

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 249	Date: MARCH 28, 2008
	Change Request 5995

SUBJECT: Carrier Assignment of Provider Identification Numbers (PINs).

This change request (CR) rescinds and replaces Transmittal 192, CR 5400, dated March 20, 2007. This CR is being reissued to remove the confidentiality statement. All other information remains the same.

I. SUMMARY OF CHANGES: This CR - which rescinds and replaces CR 5400 - instructs Medicare carriers as to the appropriate assignment of provider identification numbers (PINs) to enrolling Medicare physicians, non-physician practitioners, and other suppliers.

NEW / REVISED MATERIAL

EFFECTIVE DATE: April 4, 2008

IMPLEMENTATION DATE: April 4, 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/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

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Effective Date: April 4, 2008
Implementation Date: April 4, 2008

I. GENERAL INFORMATION

A. Background: This CR - which rescinds and replaces CR 5400 - instructs Medicare carriers as to the appropriate assignment of Provider Identification Numbers (PINs) to enrolling Medicare physicians, non-physician practitioners, and other suppliers.

B. Policy: The primary purpose of this change request is to ensure uniformity among carriers regarding the assignment of PINs.

II. BUSINESS REQUIREMENTS TABLE

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 R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
5995.1	The contractor shall only assign the absolute minimum number of PINs necessary to ensure that proper payments are made.	X			X					
5995.2	The contractor shall not assign an additional PIN(s) to a physician, non-physician practitioner, or other supplier merely because the individual or entity requests one, the only exception being for hospitals that request separate billing numbers for their hospital departments in Section 2C of the CMS-855B enrollment application.	X			X					
5995.3	The contractor shall only apply the policies outlined in this change request on a prospective basis.	X			X					

III. PROVIDER EDUCATION TABLE

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	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

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:

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

V. CONTACTS

Pre-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

Post-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) 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.