



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html/NationalProvIdentStand/> on the CMS website.

MLN Matters Number: MM5374

Related Change Request (CR) #:5374

Related CR Release Date: November 3, 2006

Effective Date: January 1, 2007

Related CR Transmittal #: R248OTN

Implementation Date: January 2, 2007

Note: This article was updated on October 31, 2012, to reflect current Web addresses. All other information remains unchanged.

Optical Character Recognition (OCR) interface in the Fiscal Intermediary Standard System (FISS)

Provider Types Affected

Providers submitting paper claims to Medicare Fiscal Intermediaries (FIs) and Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

Impact on Providers

This article is based on Change Request (CR) 5374 which instructs that the Fiscal Intermediary Standard System (FISS) is required to provide the capability for Medicare Administrative Contractors (MACs) to process Optical Character Recognition (OCR) claims. The article is for informational purposes for those providers wishing to submit paper claims.

Background

Using certain systems, known within The Centers for Medicare & Medicaid Services (CMS) as "Shared Systems," Medicare FIs and A/B MACs perform traditional claims processing services. FISS is the system used by FIs and A/B MACs to process many claims.

Change Request (CR) 5374 notifies all interested parties that the FISS system will process Optical Character Recognition (OCR) claims effective January 1, 2007. CR5374 further instructs that the A/B MAC or FI will recognize, process, and

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report these claims as paper claims and they will apply the appropriate payment floor criterion will be applied when processing these claims. Applying the payment floor for paper claims means the claims will not be paid until 29 days after receipt (at the earliest) as opposed to 14 days for electronic claims.

Additional Information

For complete details, please see the official instruction issued to your FI or A/B MAC regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2480TN.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 on the CMS website at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Shot Reminder Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot.** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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