

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



News Flash –

CMS has instructed its contractors to delay turning on Phase 2 denial edits on the following claims to check for a valid individual National Provider Identifier (NPI) and to deny the claim when this information is missing:

- Medicare Part B **laboratory and imaging** claims and Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) claims that require an ordering or referring physician/non-physician provider; and
- Part A Home Health Agency (HHA) claims that require an attending physician provider.

CMS will advise you of the new implementation date in the near future. In the interim, informational messages will continue to be sent for those claims that would have been denied had the edits been in place. See [MLN Matters® Article SE1305](#) for more information.

MLN Matters® Number: MM8258 **Revised**

Related Change Request (CR) #: CR 8258

Related CR Release Date: April 12, 2013

Effective Date: May 13, 2013

Related CR Transmittal #: R459PI

Implementation Date: May 13, 2013

Tax Identification Numbers of Foreign Owning and Managing Entities and Individuals

Note: This article was revised on April 30, 2013, to revise the news flash (above) to show the Phase 2 edits are delayed. All other information remains the same.

Provider Types Affected

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

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Provider Action Needed

This article is based on Change Request (CR) 8258, which furnishes guidance regarding the reporting of tax identification numbers (TINs) in Sections 5 and 6 of the Form CMS-855. Make sure that your staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

In chapter 15 of the "Medicare Program Integrity Manual," section 15.5.6.1 has been added to advise Medicare contractors of new instructions regarding the reporting of TINs of owning and managing organizations and individuals.

The content of the new section is as follows:

Consistent with Sections 1124 and 1124A of the Social Security Act, the TINs (employer identification numbers or social security numbers) of all entities and individuals listed in Sections 5 and 6, respectively, of the Form CMS-855 must be disclosed. If a Medicare contractor receives an initial, reactivation, revalidation, or change of ownership Form CMS-855 application from a provider and the provider fails to disclose the TIN of a particular organization or individual listed in Section 5 or 6, the contractor shall follow normal development procedures for requesting the TIN. In doing so, if the contractor learns or determines that the TIN was not furnished because the entity or person in question is foreign, the contractor shall take the following steps:

a. The contractor shall ask the provider (via any means) whether the person or entity is able to obtain a TIN or, in the case of individuals, an Individual Taxpayer Identification Number (ITIN).

- (1) If the provider fails to respond to the contractor's inquiry within 30 days, the contractor shall follow the instructions in (c) below.
- (2) If the provider states that the person or entity is able to obtain a TIN or ITIN, the contractor shall send an e-mail, fax, or letter to the provider stating that (i) the person or entity must obtain a TIN/ITIN, and (ii) the provider must furnish the TIN/ITIN on the Form CMS-855 with a newly-signed certification statement within 90 days of the contractor's request.
- (3) If the provider states that the person or entity is unable to obtain a TIN or ITIN, the contractor shall send an e-mail, fax, or letter to the provider stating that (i) the provider must submit written documentation to the contractor explaining why the person or entity cannot legally obtain a TIN or ITIN, and (ii) the explanation – which can be in any written format and may be submitted electronically or via fax – must be submitted within 30 days of the contractor's request.

b. If the provider timely submits the explanation in (a)(3) above, the contractor shall forward the explanation to the appropriate contact at the Centers for Medicare & Medicaid Services (CMS). CMS will notify the contractor as to how the application should be handled.

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c. If the provider fails to timely respond to the contractor's inquiry in (a) or fails to timely furnish the TIN/ITIN in (a)(2), the contractor shall – unless another CMS instruction directs otherwise - reject the application in accordance with the procedures identified in chapter 15.

In addition:

- For purposes of section 15.5.6.1 only, the term "change of ownership" - as used in the first paragraph of this section - refers to (1) CHOW, acquisition/merger, and consolidation applications submitted by the new owner, (2) change in majority ownership applications submitted by a home health agency (HHA), and (3) change of information applications in which a new entity or individual (e.g., owner, managing employee, corporate director) is being added in Section 5 or 6.

Additional Information

The official instruction, CR8258 issued to your FI, carrier, RHHI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R459PI.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, RHHI, 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.

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