123,456,789.01
HEMOPHILIA ADD ON: 123,456,789.01
PIP PAYMENT: 123,456,789.01
SETTLEMENT PAYMENTS: 123,456,789.01
PENALTY RELEASE: 123,456,789.01
TRANS OUTP PYMT: 123,456,789.01
WITHHOLD FROM PAYMENTS:

PAYMENTS:
DRG OUT AMT: 123,456,789.01
INTEREST: 123,456,789.01
NET REIMB: 123,456,789.01
TOTAL PASS THRU: 123,456,789.01
PIP PAYMENTS: 123,456,789.01
SETTLEMENT PYMTS: 123,456,789.01
ACCELERATED PYMTS: 123,456,789.01
REFUNDS: 123,456,789.01
PENALTY RELEASE: 123,456,789.01
TRANS OUTP PYMT: 123,456,789.01
HEMOPHILIA ADD ON: 123,456,789.01
WITHHOLD: 123456,789.01

INTEREST:12,345,678.90 CLAIM ACCOUNTS RECEIVABLE:123,456,789.01 NET PROV PYMT:123,456,789.01
CONTRACT ADJ:12,345,678.90 ACCELERATED PAYMENTS:123,456,789.01 (PAYMENTS MINUS WITHHOLD)
PROC CD AMT: 12,345,678.90 PENALTY:123,456,789.01
NET REIMB: 12,345,678.90 SETTLEMENT:123,456,789.01 CHECK/EFT NUMBER:1234567890
TOTAL WITHHOLD:123,456,789.01

ATTACHMENT 2: Carrier/DMERC SPR Amended Stage 2 Format

The following is an excerpt from a recent SPR instruction contained in Chapter 22 of the Medicare Claims Processing Manual. It has been amended to permit reporting of the provider's NPI as well as the provider's legacy identifier. The provider NPI and legacy identifier changes are in bold type.

