



Related MLN Matters Article #: MM5728

Date Posted: October 9, 2006

Related CR #: 5728

Medicare Fee for Service (FFS) National Provider Identifier (NPI) Final Implementation

Key Words

MM5728, CR5728, R1349CP, FFS, NPI

Provider Types Affected

Physicians, providers, and suppliers who submit any Health Insurance Portability and Accountability Act (HIPAA) standard transactions to Medicare carriers, Fiscal Intermediaries, (FIs), including Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs

Key Points

- The effective date of the instruction is (no later) May 23, 2008.
- The implementation date is January 7, 2008, and April 7, 2008.
- The HIPAA required issuance of a unique NPI to each physician, supplier, and other provider of health care who conducts HIPAA standard electronic transactions.
- The Centers for Medicare & Medicaid Services (CMS) began to issue NPIs on May 23, 2005. CMS has been allowing transactions adopted under HIPAA to be submitted with a variety of identifiers:
 - NPI only;
 - Medicare legacy only; or
 - NPI and legacy combination.
- On April 2, 2007, the Department of Health and Human Services provided guidance to covered entities regarding contingency planning for the implementation of the NPI.
- As long as a health plan is compliant, meaning they can accept and send NPIs on electronic transactions, they may establish contingency plans to facilitate the compliance of their trading partners.
- As a compliant health plan, Medicare FFS established a contingency plan on April 20, 2007, that followed this guidance.

- Change Request (CR) 5728 directs Medicare contractors to begin rejecting HIPAA inbound claims **when directed by CMS**, if they contain legacy provider identifiers.

Note: Once CMS ends its' NPI contingency, the legacy number will NOT be permitted on any inbound electronic and outbound electronic transaction.

- Medicare contractors will begin rejecting claims, electronic, including direct data entry, that contain legacy provider numbers for any primary provider instead of or in addition to the NPI number. The following HIPAA transactions are also affected:
 - X12N 276/277 Claim Status Inquiry/Response – (see CR5726 for details.)
 - X12N 837 Coordination of Benefits (COB) – NPI only will be sent on the 837 coordination of benefits. Legacy numbers are not allowed. An exception will exist for claims that have not cleared the system by the date that CMS ends its NPI contingency plan. Such claims may contain the legacy number. Therefore, the COB transaction will also include the legacy number.
- There are exceptions to the 835 remittance advice transaction that is discussed in CR5452 at <http://www.cms.hhs.gov/Transmittals/downloads/R1343CP.pdf> on the CMS website. The related MLN Matters article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5452.pdf> on the CMS website.
- Since paper claims are not HIPAA transactions, these requirements do not apply to paper claims. However, providers should not submit legacy numbers on paper claims once CMS ends its NPI contingency plan.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5728.pdf> on the CMS website.

The official instruction (CR5728) issued can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R1349CP.pdf> on the CMS website.

For details regarding the Medicare NPI contingency plan, providers should review MLN Matters article MM5595 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website

If providers have questions, they may contact their Medicare contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.