

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1938	Date: October 27, 2017
	Change Request 10279

SUBJECT: Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Durable Medical Equipment (DME) Claims Processing System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to direct the ViPS Medicare System (VMS) to archive code associated with the NPICS System.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

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	N/A

III. FUNDING:

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1938	Date: October 27, 2017	Change Request: 10279
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SUBJECT: Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Durable Medical Equipment (DME) Claims Processing System

EFFECTIVE DATE: April 1, 2018

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IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the issuance of a unique National Provider Identifier (NPI) to each physician, supplier, and other provider of health care. The implementing regulation for that requirement appears in 45 Code of Federal Regulation Part 162, Subpart D (162.402-162.414). The Centers for Medicare & Medicaid Services (CMS) implemented the HIPAA mandate to use the NPI in lieu of legacy provider identifiers in standard transactions on all Medicare fee-for-service claims on May 23, 2008.

The CMS implemented NPICS as a temporary solution to ensure continuity in claims processing operations after the implementation of the NPI. Now that the Provider Enrollment Chain and Ownership System (PECOS) and CMS are conducting periodic revalidation efforts, CMS will use the PECOS as the single system to establish and make changes to a provider's or supplier's Medicare enrollment data.

The DME claims processing system is sending a nightly data file or extract to the NPICS contractor. With the decommissioning of NPICS, the contractor shall continue to provide a means for the DME Medicare Administrative Contractors (MACs) to continue to extract provider data to populate existing NPICS Provider Data Extract flat file(s). Any code associated with the receipt of data from the NPICS contractor shall be archived.

PECOS will serve as the only mechanism for establishing or updating an NPI-Provider Transaction Account Number (PTAN) match for all Medicare providers and suppliers. PECOS will export NPI-PTAN match information, including additions and updates, to the VMS on a nightly basis.

B. Policy: HIPAA and 45 CFR Part 162, Subpart D (162.402-162.414)

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10279.1	The contractor shall remove NPICS Unique Physician Identification Number (UPIN) functionality from VMS processing.							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10279.1.1	The contractor shall use the nightly PECOS export file, and discontinue use of the NPICS nightly export, to add or update enrollment records for DME suppliers.							X		
10279.1.2	The contractor shall remove ordering UPIN logic from claim and Certification of Medical Necessity processing.							X		
10279.1.3	The contractor shall remove the ordering UPIN and ordering NPI processing and data from the APPL/8 NPI PROVIDER XREF SUBSYSTEM.							X		
10279.1.4	The contractor shall remove the referring UPIN entity records and processing from the Automated Claims Examination subsystem.							X		
10279.2	The contractor shall continue to provide a means for the DME MACs to continue to extract provider data to populate existing NPICS Provider Data Extract flat file(s). These files should be created and continuously sent on a daily basis, from the Virtual Data Centers (VDCs) to the CMS Baltimore Data Center (BDC). Note: This continuance is needed to avoid impact to the Integrated Data Repository (IDR), which is an existing downstream system.							X		IDR, VDCs
10279.3	The contractor shall retain VMS job VIPSDWLK and associated elements.							X		IDR
10279.4	The effective date for this CR shall be the process date not							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
	the date of service.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

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

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Loretta OMara, 410-786-0994 or Loretta.Omara@cms.hhs.gov , Barbara Pecoraro, 410-786-6188 or Barbara.Pecoraro@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0