News Flash - The NPI will be Required for all HIPAA Standard Transactions on May 23rd:
As of May 23, 2008, the NPI will be required for all HIPAA standard transactions. This means:

- For all primary and secondary provider fields, only the NPI will be accepted and sent on all HIPAA electronic transactions (837I, 837P, NCPDP, DDE, 276/277, 270/271 and 835), paper claims (UB-04 and CMS-1500) and SPR remittance advice; and

- Reporting of Medicare legacy identifiers in any primary or secondary provider fields will result in the rejection of the transaction.

MLN Matters Number: SE0814  Related Change Request (CR) #: 5089, 5277
Related CR Release Date: N/A  Effective Date: N/A
Related CR Transmittal #: N/A  Implementation Date: N/A

Provider Authentication by Medicare Provider Contact Centers

Provider Types Affected

Physicians, other providers, and suppliers who bill Medicare contractors (carriers, fiscal intermediaries (FI), regional home health intermediaries (RHHI), Medicare Administrative Contractors (A/B MAC), or Durable Medical Equipment Medicare Administrative Contractors, (DME MAC)) for services provided to Medicare Beneficiaries.

What You Need to Know

SE0814 covers the implementation of the National Provider Identifier (NPI) and the Provider Transaction Access Number (PTAN), effective May 23, 2008, as the provider authentication elements used when providers make telephone or written inquiries to the Medicare fee-for-service contractor provider contact centers.

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Note: For providers enrolled in Medicare before May 23, 2008, their PTAN initially will be their legacy provider number. New providers enrolling in Medicare on or after May 23, 2008, will be assigned a PTAN as part of the Medicare enrollment process.

**Background**

In order to protect the privacy of Medicare beneficiaries and to comply with the requirements of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act, customer service staff at Medicare provider contact centers (PCC) must properly authenticate the identity of providers/staff that call or write to request beneficiary protected health information before disclosing it to the requestor.


**Provider Authentication**

The elements for provider authentication of telephone (either Customer Service Representative (CSR) or Interactive Voice Response (IVR)) and written inquiries are presented in the table below.

### Provider Authentication Elements for Telephone & Written Inquiries

<table>
<thead>
<tr>
<th>EFFECTIVE DATES</th>
<th>INQUIRY TYPE</th>
<th>PROVIDER ELEMENTS TO BE AUTHENTICATED (all elements must match unless otherwise specified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or after May 23, 2008</td>
<td>IVR</td>
<td>Provider NPI and PTAN</td>
</tr>
<tr>
<td>On or after May 23, 2008</td>
<td>CSR</td>
<td>Provider NPI and PTAN</td>
</tr>
<tr>
<td>On or after May 23, 2008</td>
<td>Written, including fax and email</td>
<td>Provider name, and either provider NPI or PTAN</td>
</tr>
</tbody>
</table>

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Written Inquiries – Exception to above authentication requirements

CMS allows an exception for written or faxed inquiries submitted on a provider’s official letterhead, and e-mail inquiries (with an attachment on letterhead). If the provider’s name and address are included in the letterhead and clearly establish the provider’s identity, no NPI or PTAN is required for authentication.

Additional Information

If you have any questions, please contact your carrier, FI, A/B MAC, or DME MAC at their toll-free number, which may be found at [http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip](http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip) on the CMS website.