CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 302	**Date: NOVEMBER 2, 2007**
	Change Request 5726

Subject: **Rejection of X12 276 Claim Status Requests That Lack National Provider Identifiers (NPIs)**

I. SUMMARY OF CHANGES: All claim status requests submitted using the EDI standards adopted under HIPAA for national use must use the HIPAA-mandated NPI exclusively for provider identification. Those that do not are to be returned to the sender beginning May 23, 2008. The same policy is to be applied to DDE/PPTN/PINQ claim status inquiries and to those Internet claim status screens some contractors are permitted to operate under an Internet demonstration program. The programming for these changes shall be ready to be activated by May 23, 2008 but shall not be "turned on" until CMS notifies the responsible entities to do so.

New / Revised Material
Effective Date: May 23, 2008
Implementation Date: January 7, 2008 for FISS and MCS, Analysis and Design for VMS
April 7, 2008 implementation for VMS

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:

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:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 302	Date: November 2, 2007	Change Request: 5726

SUBJECT: Rejection of Electronic Claim Status Requests that Lack National Provider Identifiers (NPIs)

Effective Date: **May 23, 2008**

Implementation Date: January 7, 2008 for FISS and MCS, Analysis and Design for VMS
April 7, 2008 implementation for VMS

I. GENERAL INFORMATION

A. Background: The ASC X12 276 version 4010A.1 implementation guide was adopted as the national standard for electronic submission of health care claim status requests under the requirements of the Health Insurance Portability and Accountability Act (HIPAA). The ASC X12 277 version 4010A.1 is the corresponding national standard for the response returned to a submitted X12 276 query. At the present time, electronic data interchange (EDI) X12 276 transactions can be sent to Medicare using an NPI and/or a legacy number to identify a provider inquiring about the status of a previously submitted claim. Effective May 23, 2008, ASC X12 276 transactions received by Medicare contractors that either lack an NPI for identification of a requesting provider, or that contain a legacy identifier such as a Provider Identification Number (PIN), OSCAR number or National Supplier Clearinghouse (NSC) number in addition to an NPI, will be returned to the submitter.

B. Policy: HIPAA required that an identification number system be developed to issue a unique number to each health care provider that is a covered entity under HIPAA. This identifier was to replace multiple alternate provider identifiers being used across the health care industry. This unique number is called the National Provider Identifier (NPI). HIPAA requires that NPIs be used exclusively to identify providers when information about them is included in any of the electronic data interchange (EDI) standards adopted for national use under HIPAA.

NPIs were to be used exclusively by no later than May 23, 2007. Since a significant portion of the industry had not completed changes needed for exclusive use of NPIs as May 23, 2007 approached, the Secretary of HHS allowed covered entities that were still making conscientious efforts to complete implementation to adopt a contingency plan. Health plans could invoke a contingency plan and continue to accept legacy identifiers either alone or with NPIs after May 22, 2007, but in no case could provider identifiers other than NPIs be used effective May 23, 2008 or later. HIPAA prohibits acceptance of EDI standard transactions that contain a legacy identifier for a provider in addition to or instead of an NPI.

The same policy will be applied to electronic claim status queries submitted using the FISS direct data entry (DDE) screens to determine claim status, the MCS PPTN claim status screen, the VMS PINQ claim status screen and to those comparable screens used by those Medicare contractors permitted to establish Internet screens for this purpose under a demonstration program. HIPAA permits continued use of electronic transactions via this type of screen as long as the data content of these claim status inquiries and responses is equivalent to that of the X12 276/277 implementation guide adopted as the national standard for these queries and responses.

II. BUSINESS REQUIREMENTS TABLE

Dates in these requirements apply to the date of receipt of a claim status inquiry, not the dates of services of the claims for which status is requested.

