

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1216	Date: MARCH 30, 2007
	Change Request 5508

Subject: Provider Education for Handling NPI Issues Related to Deceased Providers

I. SUMMARY OF CHANGES: This instruction is the provider education for handling issues related to deceased providers.

New / Revised Material

Effective Date: May 23, 2007

Implementation Date: April 30, 2007

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
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

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

Attachment – One-Time Notification

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SUBJECT: Provider Education for Handling NPI Issues Related to Deceased Providers

Effective Date: May 23, 2007

Implementation Date: April 30, 2007

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that the Secretary of the Department of Health and Human Services adopt standards providing for a standard unique health identifier for each health care provider for use in the healthcare system and to specify the purpose for which the identifiers may be used. The National Provider Identifier (NPI) final rule published on January 23, 2004, establishes this standard for a unique health identifier, announces the adoption of the National Provider Identifier (NPI) as that standard, and establishes implementation specifications for obtaining and using the NPI (45 CFR Part 162, Form CMS-0045-F).

All entities covered under HIPAA must comply with the requirements of the NPI final rule no later than May 23, 2007. Among these requirements are the following:

- Any health care provider who is an entity covered under HIPAA must obtain an NPI.
- Health care providers meeting the definition of health care provider referenced in the NPI final rule but not covered entities are eligible to obtain NPIs as well.
- Health care providers covered under HIPAA must use NPIs to identify themselves and their subparts (if applicable) on all standard transactions adopted under HIPAA.
- Health plans must use the NPI to identify any health care provider or subpart that has been assigned an NPI to identify that health care provider or subpart on all HIPAA standard transactions.”

CMS began to accept applications for NPIs at <https://nppes.cms.hhs.gov> and by mail on May 23, 2005, and to issue NPIs that same day.

B. Policy:

Individual Provider Who Dies Without an NPI:

If a provider dies before obtaining an NPI, claims for that provider are received by a Medicare contractor after May 23, 2007, and neither the Medicare contractor, OSCAR or the National Supplier Clearinghouse (NSC) contractor, if applicable, nor PECOS have been notified of the death, the claims will reject when received by Medicare due to the absence of the provider’s NPI. At that point, the claim submitter would be expected to contact the Medicare contractor to which the claims were submitted to discuss payment of the claims and report the provider’s death.

The State in which a provider furnishes care will continue to be responsible for notification of Medicare of the death of a provider following existing procedures, but since some States may send updates on a quarterly basis, it is necessary to implement an interim procedure to enable payment of claims for providers who have died.

Because the shared systems will reject an electronic claim received without an NPI after May 23, 2007, it is necessary to ask the provider to submit the claim on paper. A representative of the estate must contact the claims processing contractor, who will notify the provider that they must submit the claims on paper, and that they must annotate the claim to state that the provider is deceased in Item 19.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R R E R	D M R R I C	R E H I C	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	N/A (See Provider Ed										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R R E R	D M R R I C	R E H I C	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5508.1	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 site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and	X	X		X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	D M R R E C	R H I I C	Shared-System Maintainers			
						F I S S	M C S S	V M S S	C W F		
	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:

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

V. CONTACTS

Pre-Implementation Contact(s): Angela Costello at angela.costello@cms.hhs.gov or (410) 786-1554

Post-Implementation Contact(s): Angela Costello at angela.costello@cms.hhs.gov or (410) 786-1554.

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), 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. CMS does 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.