DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash –

A new fast fact is now available on MLN Provider Compliance. This web page provides the latest educational products designed to help Medicare Fee-For-Service providers understand – and avoid – common billing errors and other improper activities. Please bookmark this page and check back often as a new fast fact is added each month!

MLN Matters® Number: MM7578

Related CR Release Date: February 17, 2012

Related CR Transmittal #: R1046OTN

Related Change Request (CR) #: 7578

Effective Date: January 1, 2012

Implementation Date: FISS: July 2, 2012 and October 1, 2012, CWF: October 1, 2012

Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) Information

Provider Types Affected

This MLN Matters® article is intended for Critical Access Hospitals billing under Method II, Federally Qualified Health Centers, and Rural Health Clinics that submit claims to Medicare contractors (Fiscal Intermediaries (FIs) and Part A/B Medicare Administrative Contractors (A/B MACs)), for services provided to Medicare beneficiaries.

Provider Action Needed

Providers who submit a combined claim (claims that include both facility and professional components) will need to report the rendering physician or other practitioner at the line level if it differs from the rendering physician/practitioner reported at the claim level. Please make sure your billing staff is aware of these changes.

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Background

Medicare needs to identify primary physicians/practitioners of services not only for use in standard claims transactions, but also for review, fraud detection, and planning purposes. In order to accomplish this, CMS must be able to identify the rendering physician/practitioner for each inpatient/outpatient service billed to Medicare and store that information in the databases that serve as the source for data analysis. Prior to the implementation of the 5010 version of the 837I, that information could only be collected at the claim level in the "other provider" field.

CMS can begin collecting this information at the line level following the implementation of the 5010 version of the 837I. To perform needed data analysis, it is critical that FISS be able to associate physician/practitioner identifying information with each line item on institutional claims and be able to forward that information to the CWF.

Additional Information

The official instruction, CR7578, issued to your FI or A/B MAC regarding this change may be viewed at http://www.cms.gov/Transmittals/downloads/R1046OTN.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 at http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.

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