

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 491</b>	<b>Date: November 22, 2013</b>
	<b>Change Request 8487</b>

**SUBJECT: Removal of Existing Material in Chapter 14 of the Program Integrity Manual**

**I. SUMMARY OF CHANGES:** The purpose of this change request (CR) is to delete the existing material in chapter 14 of CMS Pub. 100-08 (the Program Integrity Manual, or PIM). This material, which deals with National Provider Identifier (NPI) policy, is either outdated, moot, or has been (or is in the process of being) duplicated in chapter 15 of the PIM.

**EFFECTIVE DATE: December 24, 2013**

**IMPLEMENTATION DATE: December 24, 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	14/Table of Contents
D	14/14.1/Access to National Plan and Provider Enumeration System (NPPES) and Unique Physician Identification Number (UPIN) Data
D	14/14.2/Privacy Act Requirements
D	14/14.2.1/NPI
D	14/14.2.2/UPIN
D	14/14.2.3/Adding Physician/Health Care Practitioner/Group Practice Setting
D	14/14.3/Access to NPI Data
D	14/14.3.1/NPI Registry
D	14/14.3.2/NPI Downloadable File
D	14/14.4/Access to UPIN Data
D	14/14.5/NPIs for Secondary Providers
D	14/14.7.4/T-Mail

### **III. FUNDING:**

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

No additional funding will be provided by CMS; contractor's activities are to be carried out within 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**

**Manual Instruction**

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

# Attachment - Business Requirements

<b>Pub. 100-08</b>	<b>Transmittal: 491</b>	<b>Date: November 22, 2013</b>	<b>Change Request: 8487</b>
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## I. GENERAL INFORMATION

**A. Background:** The purpose of this change request (CR) is to delete the existing material in chapter 14 of CMS Pub. 100-08 (the Program Integrity Manual, or PIM). This material, which deals with National Provider Identifier (NPI) policy, is either outdated, moot, or has been (or is in the process of being) duplicated in chapter 15 of the PIM.

**B. Policy:** This CR deletes the existing material in chapter 14 of the PIM.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8487.1	<b>NOTE:</b> The contractor shall observe the deletion of the existing material in chapter 14 of the PIM.	X	X	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 I	Other
		A	B	H H H					
	None								

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Frank Whelan, 410-786-1302 or frank.whelan@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 (RHHs), and/or Carriers:**

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

**Section B: For Medicare Administrative Contractors (MACs):**

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# Medicare Program Integrity Manual

## Chapter 14 – *Reserved for Future Use*

### Table of Contents

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