



It's Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0748.pdf> on the CMS website.

MLN Matters Number: MM5906

Related Change Request (CR) #: 5906

Related CR Release Date: February 29, 2008

Effective Date: January 1, 2008

Related CR Transmittal #: R244PI

Implementation Date: April 7, 2008

Collapsing Medicare Provider Transaction Access Numbers (PTANs) to Ensure a One-to-One National Provider Identifier (NPI) Match

Note: This article was updated on July 6, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers and suppliers billing Medicare contractors (Medicare Administrative Contractors (A/B MACs), and carriers) for services provided to Medicare beneficiaries.

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Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5906 because it believes that providers and suppliers may want to collapse their assigned Medicare PTANs to insure a one-to-one NPI match. Providers may collapse PTANs that are assigned to additional locations **only if the additional locations are all assigned the same tax identification number (TIN) and are within the same pricing locality.**

Background

Changes in the Medicare provider and supplier enrollment process over the years have resulted in differences in the assignment of Medicare PTAN. Those differences, combined with Medicare's requirement to capture the NPI as part of the enrollment process, affect the type of information that is collected and maintained in Provider Enrollment, Chain Ownership System (PECOS), and then transferred to Medicare Claims System (MCS) and Medicare's NPI crosswalk.

Presently, some Medicare carriers issue separate PTANs to physicians, non-physician practitioners, and other suppliers with multiple practice locations. To ensure that carriers are assigning PTANs in a more consistent manner and to aid in the implementation of the NPI, carriers and A/B MACs will assign the minimum number of PTANs necessary to ensure that proper payments are made.

Key Points

- Providers and suppliers can request their carrier or A/B MAC collapse their PTANs by submitting a letter on their letterhead to the Medicare contractor. The letter must contain:
 - The TIN of the provider/entity and/or the Social Security Number of the individual(s);
 - The effective date for the collapsed PTANs; and
 - A signature of the authorized official making the request.
- In addition, Organizations must complete the following sections of the CMS 855B application:
 - Section 1.A. – You are changing your information;

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- Section 1.B. – Practice Location Information;
 - Section 2.B.3. – Correspondence Address;
 - Section 3. – Adverse Legal Actions/Convictions;
 - Section 4 – should be replaced with a spreadsheet containing all the PTANS for the group and its individuals with associated NPIs, all practice location addresses for the group and any special payment address, and identify on the spreadsheet of which group/individual PTANS are to remain active and which are to be end dated;
 - Section 13. – Contact person; and
 - Section 15 – Certification Statement.
- Sole Proprietors, in addition to the letter, must submit the following sections of the CMS 855I application:
 - Section 1.A. – You are changing your information;
 - Section 1.B. – Practice Location Information;
 - Section 2.A. – Identifying information;
 - Section 2.B. – Correspondence Address;
 - Section 3. – Adverse Legal Actions/Convictions;
 - Section 4 – should be replaced with a spreadsheet containing all the PTANS for the sole proprietor with associated NPIs, all practice location addresses and any special payment address, and identify on the spreadsheet of which PTANS are to remain active and which are to be end dated;
 - Section 13. – Contact information; and
 - Section 15 – Certification Statement.

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- If it is determined, the provider or supplier is not in PECOS, the Medicare contractor will request a complete 855B or 855I application to be submitted.
- Internet-based PECOS which is to be implemented later this year will not support collapsing of assigned Medicare PTANs by a provider or supplier. Therefore, if a provider or supplier requests to collapse their Medicare PTANs, **this process will have to be done by the CMS 855 paper application process.**

Additional Information

To see the official instruction (CR5906) issued to your Medicare Carrier or A/B MAC, refer to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R244PI.pdf> on the CMS website. If you have questions, please contact your Medicare Carrier, 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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