

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 799	Date: November 5, 2010
	Change Request 6984

SUBJECT: Provider Education for Handling National Provider Identifier (NPI) Issues Related to Deceased Providers Who Had an NPI

I. SUMMARY OF CHANGES: This Change Request contains educational information for the processing of Medicare claims of deceased providers who had obtained an NPI prior to death.

EFFECTIVE DATE: *April 4, 2011, Effective for claims processed on or after this date.

IMPLEMENTATION DATE: April 4, 2011

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:

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Provider Education for Handling National Provider Identifier (NPI) Issues Related to Deceased Providers Who Had an NPI

Effective Date: April 4, 2011, Effective for claims processed on or after this date.

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that the Secretary of the Department of Health and Human Services adopt standards providing for a standard unique health identifier for each health care provider for use in the healthcare system and to specify the purpose for which the identifiers may be used. The NPI final rule published on January 23, 2004, establishes this standard for a unique health identifier, announces the adoption of the NPI as that standard, and establishes implementation specifications for obtaining and using the NPI (45 CFR Part 162, CMS-0045-F).

All entities covered under HIPAA must comply with the requirements of the NPI final rule no later than May 23, 2007. Among these requirements are the following:

- Any health care provider who is an entity covered under HIPAA must obtain an NPI.
- Health care providers meeting the definition of health care provider referenced in the NPI final rule but not covered entities are eligible to obtain NPIs as well.
- Health care providers covered under HIPAA must use NPIs to identify themselves and their subparts (if applicable) on all standard transactions adopted under HIPAA.
- Health plans must use the NPI to identify any health care provider or subpart that has been assigned an NPI to identify that health care provider or subpart on all HIPAA standard transactions.”

B. Policy: A claim submitted after May 23, 2007, for a deceased provider who had an NPI will be rejected by Medicare because the provider’s NPI was deactivated in the Medicare claims processing system due to the provider’s death. When a deceased provider’s claim is rejected by a Medicare contractor because of the absence of an NPI, the claim submitter would be expected to contact the Medicare contractor to discuss payment of the claim and the provider’s death. Because the shared systems will reject an electronic claim received without an NPI after May 23, 2007, the Medicare contractor will ask the representative of the provider’s estate to submit the claim in paper format and will instruct the representative that Item 19 of the Form CMS-1500 claim must be annotated to state that the provider is deceased.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)
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		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
6984.1	Contractors shall provide provider education regarding the procedures for processing claims of a deceased provider.	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 I E R	R H I	Shared-System Maintainers				OTH ER
		M A C	M A C				F I S S	M C S	V M S	C W F	
6984.2	<p>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.</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						

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims, Susan Webster, 410-786-3384, susan.webster@cms.hhs.gov; Practitioner claims, Tom Dorsey, 410-786-7434, thomas.dorsey@cms.hhs.gov

Post-Implementation Contact(s): CMS Regional Offices

VI. FUNDING

Section A: 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.

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.