News Flash – CMS has posted 43 New Frequently Asked Questions (FAQs) related to MLN Matters® Article MM7502, “Bundling of Payments for Services Provided to Outpatients Who Later Are Admitted as Inpatient: 3-Day payment Window and the Impacts on Wholly Owned or Wholly Operated Physician Offices.” The new FAQs for the 3-Day (or 1-day) Payment Window policy as it pertains to physician practices are located in the Downloads section of the CMS Physician Fee Schedule web page and the Hospital PPS web page.

MLN Matters® Number: MM7902
Related Change Request (CR) #: CR 7902
Related CR Release Date: September 28, 2012
Effective Date: January 1, 2013
Related CR Transmittal #: R2560CP
Implementation Date: January 7, 2013

New Fiscal Intermediary Shared System (FI SS) Consistency Edit to Validate Attending Physician National Provider Identifier (NPI)

Note: This article was revised on March 27, 2013, to add a reference to MM8171 which updates the (CR7902) consistency edits to enforce the correct billing of the Attending Provider NPI on claims with Bill Type 71x (RHCs) by taking into consideration Sole Proprietors, who must enroll under their Type 1 individual NPI. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for institutional providers submitting claims to Medicare contractors (A/B Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and Regional Home Health Intermediaries (RHHIs)) for services to Medicare beneficiaries.

Provider Action Needed

Effective for claims received on or after January 1, 2013, you must submit the National Provider Identifier (NPI) of the attending provider in the Attending Provider Name and Identifiers Field.
(FL76) of your claims. That NPI must not be your billing NPI, unless the claim is for institutional billing of influenza and pneumococcal vaccinations and their administrations when these are the only billed services on the claim or a roster billing of influenza and pneumococcal vaccinations and their administrations when these are the only billed services on the roster claim. In addition, this edit will not be applied to an Institutional claim for a self-referred screening mammogram, when that is the only billed service on the claim. Make sure that your billing staffs are aware of this requirement.

**Background**

Institutional providers are required to indicate the Attending Provider Name and Identifiers for the patient’s medical care and treatment reported on institutional claims for any services other than non-scheduled transportation claims. Additionally, institutional providers are required on outpatient claims to send the Referring Provider NPI and name when the Referring Provider for the services is different than the Attending Provider.

**Additional Information**


If you have any questions, please contact your contractor 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](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html) on the CMS website.

**Note:** This article was revised on October 1, 2012, to note an exemption for Institutional claims for self-referred screening mammograms, when such services are the only billed services on a claim.

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