

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2579	Date: November 1, 2012
	Change Request 8030

SUBJECT: Medicare System Update to Include Rendering Line Level National Provider Identifiers (NPIs) for Primary Care Incentive Program (PCIP) Payments to Critical Access Hospitals (CAHs)

I. SUMMARY OF CHANGES: This instruction updates Medicare systems to identify line level NPI information for purposes of PCIP payments to CAHS reimbursed under the optional method.

EFFECTIVE DATE: April 1, 2013

IMPLEMENTATION DATE: April 1, 2013

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=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	4/250.12.2/Identifying Primary Care Services Eligible for the PCIP

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

Business Requirements

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

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: Upon implementation of Transmittal 1046, Change Request 7578, released February 26, 2012, CMS stores line level physician/practitioner NPI information when billed using version 5010 of the 837I electronic claim.

Previously, CMS could only identify the claim level rendering physician/practitioner for PCIP payments. Upon implementation of this instruction, the Fiscal Intermediary Shared System (FISS) will identify line level rendering physician/practitioner NPI information for PCIP payments when billed using version 5010 of the 837I electronic claim.

B. Policy: Section 5501(a) of the ACA revises section 1833 of the Social Security Act (the Act) by adding a new paragraph (x), "Incentive Payments for Primary Care Services." Section 1833(x) of the Act states that in the case of primary care services furnished on or after January 1, 2011 and before January 1, 2016 by a primary care practitioner, there also shall be paid on a monthly or quarterly basis an amount equal to 10 percent of the payment amount for such services under Part B.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility											
		A/B MAC		DME	FI	CAH	RHI	Shared-System Maintainers				Other	
		P	P					FISS	MCSS	VMS	CWF		
A	B												
8030.1	Contractors shall update their systems to make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported in the line level rendering physician field, if present.	X			X			X					
8030.2	Contractors shall update their systems to make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported at the claim level rendering physician field, if present, for any	X			X			X					

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	eligible line item services that do not contain a line level rendering physician NPI.											
8030.3	Contractors shall update their systems to make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported at the claim level Attending physician field when the claim level Rendering physician field is blank.	X			X			X				
8030.4	Contractors shall revise the special incentive remittance advice for CAH method 2 providers, where necessary, to identify the physician NPI that received the PCIP payment.							X				
8030.5	Contractors shall revise any current NPI summary reporting requirements indicating the correct physician that received a PCIP payment.							X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H H I	Other
		P a r t A	P a r t B					
8030.6	MLN Article : A provider education article related to this instruction will be available at http://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 sites and include information about it in a listserv message within one week of the availability of the provider							

Number	Requirement	Responsibility						Other
		A/B MAC	D M E	F I	C A R R I E R	R H H I		
		P a r t A	P a r t B	M A C				
	education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are 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

Section A: Recommendations and supporting information associated with listed requirements:
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jason Kerr, 410-786-2123 or jason.kerr@cms.hhs.gov , Cindy Pitts, 410-786-2222 or cindy.pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

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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.

250.12.2 - Identifying Primary Care Services Eligible for the PCIP

(Rev.2579, Issued:11-01-12, Effective: 04-01-13,Implementation: 04-10-13)

CAHs paid under the optional method billing on TOB 85X for professional primary care services (revenue code 96X, 97X or 98X) furnished by primary care physicians and nonphysician practitioners who have reassigned their billing rights to the CAH are eligible for PCIP payments.

The National Provider Identifier (NPIs) of primary care practitioners eligible for PCIP payment in a given calendar year (CY) are posted on Medicare contractor web sites in the Primary Care Incentive Payment Program Eligibility File by January 31 of the applicable incentive payment CY. Eligible practitioners for PCIP payment in a given calendar year who were newly enrolled in Medicare in the year immediately preceding the PCIP payment year will be identified later in the payment year and posted on their Medicare contractor's website at that point in time. CAHs paid under the optional method should contact their contractor with any questions regarding the eligibility of physician and nonphysician practitioners for PCIP payments.

Primary care practitioners furnishing primary care services will be identified on CAH claims by the NPI of the rendering practitioner *as follows:*

- *Line level 'Rendering Provider' field when populated or,*
- *Claim level 'Rendering Provider' field where a line level 'Rendering Provider' field is blank or,*
- *Claim level 'Attending Provider' field if the claim level 'Rendering Provider' field is blank.*

In order for a primary care service to be eligible for PCIP payment, the CAH paid under the optional method must be billing for the professional services of physicians under their NPIs or of physician assistants, clinical nurse specialists, or nurse practitioners under their own NPIs because they are not furnishing services incident to physicians' services.

Multiple primary care services rendered by different physicians may be present on a single claim. Providers shall ensure they identify each physician on the claim form per the 5010 837I electronic transaction rules.