

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 243	Date: OCTOBER 27, 2006
	Change Request 5289

Subject: Reporting the National Provider Identifier (NPI) on Physician Claims for Diagnostic Services Purchased Outside of the Local Carriers Jurisdiction

I. SUMMARY OF CHANGES: In previously issued instructions, CMS has instructed physicians to report their provider identification number (PIN) on claims when billing for clinical diagnostic services purchased outside of the local carrier's jurisdiction. This instruction modifies the current reporting guidelines to require physicians to begin reporting, by May 23, 2007, a National Provider Identifier (NPI) on out-of-jurisdiction area claims for purchased diagnostic services.

New/Revised Material

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

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/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 243	Date: October 27, 2006	Change Request: 5289
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SUBJECT: Reporting the National Provider Identifier (NPI) on Physician Claims for Diagnostic Services Purchased Outside of the Local Carrier's Jurisdiction

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

I. GENERAL INFORMATION

A. Background: In previously issued instructions, CMS has instructed physicians to bill their local carrier for all purchased diagnostic services, regardless of the location where the service was furnished. In addition, CMS has instructed physicians to report their provider identification number (PIN) on claims when billing for diagnostic services purchased outside of the local carrier's jurisdiction. (See Change Request 3630, Transmittal 415, issued on December 23, 2004.) This instruction modifies the current reporting guidelines to require physicians to begin reporting, by May 23, 2007, a National Provider Identifier (NPI) on claims for diagnostic services purchased outside of the local carrier's jurisdiction.

This instruction requires the standard system maintainer to apply the pre-pass editing to be developed for NPI to the 2400 PS1 segment (Purchased Service Information) of the ANSI X12 837 electronic claim format, effective May 23, 2007.

B. Policy: By May 23, 2007, physicians must begin using their NPI to bill the local carrier for a diagnostic service purchased outside of the local carrier's jurisdiction. When reporting the 2400 PS1 segment (Purchased Service Information) of the ANSI X12 837 electronic claim format, version 4010A1, the billing physician must report their NPI. When submitting paper claims with the revised Form CMS-1500 (version 08/05), the billing physician must report their NPI for both the purchased portion of the test and the portion of the test that they performed. Physicians may no longer report a provider identification number (PIN) on purchased diagnostic service claims after May 22, 2007. Prior to May 23, 2007, physicians may report the PIN, the NPI, or a combination of the NPI and the PIN on claims for purchased diagnostic services.

II. BUSINESS REQUIREMENTS

Use "Shall" to denote a mandatory requirement

Requirement Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R E H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5289.1	For claims submitted prior to May 23, 2007, carriers must accept the PIN, the NPI, or a combination of the NPI and the PIN, as reported on physician claims for diagnostic services purchased outside of the local carrier's jurisdiction.				X						
5289.2	Effective for electronic claims submitted on and after May 23, 2007, carriers shall accept only the billing physician's NPI in the 2400 PS1 segment (Purchased Service Information) of the ANSI X12 837 electronic claim format, version 4010A1, when such claims are submitted by physicians for diagnostic services purchased outside of the local carrier's jurisdiction.				X						
5289.3	Effective for paper claims submitted on and after May 23, 2007, carriers shall accept only the billing physician's NPI on paper claims (revised Form CMS-1500, version 08/05), for diagnostic services purchased outside of the local carrier's jurisdiction.				X						
5289.4	The standard system maintainer shall apply pre-pass editing to the 2400 PS1 segment (Purchased Service Information) of the ANSI X12 837 electronic claim format, version 4010A1, and reject claims for purchased diagnostic services when submitted without an NPI on or after May 23, 2007.							X			
5289.5	The carriers shall return as unprocessable claims submitted				X						

Requirement Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M R R C	R E H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
	without an NPI on or after May 23, 2007 using the revised Form CMS-1500, version 08/05.											

III. PROVIDER EDUCATION

Requirement Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M R R C	R E H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
5289.6	<p>A provider education article related to this instruction will be available at 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. 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 MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>				X							

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below: N/A

V. CONTACTS

Pre-Implementation Contact(s): Susan Webster, (410) 786-3384, susan.webster@cms.hhs.gov

Post-Implementation Contact(s): Contact the appropriate regional office.

VI. FUNDING

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.