



Provider Inquiry Assistance

Reporting the National Provider Identifier (NPI) on Claims for Reference Laboratory and Purchased Diagnostic Services Performed Outside the Billing Jurisdiction - JA6362

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Date Job Aid Revised: March 9, 2009

Effective Date: March 27, 2009

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Key Words MM6362, CR6362, R1690CP, NPI, Laboratory, Diagnostic

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected Physicians and other providers who bill Medicare Carriers and A/B MACs for reference laboratory or purchased diagnostic services



Change Request (CR) 6362 clarifies billing instructions and establishes an exception to the standard reporting of the NPI on Medicare fee-for-service claims for reference laboratory and purchased diagnostic services performed by a provider located outside the jurisdiction of billing provider Medicare contractor.

Provider Needs to Know...

- When a provider bills for reference laboratory services listed on the Clinical Laboratory Fee Schedule, or purchased diagnostic services and the services were performed by a provider located in another Medicare contractor's jurisdiction, the provider must:
 - Report their own NPI in the performing provider's NPI data field; and
 - Annotate the claim with the performing provider's name, address and ZIP code.
- The billing provider should make sure to record the performing provider's NPI in the clinical records for auditing purposes.

- CR6362 establishes this previously discretionary requirement as mandatory, and supplements and manualizes CR5289, which was issued October 27, 2006, as Transmittal 243.
- If a provider submits claims for reference laboratory or purchased diagnostic services that are performed outside the billing jurisdiction without their NPI in Item 32a and the name, address, and ZIP code of the performing provider in Item 32 of the CMS-1500 form (or on the ANSI X12 837P electronic claim form in the appropriate data field), the Medicare Carrier or A/B MAC will return the claims as unprocessable.

Background

- The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandate the adoption of a standard unique health identifier for health care providers.
- The January 23, 2004, final rule established the NPI as the unique health identifier for health care providers.
- All entities covered under HIPAA must comply with the requirements of the final rule (45 Code of Federal Regulations Part 162, CMS-0045-F), which requires that (effective May 23, 2008) covered health care providers, suppliers, and health plans (other than small plans) must use the NPI on paper or electronically-submitted Medicare fee-for-service claims.
- When the billing provider outsources Medicare-covered services to another Medicare-enrolled provider, the billing provider is “purchasing” these services and ordinarily would report both their own NPI (as the billing provider) and also the performing provider’s NPI on the claim,
- However, when the performing provider is geographically located in a different Medicare contractor’s jurisdiction, the Medicare enrolled provider carrier or A/B MAC will not have a record of the performing provider’s NPI.

Operational
Impact

N/A

Reference Materials

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6362.pdf> on the CMS website.

The official instruction (CR6362) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1690CP.pdf> on the CMS website.

MLN Matters article MM5289 (Reporting the National Provider Identifier (NPI) on Physician Claims for Clinical Diagnostic Services Purchased Outside of the Local Carrier's Jurisdiction) can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5289.pdf> on the CMS website.
