CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1046	**Date: February 17, 2012**
	Change Request 7578

SUBJECT: Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information

I. SUMMARY OF CHANGES: This instruction enhances the shared systems for institutional claims processing to carry line level rendering provider NPI information.

EFFECTIVE DATE: January 1, 2012
IMPLEMENTATION DATE: FISS: July 2, 2012 and October 1, 2012
CWF: October 1, 2012

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:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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SUBJECT: Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information.

Effective Date: **January 1, 2012**

Implementation Date: FISS: July 2, 2012 and October 1, 2012

CWF: October 1, 2012

I. GENERAL INFORMATION

A. Background: Medicare needs to identify primary physicians/practitioners of service not only for use in standard claims transactions, but also for review, fraud detection, and planning purposes. In order to accomplish this, we must be able to determine the rendering physician/practitioner for each inpatient/outpatient service billed to Medicare and store this information in our databases that serve as the source for data analysis. Prior to the implementation of the 5010 version of the 837 I, this information could only be collected at the claim level in the other provider field. CMS can begin collecting this information at the line level following the implementation of the 5010 version of the 837 I. To perform needed data analysis, it is critical that FISS be able to associate physician/practitioner identifying information with each line item on institutional claims, and be able to forward that information to the CWF.

This instruction implements enhancements to the FISS and CWF to store line level rendering physician/practitioner information when billed on version 5010 of the 837I. In addition, the FISS will pull in the Physician Specialty Code from the Provider Enrollment, Chain and Ownership System (PECOS) at the line level.

NOTE: CMS previously submitted an analysis change request (CR 6289, Transmittal 406) for the line item NPI to be displayed and stored for all institutional claims.

B. Policy: Upon implementation of this instruction, providers submitting a combined claim, that is claims that include both facility and professional components, need to report the rendering physician or other practitioner at the line level if it differs from the rendering physician/practitioner reported at the claim level. Affected Medicare providers are Critical Access Hospitals billing under Method II, Federally Qualified Health Centers, and Rural Health Clinics.

For the 5010 version of the 837 I, FISS shall accept rendering physician/practitioner information at the line level (loop 2420C).

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

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	
7578.1	FISS shall populate their internal record at the service line with the rendering physician/practitioner NPI information obtained from the service line Loop 2420C of the 5010 version of the 837I, if present.						X				
7578.2	FISS shall ensure the line item NPIs are valid as currently done at the claim level.						X				
7578.3	FISS shall store the line level NPI, if present, for each billed line on an institutional claim.						X				
7578.3.1	FISS shall allow the line level NPI information to be modified by providers.						X				
7578.4	FISS shall add a new Physician Specialty Code field for rendering physician/practitioners at the line level of the internal claim record.						X				
7578.5	FISS shall move the Physician Specialty Code to the internal claim record, at the line, when the NPI matches an NPI on the national file from the Provider Enrollment, Chain and Ownership System (PECOS). **NOTE:** The NPI is considered a match if the first letter of the first name and the first four letters of the last name on the line matches a record on the national file from PECOS.						X				
7578.5.1	FISS shall not move the Physician Specialty Code to the internal claim record, at the line, when the name on the line does not match name on the national file from PECOS for the NPI.						X				
7578.5.2	FISS shall move '99' (unknown physician specialty) to the internal claim record, at the line, when the NPI submitted on the line does not match a NPI on PECOS.						X				
7578.6	FISS shall add the Physician Specialty Code field to the direct data entry screen at the line level for the rendering physician/practitioner.						X				
7578.7	FISS shall forward line level rendering physician/practitioner information to the CWF.						X				
7578.8	FISS shall populate the COBC file with the new FISS claim fields created in this instruction, excluding the new Physician Specialty Code field.						X				COBC
7578.9	The CWF shall store the line level NPI and Physician									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	
	Specialty Code, if present, for each billed line on an institutional claim.										
7578.10	The CWF shall forward the claim and line level rendering physician/practitioner information including the new two bytes Physician Specialty Code field to the National Claim History (NCH).									X	
7578.11	The NCH shall store the claim and line level rendering physician/practitioner information including the new two bytes Physician Specialty Code identified in this instruction.										NCH

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	
7578.12	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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. 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							

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
7578.1	FISS and CWF provided analysis for this implementation in CR 6289.
7578.4	FISS and CWF implemented the Physician Specialty code process at the claim level with CR 7132.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jason Kerr, Jason.Kerr@cms.hhs.gov, Tracey Mackey, Tracey.Mackey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*:

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