

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1262	Date: JUNE 8, 2007
	Change Request 5649

Subject: Medicare Fee For Service (FFS) National Provider Identifier (NPI) Crosswalk Status Review

I. SUMMARY OF CHANGES: CMS has directed its contractors to use an NPI crosswalk for the matching and validation of NPI to legacy provider identifiers. This CR directs contractors to take advantage of the NPI crosswalk in resolving issues where either the provider is not on the crosswalk or the provider's NPI and/or legacy matches to more than one legacy and/or NPI.

New / Revised Material

Effective Date: June 8, 2007

Implementation Date: No Later Than June 22, 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:

Funding for implementation activities will be provided to contractors through the regular budget process.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-04	Transmittal: 1262	Date: June 8, 2007	Change Request: 5649
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SUBJECT: Medicare Fee For Service (FFS) National Provider Identifier (NPI) Submission Review

Effective Date: June 8, 2007

Implementation Date: No Later Than June 22, 2007

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required issuance of a unique national provider identifier (NPI) to each physician, supplier, and other provider of health care who conducts HIPAA standard electronic transactions. CMS began to issue NPIs on May 23, 2005. CMS has directed its’ contractors to use an NPI crosswalk for the matching and validation of NPI to legacy provider identifiers. This CR directs contractors to contact their high volume claim submitters who are not submitting NPIs, or are submitting NPI’s and their claims are rejecting. Contractors should determine the reason(s) why they are not sending their NPI or are sending incorrect information. Contractors should validate provider information in their provider files and crosswalk, prior to contacting the submitter and work with these submitters to ensure they begin sending NPIs and/or correct information. .

B. Policy: Medicare has been utilizing a crosswalk between NPIs and legacy identifiers to validate NPIs received on transactions, assist with population of NPIs in provider files and to report NPIs on outbound transactions. The crosswalk utilizes data from the National Provider and Plan Enrollment System (NPPES), Medicare legacy identifier systems, and claim extract data.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B M A C	D M M A C	F I	C A R E R	D M R C	R E H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
5649.1	Contractors shall array all of their submitters/providers from the highest to lowest by weekly claim volume.	X	X	X	X	X	X					
5649.1.1	Contractors shall contact, via telephone, a minimum of 10-15 submitters/providers a week, starting with those with the highest volume of claims rejecting due to invalid NPI information.	X	X	X	X	X	X					
5649.1.1.1	Contractors shall contact submitters who are not submitting NPIs asking submitters to	X	X	X	X	X	X					

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 M R C	R E H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
	explain why they are not sending NPIs or to validate their NPI information.												
5649.1.1.1.1	Contractors shall alternate the calls described in BR 5649.1.1 and BR 5649.1.1.1 on a weekly basis (i.e., first week contact high volume rejects and second week contact those not submitting NPI).	X	X	X	X	X	X						
5649.1.2	Contractors shall work with those submitters/providers not sending NPIs and review the submitter's Medicare NPI implementation plan that should detail the actions the submitters/providers are taking to be able to submit NPIs, including when they will begin submitting their NPI.	X	X	X	X	X	X						
5649.1.3	Contractors shall request those submitters/providers that have not obtained their NPI to do so.	X	X	X	X	X	X						
5649.2	Contractors shall verify that the provider's NPI is on the NPI crosswalk and in their provider file, before requesting the submitter/provider to send claims with NPIs.	X	X	X	X	X	X						
5649.2.1	Contractors shall send an email to the CMS NPIXWALK_Issues mailbox, if the contractor cannot locate the provider's NPI/legacy match on the NPI crosswalk.	X	X	X	X	X	X						
5649.2.2	Contractors shall request those providers that have an NPI, but are not using it on their claims, to first send a small volume of claims using only the NPI. If the claims are not rejected, the submitter/provider may increase their NPI claim volume.	X	X	X	X	X	X						
5649.2.3	Contractors shall request submitters/providers to increase their NPI claim volume submission, if they do not experience claim rejections after testing.	X	X	X	X	X	X						
5640.2.4	Contractors shall ensure that the MCS NPI Prepass Edits are set to informational if you have not turned off the crosswalk bypass logic. Contractors should return the	X			X								

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R I C	R E H I C	Shared-System Maintainers				OTHER
		M A C	M A C		I E R		F I S	M C S	V M S	C W F		
	informational edit messages to the submitter.											
5649.2.5	Contractors shall assist their submitters in resolving any claim rejections due to NPI errors.	X	X	X	X	X	X					
5649.2.5.1	Contractors shall request that the provider verify that the following information they have entered in NPPES is accurate: - EIN (for organizational providers) - SSN (for individual providers) - Date of Birth - Medicare legacy number - Practice Address - Master Address - Other Address - Physical Location Phone number - Legal Name or Legal Business Name The NPPES web site is https://nppes.cms.hhs.gov	X	X	X	X	X	X					
5649.3	Contractors shall monitor those submitters who have been contacted to ensure that they begin to send NPIs and follow-up with them, as necessary.	X	X	X	X	X	X					
5649.4	Contractors shall keep the contact documentation on hand (you may use the attached suggested format) and be prepared to send the documentation, if requested by CMS. The information shall contain, at minimum: -contractor name and number -name of submitter contacted and phone number -type of submitter (clearinghouse, vendor, billing service, provider) - percentage of weekly claim volume -reason why they are not sending NPI -date they expect to send NPI - OR reason why claims are rejecting -status of contractor follow-up	X	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R			F I S	M C S	V M S	C W F	
5649.5	Contractors shall submit their supplemental budget request (SBR) no later than June 15, 2007. The request for funding shall be broken out according to the business requirement number, and must specify: <ul style="list-style-type: none"> - type of supplemental resources needed to accomplish each business requirement; - why each business requirement cannot be accomplished without approval of these resources; - the amount needed to support each business requirement; - additional explanatory information. 			X	X	X	X					
5649.5.1	Contractors shall submit SBRs through the normal SBR request process and shall send a copy to: joy.glass@cms.hhs.gov	X	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R			F I S	M C S	V M S	C W F	
	None											

IV. SUPPORTING INFORMATION – N/A

V. CONTACTS

Pre-Implementation Contact(s): Joy Glass 410-786-6125

Post-Implementation Contact(s): Joy Glass 410-786-6125

VI. FUNDING

A. *For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):*

Funding for implementation activities will be provided to contractors through the regular budget process. FMIB # 1570.

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

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do 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 specified 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.

Attachment

