

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 304	Date: NOVEMBER 30, 2007
	Change Request 5750

Subject: Medicare Exclusion Database (MED) Addition of National Provider Identifier (NPI)

I. SUMMARY OF CHANGES: The NPI field has been added to the MED Database layout.

New / Revised Material

Effective Date: May 23, 2008

Implementation Date: January 7, 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-Only One Per Row.

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 (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC 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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 304	Date: November 30, 2007	Change Request: 5750
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SUBJECT: Medicare Exclusion Database (MED) Addition of National Provider Identifier (NPI)

Effective Date: May 23, 2008

Implementation Date: January 7, 2008

I. GENERAL INFORMATION

A. Background: The Medicare Exclusion Database (MED) layout is being updated to include the 10 character NPI field.

B. Policy: All Medicare contractors are instructed to deny claims to all excluded providers, and the introduction of the NPI to the MED has been mandated to more readily identify all such providers.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B M A C	D 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	
5750.1	Shared System Maintainers shall update their systems to accept and utilize the MED file with the National Provider Identifier (NPI).						X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B M A C	D 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

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

X-Ref Requirement Number	Recommendations or other supporting information:

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

MED current layout format and new layout format with NPI.

MEDICARE EXCLUSION DATABASE Extract Layouts

July 30, 2007

CURRENT LAYOUT			
	Field Name	Start	Width
1	LASTNAME	1	20
2	FIRSTNAME	21	15
3	MIDNAME	36	15
4	SUFFIX	51	10
5	BUSNAME	61	30
6	GENERAL	91	20
7	SPECIALTY	111	20
8	UPIN	131	6
9	DOB	137	8
10	SSN	145	9
11	ADDRESS	154	30
12	CITY	184	20
13	STATE	204	2
14	ZIP	206	10
15	COUNTRY	216	20
16	SANCTYPE	236	9
17	SANCDATE	245	8
18	REINDATE	253	8
19	DATEOFDEAT	261	8
20	OSCARNUMBE	269	10
21	NSCNUMBER	279	10
22	EINNUMBER	289	9
23	INTERMEDIA	298	8
24	CARRIERNUM	306	6
25	MEDASSIGNE	312	9
26	RECORDTYPE	321	4
27	FILLER	335	16

LAYOUT WITH NPI FIELD			
	Field Name	Start	Width
1	LASTNAME	1	20
2	FIRSTNAME	21	15
3	MIDNAME	36	15
4	SUFFIX	51	10
5	BUSNAME	61	30
6	GENERAL	91	20
7	SPECIALTY	111	20
8	UPIN	131	6
9	DOB	137	8
10	SSN	145	9
11	ADDRESS	154	30
12	CITY	184	20
13	STATE	204	2
14	ZIP	206	10
15	COUNTRY	216	20
16	SANCTYPE	236	9
17	SANCDATE	245	8
18	REINDATE	253	8
19	DATEOFDEAT	261	8
20	OSCARNUMBE	269	10
21	NSCNUMBER	279	10
22	EINNUMBER	289	9
23	INTERMEDIA	298	8
24	CARRIERNUM	306	6
25	MEDASSIGNE	312	9
26	RECORDTYPE	321	4
27	NPI	325	10
28	FILLER	335	6

V. CONTACTS

Pre-Implementation Contact(s): Jeff Haskell, CMS/OFM, 410-786-1127, jeffrey.haskell@cms.hhs.gov and Valeria Allen, CMS/OFM, 410-786-7443, valeria.allen@cms.hhs.gov

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VI. FUNDING

A. For Fiscal Intermediaries and Carriers, use the following statement:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC), use the following statement:

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC 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.