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5726.1	Shared system maintainers shall complete programming to return X12 276 EDI transactions to the submitters that lack an NPI to identify the provider inquiring about the status of a claim submitted by or for that provider. Allowable values in 2100B NM108 for Information Receiver Name shall be restricted to "FI", "46", and "XX" and allowable values in 2100C NM108 for Provider Name shall be restricted to "XX".						X	X	X		
5726.1.2	Shared System maintainers shall design that programming so it can be loaded in the Medicare claims processing systems but will not be activated until "turned on" by the Medicare contractors responsible for receipt of those X12 276 EDI queries.						X	X	X		
5726.1.3	Shared system maintainers shall program to report the same provider identifier accepted on an X12 276 EDI transaction in the flat file for the X12 277 response to be returned by a Medicare contractor on or after May 23, 2008, with the exception that if both an NPI and a legacy identifier were reported in the 276, only the NPI shall be reported out in the 277.						X	X	X		
5726.1.4	If an X12 276 transaction is accepted prior to May 23, 2008, without an NPI in the loop 2100C NM1 Provider Name segment, but due to batch processing, the X12 277 response flat file is not produced by the shared system prior to May 23, 2008, shared system maintainers shall check the NPI Crosswalk to identify the NPI to which that legacy identifier is mapped. If that legacy identifier is mapped to more than one NPI, report the first active (not cancelled by the provider after initially issued) NPI in the map in the 277 flat file for use in the 277 response issued the provider. If the legacy identifier cannot be matched on the crosswalk then the 277 shall report that the provider was not found using appropriate claim status code.						X	X	X		
5726.1.5	Contractors shall share this information about use of the first active NPI in a 277 response when it is not possible to determine which of multiple NPIs that apply to the legacy number used to submit their X12 276 applies. This information shall be included on the provider education Web page, distributed via list serve when possible and included in a provider newsletter prior to	X	X	X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	May 23, 2008. The same notice shall indicate that providers are encouraged to begin including their NPI in their X12 276 queries as soon as possible prior to May 23, 2008, to avoid this situation, particularly if a provider has more than one NPI but was assigned only one legacy identifier by Medicare for claim submission purposes.										
5726.1.6	Upon notification by CMS, carriers, A/B MACs, DME MACs, FIs and RHHIs shall activate the programming as noted in business requirement 5726.1.3.	X	X	X	X						
5726.2	Shared systems shall not permit access to claim status information in their DDE, PPTN or PINQ screens effective May 28, 2008, unless an NPI is submitted to identify the provider making the inquiry.						X	X	X		
5726.2.1	Shared System maintainers shall delete the field or the qualifier code that is used prior to May 23, 2008, to accept entry of a provider's legacy identifier. Only the field/qualifier that permits entry of an NPI shall remain active May 23, 2008.						X	X	X		
5726.2.2	Shared system shall program to make the edit and field changes effective May 23, 2008, but shall not activate the changes until notified to do so by CMS.						X	X	X		
5726.3	Medicare contractors permitted to accept claim status inquiries and issue claim status responses via the Internet under a demonstration program shall not accept requests for claim status on or after May 23, 2008, that lack an NPI, or that include a legacy identifier as well as an NPI for identification of the provider making the inquiry.	X	X		X						
5726.3.1	Internet demonstration contractors maintainers shall delete the field used prior to May 23, 2008, to accept entry of a provider's legacy identifier. Only the field/qualifier that permits entry of an NPI shall remain May 23, 2008.	X	X		X						
5726.3.2	Internet demonstration contractors shall program to make this change effective May 23, 2008, but shall not activate this change until they are notified to "turn on" this capability for the X12 276 (see business requirement 5726.1.6).	X	X		X						
5726.4	Shared system maintainers and other Medicare contractors shall continue to edit NPIs received in X12 276, via DDE/PPTN/PINQ and Internet claim status queries on and after May 23, 2008, in the same manner as edited prior to May 23, 2008.	X	X	X	X		X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5726.5	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. 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. 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.	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: N/A

V. CONTACTS

Pre-Implementation Contact(s): Robert Huffman, 410-786-6317, Robert.Huffman@cms.hhs.gov

Post-Implementation Contact(s): Robert Huffman, 410-786-6317, Robert.Huffman@cms.hhs.gov

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 (MACs)*:

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.