



News Flash – Did you know that your local Medicare contractor (carrier, fiscal intermediary, or Medicare Administrative Contractor (MAC)) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area, such as local coverage determinations, local provider education activities, etc. If you have not done so already, you should go to your local contractor website and sign up for their listserv or e-mailing list. Many contractors have links on their home page to take you to their registration page to subscribe to their listserv. If you do not see a link on the homepage, just search their site for “listserv” or “e-mail list” to find the registration page. If you do not know the Web address of your contractor’s homepage, it is available 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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Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

Reporting the National Provider Identifier (NPI) on Claims for Reference Laboratory and Purchased Diagnostic Services Performed Outside the Billing Jurisdiction

Provider Types Affected

Physicians and other providers who bill Medicare carriers and Medicare Administrative Contractors (MAC) for reference laboratory or purchased diagnostic services.

What You Need to Know

CR 6362, from which this article is taken, establishes an exception to the standard reporting of the national provider identifier (NPI) on Medicare fee-for-service claims for reference laboratory and purchased diagnostic services performed by a provider located outside the jurisdiction of your Medicare contractor. When you bill for either of these services (reference laboratory services listed on the Clinical

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Laboratory Fee Schedule, or purchased diagnostic services) and the services were performed by a provider located in another Medicare contractor's jurisdiction, you must report your own NPI on the Medicare claim as the performing provider and annotate the claim with the performing provider's name, address and ZIP code. Be sure to record the performing provider's NPI in the clinical records for auditing purposes. You should make sure that your billing staff has been made aware of this NPI documentation requirement.

Background

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandate the adoption of a standard unique health identifier for health care providers; and the January 23, 2004 final rule establishes the national provider identifier (NPI) as this standard.

All entities covered under HIPAA must comply with the requirements of the final rule (45 CFR Part 162, CMS-0045-F), which requires that (effective May 23, 2008) covered health care providers, suppliers, and health plans (other than small plans) must use the NPI on paper or electronically-submitted Medicare fee-for-service claims.

If you, as the billing provider, outsource Medicare-covered services to another Medicare-enrolled provider you are "purchasing" these services and ordinarily would report, on the claim, both your own NPI (as the billing provider) and also the performing provider's NPI. However, when the performing provider is geographically located in a different Medicare contractor's jurisdiction, your carrier or MAC will not have a record of the performing provider's NPI. CR 6362, from which this article is taken, clarifies billing instructions on using the NPI in these situations.

Specifically, CR 6362 requires that when you submit paper or electronic Medicare claims for reference laboratory or purchased diagnostic services that are performed by a provider outside of your billing jurisdiction; you should report your own NPI in the performing provider's NPI data field and annotate the claim with the performing provider's name, address, and ZIP code. The billing provider must keep the performing provider's NPI in the clinical records for auditing purposes.

You should be aware that your carrier or MAC will return as unprocessable your claims for reference laboratory or purchased diagnostic services that are performed outside the billing jurisdiction; if you submit them without your NPI in Item 32a, and the name, address, and ZIP code of the performing provider in Item 32 of the CMS-1500 form, or on the ANSI X12 837P electronic claim form in the appropriate data field.

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Note: CR 6362 establishes this previously discretionary requirement as mandatory, and also, supplements and manualizes CR 5289 which was issued October 27, 2006 as Transmittal 243. (You might want to review the related MLN Matters article MM5289, [Reporting the National Provider Identifier \(NPI\) on Physician Claims for Clinical Diagnostic Services Purchased Outside of the Local Carrier's Jurisdiction](http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5289.pdf), which you can find at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5289.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Additional Information

You can find more information about reporting your NPI on claims for reference laboratory and purchased diagnostic services performed outside of your billing jurisdiction by going to CR 6362, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1690CP.pdf> on the CMS website.

You will find the updated *Medicare Claims Processing Manual*, Chapter 16 (Laboratory Services), Sections 40.1.1.1 (Paper Claim Submission to Carriers/B MAC) and 40.1.1.2 (Electronic Claim Submission to Carriers/B MAC) as an attachment to that CR.

If you have any questions, please contact your carrier or 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 - It's Not Too Late to Give and Get the Flu Shot! In the United States, 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.** Remember - Influenza and pneumococcal vaccinations plus their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. Health care professionals and their staff can learn more about Medicare's Part B coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0838 <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0838.pdf> on the CMS website.

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