

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 822	Date: December 14, 2010
	Change Request 7046

Transmittal 767, dated September 10, 2010, is being rescinded and replaced by Transmittal 822 dated December 14, 2010. This change request includes replacing the words “Expansion of the Current Scope of Editing for Attending, Operating, or Other” with “NPI Verification for” in the Subject line. In addition, this change request includes removing the words (Phase 1; April 1, 2011 (Phase 2) from the effective date. In addition, the words (Phase 1); April 4, 2011 (Phase 2) will be removed from the implementation date. Under A. Background, the words will be replaced in the 1st sentence of the 1st paragraph: “is expanding the claim editing to meet the Social Security Act requirements for the attending, operating, or other” with the words with “Currently, does not have the capability to identify the specialty codes associated with the”. Also, the words “either in; or opt out; plan of treatment is needed and submitted for” will be deleted. The words “on the PECOS file” have been added after the word “status” and the words “claim is submitted by” after the word “a”. The words “are included on the PECOS file” have replaced the words “can be identified on the CAH’s claims”. Remove Certified Registered Nurse Anesthetist (CRNA) and Registered Dietitian/Nutritional Professional from the bulleted list of providers who can order/refer beneficiary services for CAHs from the General Information section. This change will also be reflected in the list of physician specialty codes by removing the specialty and codes 43 and 71, respectively. Remove both sections listed as Phase 1 and Phase 2 from the change request under the heading Background and replace with current language listed below. The Policy language has been replaced to reference the Affordable Care Act instead of language referencing to ordering and referring. BR 7046.1 the following words have been added “from bulleted list in the Background section of this document” and the word “are”. In BR 7046.1, the following words have been deleted – “eligible as an attending, operating, or other physician provider” and “or opt out”. BR 7046.1.2 the words “attending, operating, or other” and “or opt out” have been removed. BR 7046.3 the words “attending, operating, or other” have been removed. CMS has deleted Business Requirements 7046.4 thru 7046.10. These changes were derived from the walk-thru call with FISS and CMM. This change request also includes a revised file layout based on FISS instructions only. The revised file layout is derived from a request from FISS for the length of the file changing from 267 to 300. All other information remains the same.

SUBJECT: NPI Verification for Physician and Non-Physician Practitioner Providers for Critical Access Hospital (CAH) Claims Processed by Medicare Fiscal Intermediaries and Part A Medicare Administrative Contractors (A/B MAC).

I. SUMMARY OF CHANGES: Currently, the Centers for Medicare and Medicaid Services (CMS) does not have the capability to identify the specialty codes associated with the physicians and non-physician practitioners that are in an approved status on the PECOS file when a claim is submitted by a CAH. As a result, the CMS will implement an NPI verification for physician and non-physician practitioner providers for CAH claims processed by Medicare Fiscal Intermediaries and Part A Medicare Administrative Contractors (A/B MAC).

EFFECTIVE DATE: January 1, 2011

IMPLEMENTATION DATE: January 3, 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

Pub. 100-20	Transmittal: 822	Date: December 14, 2010	Change Request: 7046
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SUBJECT: NPI Verification for Physician and Non-Physician Practitioner Providers for Critical Access Hospital (CAH) Claims Processed by Medicare Fiscal Intermediaries and Part A Medicare Administrative Contractors (A/B MAC).

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

I. GENERAL INFORMATION

A. Background:

Currently, the Centers for Medicare & Medicaid Services (CMS) does not have the capability to identify the specialty codes associated with the physicians and non-physician practitioners that are in an approved status on the PECOS file when a claim is submitted by a CAH. In this document, the word ‘claim’, means both electronic and paper claims. The following physicians and non-physician practitioners are included on the PECOS file:

- doctor of medicine or osteopathy;
- dental medicine;

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				OTHER
							F I S S	M C S	V M S	C W F	
	5. CMS specialty code and description. (See attached file layout.)										
7046.1.2	The PECOS file shall contain a termination date if the physician or non-physician practitioner enrollment status changes from approved.										PECOS
7046.1.3	The implementation plan developed between FISS, CMS, and the PECOS shall determine the PECOS file naming convention and file location.						X				PECOS FISS CMS
7046.2	FISS shall not use the effective date and termination date. These fields are currently information fields only for use in the future.						X				
7046.3	The PECOS shall provide a nightly file of physician or non-physician practitioners who are newly added to PECOS or who were on the initial or earlier nightly files and who have a change of information.										PECOS
7046.4	This requirement deleted by CMS.										
7046.5	This requirement deleted by CMS.										
7046.6	This requirement deleted by CMS.										
7046.6.1	This requirement deleted by CMS.										
7046.6.2	This requirement deleted by CMS.										
7046.6.3	This requirement deleted by CMS.										
7046.7	This requirement deleted by CMS.										
7046.7.1	This requirement deleted by CMS.										
7046.8	This requirement deleted by CMS.										
7046.8.1	This requirement deleted by CMS.										
7046.9	This requirement deleted by CMS.										
7046.10	This requirement deleted by CMS.										
7046.11	FISS shall create an online look-up for contractors to use for inquiry verification of the NPI for the physician or non-physician practitioner provider.						X				
7046.12	PECOS shall create a test file for FISS 6 weeks prior to the implementation date.										PECOS

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	Shared-System Maintainers	OTH ER

		M A C	M A C		R I E R	I	F I S S	M C S	V M S	C W F	
7046.13	<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							

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): Tolla Anderson 410-786-1786 tolla.anderson@cms.hhs.gov

Post-Implementation Contact(s): Yvonne Young 410-786-1187 yvonne.young@cms.hhs.gov or Susan Guerin 410-786-6138 susan.guerin@cms.hhs.gov

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.

Attachments (2)

Code	Physician Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
22	Pathology
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
42	Certified Nurse Midwife
44	Infectious Disease
46	Endocrinology
48	Podiatry
50	Nurse Practitioner
62	Clinical Psychologist (Ind.)
66	Rheumatology
68	Clinical Psychologist
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery

79	Addiction Medicine
80	Licensed Clinical Socials Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
89	Certified Clinical Nurse Specialist
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
97	Physician Assistant
98	Gynecological/Oncology
99	Unknown Physician Specialty

58.1.1 FISS File Layout

Description	Field Name	Length	Default Value	Start Position	PECOS Table	PECOS Field
NPI	NPI	10	N/A	1	PEC_NPI	NPI
First Name	FNAME	25	N/A	11	PEC_IND_NAME	FIRST_NAME
Middle Name	MNAME	25	N/A	36	PEC_IND_NAME	MDL_NAME
Last Name	LNAME	35	N/A	61	PEC_IND_NAME	LAST_NAME
Specialty Code	SPCLTY_CD	2	N/A	96	PEC_ENRT_NPHY_SPC, PEC_ENRT_PHY_SPC	PHYSN_SPCLTY_CD
Specialty Description	SPCLTY_DESC	150	N/A	98	PEC_NPHY_SPC_REF, PEC_PHY_SPC_REF	PHYSN_SPCLTY_DESC
PIN Effective Date	EFF_DT	8	N/A	248	PEC_MDCR_NUM	EFCTV_DT
PIN Termination Date	TRM_DT	8	N/A	256	PEC_MDCR_NUM	END_DT
Filler	FILLER	37	N/A	264	N/A	N/A
Total Length		300				