



News Flash – Health care providers, health plans, clearinghouses and vendors should be finished with their internal testing of the Version 5010 HIPAA electronic health care transaction standards by the first recommended deadline for internal testing, December 31, 2010, and be ready to start testing with their external partners, beginning in January 2011. Please visit <http://www.cms.gov/Medicare/Coding/ICD10/index.html> for the latest news and sign up NOW for Version 5010 and ICD-10 e-mail updates!

MLN Matters® Number: MM7046 **Revised**

Related Change Request (CR) #: 7046

Related CR Release Date: December 14, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R8220TN

Implementation Date: January 3, 2011

Note: This article was updated on December 7, 2012, to reflect current Web addresses. This article was previously re-issued on December 15, 2010, to reflect numerous revisions made to CR 7046 on December 14, 2010. Please review the revised article in its entirety. All other information remains unchanged.

NPI Verification for Physician or Non-Physician Practitioner Providers for Critical Access Hospital (CAH) claims processed by Medicare Fiscal Intermediaries (FI) and Part A Medicare Administrative Contractors (A/B MAC)

Provider Types Affected

Critical Access Hospitals (CAH) submitting claims that include attending, operating, or other physician or non-physician practitioner providers for services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 7046. You should know that, currently, Medicare does not have the capability to identify the specialty codes associated with the physician or non-physician practitioner provider that are in an approved status on the Provider Enrollment, Chain and Ownership System (PECOS) file when a claim is submitted by a CAH. Please ensure that your billing staffs are aware of these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Currently, the Centers for Medicare & Medicaid Services (CMS) does not have the capability to identify the specialty codes associated with the physician or non-physician practitioner provider that are in an approved status on the Provider Enrollment, Chain and Ownership System (PECOS) file when a claim is submitted by a CAH

In this document, the word 'claim', means both electronic and paper claims and the following are the only physicians and non-physician practitioners on the initial and nightly PECOS files. A future change request will address the receipt of the PECOS file for all physician and non-physician practitioners in an approved status:

- doctor of medicine or osteopathy;
- dental medicine;
- dental surgery;
- podiatric medicine;
- optometry;
- chiropractic medicine;
- physician assistant;
- certified clinical nurse specialist;
- nurse practitioner;
- clinical psychologist;
- certified nurse midwife; and
- licensed clinical social worker.

The Fiscal Intermediary Shared System (FISS) will receive a national file from PECOS of only the physicians and non-physician practitioners, who are enrolled in PECOS, are in an approved status and who are one of the specialties listed above. Nightly thereafter, FISS will receive a national PECOS file of newly added physicians and non-physician practitioners whose enrollment data has been updated. FISS is the Medicare system that processes CAH claims.

Legislation under the Affordable Care Act requires Medicare to identify certain physician and non-physician practitioner specialty codes in order to make incentive payments that are dependent on the specialty code and HCPCS code.

Additional Information

If you have questions, please contact your FI 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.

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The official instruction issued to your FI or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R822OTN.pdf> on the CMS website.

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