

<b>CMS Manual System</b>	Department of Health & Human Services (DHHS)
<b>Pub 100-08 Medicare Program Integrity</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Transmittal 270</b>	<b>Date: OCTOBER 15, 2008</b>
	<b>Change Request 6093</b>

**This corrects Transmittal 270, Change Request 6093, dated October 15, 2008. The implementation date has been corrected to September 26, 2008. All other information remains the same.**

**Transmittal 267, Change Request 6093, dated September 12, 2008, is being rescinded and replaced. FISS was inadvertently omitted from this CR. FISS has been indicated on the business requirements. All other information remains the same.**

**SUBJECT: Reporting National Provider Identifiers (NPIs) for Secondary Providers**

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

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

**NEW/REVISED MATERIAL**

**EFFECTIVE DATE: MAY 23, 2008**

**IMPLEMENTATION DATE: SEPTEMBER 26, 2008**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise 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**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>N</b>	14/14.5/NPIs for Secondary Providers

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

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

**SECTION B: For Medicare Administrative Contractors (MACs):**

The Medicare administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

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

# Business Requirements

Pub. 100-08	Transmittal: 270	Date: October 15, 2008	Change Request: 6093
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**SUBJECT: Reporting National Provider Identifiers (NPI) for Secondary Providers** This change request rescinds and replaces CR 5890, Transmittal 235, dated January 18, 2008. This change request also provides clarification for CR 5674, Transmittal 225, dated October 26, 2007.

**Effective Date: May 23, 2008**

**Implementation Date: SEPTEMBER 26, 2008**

**Part A FISS Implementation Date: November 3, 2008**

## I. GENERAL INFORMATION

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

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

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

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



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

#### IV. SUPPORTING INFORMATION

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

*Use "Should" to denote a recommendation.*

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

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

#### V. CONTACTS

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

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

#### VI. FUNDING

**A. For Fiscal Intermediaries and Carriers:**

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

**B. For Medicare Administrative Contractors (MAC):**

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

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

# Medicare Program Integrity Manual

## Chapter 14 – National Provider Identifier

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### Table of Content *(Rev. 270, 10-15-08)*

*14.5 - NPIs for Secondary Providers*

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(Rev. 270; Issued: 10-15-08; Effective Date: 05-23-08; Implementation Date: 09-26-08)*

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

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