

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The Centers for Medicare & Medicaid Services (CMS) has reevaluated the revalidation requirement in the Affordable Care Act, and believe it affords the flexibility to extend the revalidation period for another 2 years. Revalidation notices will now be sent through March 2015. **IMPORTANT:** This does not affect providers who have already received a revalidation notice. If you received a revalidation notice from your contractor, respond to that request. Remember, institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit the application fee with their revalidation. CMS will post a list of providers who were sent requests to revalidate on the [Medicare Provider-Supplier Enrollment web page](#). [MLN Matters® Special Edition Article #SE1126](#) also provides important information on the fee payment and revalidation processes. Notification will be sent via a CMS electronic mailing list when this information is posted. If you are signed up for your Medicare contractor's listserv you will get a notice that way. You may also sign up for a [national Fee-For-Service electronic mailing list](#).

MLN Matters® Number: MM7686 Revised

Related Change Request (CR) #: 7686

Related CR Release Date: January 26, 2012

Effective Date: January 1, 2012

Related CR Transmittal #: R2403CP

Implementation Date: July 2, 2012

Medicare System Update to Include a Rendering Provider Field to Allow Correct Physician National Provider Identifier (NPI) Reporting for the Primary Care Incentive Program (PCIP) for Critical Access Hospitals (CAHs) Reimbursed Under the Optional Method

Note: MM7686 was revised to add a reference to MLN Matters® article MM8030 available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8030.pdf> which reminds CAHs that in order for a primary care service to be eligible for PCIP payment, the CAH paid under the optional method must be billing for the professional services of physicians under their NPIs or of Physicians' Assistants, Clinical Nurse Specialists or Nurse Practitioners under their own NPIs when they are not furnishing services incident to physicians' services. A reference to SE1241 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1241.pdf>) was also added to alert providers that, effective January 1, 2012, the claim level rendering provider NPI is required when the rendering provider is different from the attending provider. For Medicare purposes, this is required under Federal regulations that call for a "combined claim" (a claim that includes both facility and professional components for Critical Access Method II Hospitals, Federally Qualified Health Centers, and Rural Health Centers). All other information remains the same.

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Provider Types Affected

Critical Access Hospitals (CAHs) submitting claims under the optional method to Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 7686, which instructs Medicare contractors to implement a system update to include the rendering provider field to allow correct physician National Provider Identifier (NPI) reporting for the Primary Care Incentive Program (PCIP) for Critical Access Hospitals (CAHs) reimbursed under the optional method. Be sure your staffs are aware of the changes described in the Background section below.

Background

Effective April 1, 2011, CR7115 "Primary Care Incentive Payment Program (PCIP), Section 5501(a) of the Affordable Care Act, Payment to a Critical Access Hospital (CAH) paid under the Optional Method," instructed CAH providers to submit their NPIs using the "Other Provider" field located at loop 2310C on the current electronic claim, the 837I version 4010A1 format. CR7115 is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM7115.pdf> on the CMS website.

CR7686 updates the instructions in CR7115 by providing for a "Rendering Provider" field. Upon implementation of CR7686, you should use the 837I version 5010A2 "Rendering Provider" field (loop 2310D) instead of the "Other Operating Physician" field (loop 2310C). The "Rendering Provider" field on the 837I must be populated by the eligible primary care practitioner's NPI in order for the primary care services to qualify for the incentive bonus.

Providers using the Fiscal Intermediary Shared System (FISS) should use the new "Rendering Physician" field in FISS to report the NPI information.

Note: You should continue to use loop 2310C, as well as the information that is required in loop 2310B defined as "operating physician", for purposes of PCIP reporting until implementation of CR7686. Effective July 1, 2012, you should begin using loop 2310D.

Eligibility for PCIP Payment

For primary care services furnished on or after January 1, 2011, and before January 1, 2016, a 10 percent incentive payment will be provided to primary care practitioners, identified as: (1) in the case of physicians, enrolled in Medicare with a primary specialty designation of 08-family practice, 11-internal medicine, 37-pediatrics, or 38-geriatrics; or (2) in the case of non physician practitioners, enrolled in Medicare with a primary care specialty designation of 50-Nurse Practitioner, 89-certified clinical nurse specialist, or 97-Physician Assistant; and (3) for whom the primary care services displayed in the above table accounted for at least 60 percent of the allowed charges under the

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Medicare Physician Fee Schedule (excluding hospital inpatient care and emergency department visits) for such practitioner during the time period that has been specified by the Secretary of Health and Human Services.

CMS provides Medicare contractors with a list of the NPIs of the eligible primary care practitioners around the beginning of the incentive payment year. If a claim for a primary care service is submitted by a CAH paid under the optional method for an eligible primary care physician's or non physician practitioner's professional services, the "rendering provider" field on the claim must be populated by the eligible primary care practitioner's NPI in order for the primary care service to qualify for the incentive payment. Primary care services potentially eligible for the incentive payment and furnished on different days must be submitted on separate CAH claims so a determination about the eligibility of the service based on the rendering practitioner can be made. If the CAH claim for a single Date of Service includes more than one primary care professional service, the incentive payment for all primary care services for that date, shall be made to the CAH on behalf of the eligible primary care practitioner based on the NPI in the "rendering provider" field. In addition to the CAH NPI, the "rendering provider" NPI shall be shown on the Special Incentive Remittance for CAHs.

Additional Information

The official instruction, CR7686, issued to your FI and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2403CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - Flu Season is Here! While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Healthcare workers, who may spread the flu to high risk patients, should get vaccinated too. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu.** Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit [2011-2012 Provider Seasonal Flu Resources](#) and [Immunizations](#). For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the Centers for Medicare & Medicaid Services (CMS) website.

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