

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 249	Date: NOVEMBER 13, 2006
	Change Request 5378

SUBJECT: Claims Submitted With Only a National Provider Identifier (NPI) During the Stage 2 NPI Transition Period

I. SUMMARY OF CHANGES: This change request supplies instructions to the contractors to educate providers regarding submission of provider identifiers during the Stage 2 NPI transition period.

NEW / REVISED MATERIAL

EFFECTIVE DATE: OCTOBER 1, 2006

IMPLEMENTATION DATE: November 20, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification Attachment

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 249	Date: November 13, 2006	Change Request: 5378
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SUBJECT: Claims Submitted With Only a National Provider Identifier (NPI) During the Stage 2 NPI Transition Period

Effective Date: October 1, 2006

Implementation Date: November 20, 2006

I. GENERAL INFORMATION

A. Background: During the Stage 2 NPI transition period of October 1, 2006, through May 22, 2007, Medicare is recommending that providers send in both NPIs and legacy provider numbers. However, Medicare will accept claims having only NPIs (as well as those having only legacy provider numbers) during this period. (Note that, NPIs are not to be submitted on CMS 1500 forms until the revised CMS-1500 [08/05] begins to be accepted by Medicare on January 2, 2007. For institutional paper claims sent to FIs/AB MACs, an NPI will not be accepted by Medicare until the implementation of the UB-04 on May 23, 2007).

As noted in previous announcements by the agency and our contractors, CMS plans to begin testing the new software that has been developed to use the NPI in the existing Medicare fee-for-service claims processing systems. Providers have until May 23, 2007, before they are required to submit claims with only an NPI.

B. Policy: From the beginning of the Stage 2 NPI transition period on October 1, 2006 and until further notice, Medicare is recommending that providers send in both NPIs and legacy provider numbers.

Until testing is complete within the Medicare processing systems, Medicare contractors shall urge providers to continue submitting Medicare fee-for-service claims in one of two ways:

- Using the provider's legacy number, such as a Provider Identification Number (PIN), NSC number, OSCAR number or UPIN; or
- Using both the provider's NPI and legacy number.

Until testing of the new software that uses the NPI in the Medicare systems is complete and until further notice from CMS, Medicare contractors shall alert providers that the following may occur if providers submit Medicare claims with only an NPI:

- Claims may be processed and paid, or
- Claims for which Medicare systems are unable to properly match the incoming NPI with a legacy number (e.g., PIN, OSCAR number) may be rejected to the provider, and then the provider will need to resubmit the claim with the appropriate legacy number.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	R	I	I	S	S	S	W
		M	M		R	R		S	S	S	F	
		A	A		E	C		S	S	S	F	
		C	C		R			S	S	S	F	
5378.1	Medicare contractors shall educate providers that beginning October 1, 2006 and until further notice, claims submitted with only an NPI shall be returned to the provider as unprocessable if a properly matching legacy number cannot be found.	X	X	X	X	X	X					
5378.2	Medicare contractors shall instruct providers to resubmit claims returned to them as unprocessable with the appropriate legacy number. Note: The same means of submission should be used to refile the claim (e.g.; providers that submitted electronically shall resubmit electronically).	X	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	R	I	I	S	S	S	W
		M	M		R	R		S	S	S	F	
		A	A		E	C		S	S	S	F	
		C	C		R			S	S	S	F	
5378.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are	X	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A B M A C	D M M A C	F I	C A R I E R	D M R R C	R E H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5378.1	Contractors should use such language as the following when returning claims to the provider as unprocessable: "We have received your claim with only an NPI. Please apply the appropriate legacy number to the claim and resubmit."

B. For all other recommendations and supporting information, use the space below: N/A

V. CONTACTS

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Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For TITLE XVIII Contractors, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until

specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.