50.2.2 - Part B/Carrier and DMERC SPR Format

```
CARRIER NAME
ADDRESS 1                                                                    MEDICARE
ADDRESS 2                                                                    REMITTANCE
CITY, STATE   ZIP                                                            NOTICE
(9099) 111-2222


PROVIDER NAME                                  NPI #: 1234567890  PROVIDER LEGACY #:1234567890
ADDRESS 1                                      PAGE #:1 OF 999
ADDRESS 2                                      CHECK/EFT #: 12345678901234567890
CITY,STATE,ZIP                                 REMITTANCE # 12345678901234567890 (NOT A REQUIRED FIELD)
.....................................................................................................
*LINE 1                                                                      *
*LINE 2                                                                      *
*LINE 3                                                                      *
*LINE 4                                                                      *
*LINE 5                                                                      *
*LINE 6                                                                      *
*LINE 7                                                                      *
*LINE 8                                                                      *
*LINE 9                                                                      *
*LINE 10                                                                     *
*LINE 11                                                                     *
*LINE 12                                                                     *
*LINE 13                                                                     *
*LINE 14                                                                     *
*LINE 15                                                                     *
.....................................................................................................

PERF  PROV  SERV DATE    POS NOS   PROC   MODS    BILLED       ALLOWED     DEDUCT     COINS   GRP/ RC-AMT  PROV  PD
NAME LLLLLLLLLLL, FFFFFFFF  HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X  MOA  11111  22222
                                                                                                    33333  44444  55555

1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd 1234567.12  1234567.12  1234567.12  1234567.12   GPRRR 1234567.12
1234567.12                      (PPPPP)      REM:     RRRRR       RRRRR       RRRRR       RRRRR         RRRRR
1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd 1234567.12  1234567.12  1234567.12  1234567.12   GPRRR 1234567.12  1234567.12
                                (PPPPP)     REM:     RRRRR       RRRRR       RRRRR       RRRRR         RRRRR
1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd 1234567.12  1234567.12  1234567.12  1234567.12   GPRRR 1234567.12  1234567.12
                                (PPPPP)     REM:     RRRRR       RRRRR       RRRRR       RRRRR         RRRRR

PT RESP 1234567.12   CLAIM TOTAL  1234567.12      1234567.12  1234567.12  1234567.12  1234567.12         1234567.12

ADJ TO TOTALS:  PREV PD 1234567.12      INTEREST 1234567.12  LATE FILING CHARGE 1234567.12  NET 1234567.12

CLAIM INFORATION FORWARDED TO:   XXXXXXXXXXXXXXXXXXXXXX
_____________________________________________________________________________________________________
```

```
CARRIER NAME                YYYY/MM/DD                    (999) 111-2222          MEDICARE
NPI#: 1234567890  PROV LEGACY #: 1234567890     PROVIDER NAME                     REMITTANCE
CHECK/EFT #:12345678901234567890           PAGE #:  999 OF 999                    NOTICE
REMITTANCE # 12345678901234567890 (NOT A REQUIRED FIELD)

PERF  PROV  SERV DATE    POS NOS   PROC   MODS    BLLED   ALLOWED  DEDUCT  COINS RC-AMT  PROV  PD
NAME LLLLLLLLLLL, FFFFFFFF  HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X  MOA  11111  22222
                                                                                       33333  44444  55555
1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd   1234567.12  1234567.12   1234567.12  1234567.12  GPRRR 1234567.12  1234567.12
                                 (PPPPP)    REM:     RRRRR       RRRRR        RRRRR       RRRRR      RRRRR
1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd   1234567.12  1234567.12   1234567.12  1234567.12  GPRRR 1234567.12  1234567.12
                                 (PPPPP)    REM:     RRRRR       RRRRR        RRRRR       RRRRR      RRRRR
1234567890 MMDD MMDDYY   12 123   PPPPP  aabbccdd   1234567.12  1234567.12   1234567.12  1234567.12  GPRRR 1234567.12  1234567.12
                                 (PPPPP)    REM:     RRRRR       RRRRR        RRRRR       RRRRR      RRRRR

PT RESP 1234567.12    CLAIM TOTAL       1234567.12  1234567.12   1234567.12  1234567.12                  1234567.12  1234567.12

ADJ TO TOTALS:  PREV PD 1234567.12  INTEREST  1234567.12    LATE FILING CHARGE  1234567.12    NET  1234567.12

CLAIM INFORATION FORWARDED TO:   XXXXXXXXXXXXXXXXXXXXXX

TOTALS:   # OF    BILLED       ALLOWED    DEDUCT       COINS     TOTAL      PROV PD       PROV          CHECK
          CLAIMS   AMT          AMT        AMT          AMT      RC-AMT       AMT        ADJ AMT         AMT
          99999  1234567.12  1234567.12  1234567.12 1234567.12 1234567.12 1234567.12  1234567.12   1234567.12


PROVIDER ADJ DETAILS:  PLB REASON CODE     FCN     12345678901234567    123456789012   1234567.12
                              2222                 12345678901234567    123456789012   1234567.12
                              3333                 12345678901234567    123456789012   1234567.12
                              4444                 12345678901234567    123456789012   1234567.12
                              5555                 12345678901234567    123456789012   1234567.12

GLOSSARY: GROUP,  REASON,  MOA,  REMARK AND REASON CODES

XX                            TTT…………………………………………………..
XXX                           TTT…………………………………………………..
MXX                           TTT…………………………………………………..
XX                            TTT…………………………………………………..
```

```
CARRIER NAME               YYYY/MM/DD                          (999) 111-2222                   MEDICARE
NPI# 1234567890   PROV LEGACY #: 1234567890        PROVIDER NAME                               REMITTANCE
CHECK/EFT #:12345678901234567890                   PAGE #:  999 OF 999                         NOTICE
REMITTANCE # 12345678901234567890 (NOT A REQUIRED FIELD)
```

SUMMARY OF NON-ASSIGNED CLAIMS

```
PERF  PROV  SERV DATE   POS NOS  PROC  MODS     BILLED     ALLOWED    DEDUCT     COINS     GRP/RC-AMT       PROV PD
NAME  LLLLLLLLLLL, FFFFFFFF  HIC 123456789012 ACNT 12345678901234567890  ICN 123456789012345  ASG X  MOA  11111  22222
                                                                                                 33333  44444 55555

1234567890 MMDD MMDDYY 12 123   PPPPP aabbccdd  1234567.12 1234567.12 1234567.12 1234567.12 GPRRR1234567.12  1234567.12
                                (PPPPP)   REM:       RRRRR        RRRRR         RRRRR        RRRRR         RRRRR
1234567890 MMDD MMDDYY 12 123   PPPPP  aabbccdd 1234567.12 1234567.12 1234567.12 1234567.12 GPRRR 1234567.12 1234567.12
                                (PPPPP)   REM:       RRRRR        RRRRR         RRRRR        RRRRR         RRRRR
1234567890 MMDD MMDDYY 12 123   PPPPP  aabbccdd 1234567.12 1234567.12 1234567.12 1234567.12 GPRRR 1234567.12 1234567.12
                                (PPPPP)   REM:       RRRRR        RRRRR         RRRRR        RRRRR         RRRRR
PT RESP 1234567.12   CLAIM TOTAL   1234567.12   1234567.12 1234567.12 1234567.12 1234567.12       1234567.12 1234567.12

CLAIM INFORATION FORWARDED TO:   XXXXXXXXXXXXXXXXXXXXXX
```