

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2403</b>	<b>Date: January 26, 2012</b>
	<b>Change Request 7686</b>

**SUBJECT: Medicare System Update to Include a Rendering Provider Field to Allow Correct Physician National Provider Identifier (NPI) Reporting for the Primary Care Incentive Program (PCIP) for Critical Access Hospitals (CAHs) Reimbursed Under the Optional Method**

**I. SUMMARY OF CHANGES:** This instruction implements a system update to include the rendering provider field to allow correct physician NPI reporting for the PCIP for CAHs reimbursed under the optional method.

**EFFECTIVE DATE: January 1, 2012**

**IMPLEMENTATION DATE: July 2, 2012**

*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	4/250.12.2/Identifying Primary Care Services Eligible for the PCIP

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

No additional funding will be provided by CMS; contractor 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 obligated 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

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**Effective Date: January 1, 2012**

**Implementation Date: July 2, 2012**

## I. GENERAL INFORMATION

**A. Background:** Effective April 1, 2011, Change request (CR) 7115 titled, *Primary Care Incentive Payment Program (PCIP), Section 5501(a) of the Patient Protection and Affordable Care Act (the ACA), Payment to a Critical Access Hospital (CAH) paid under the Optional Method*, instructed CAH providers to submit their National Provider Identifiers (NPIs) using the 'Other Provider' field located at loop 2310C on the current electronic claim, the 837I version 4010A1 format. With the implementation of the 837I version 5010A2 format, loop 2310C was redefined to 'Other Operating Physician' and, thus, not appropriate for usage for PCIP reporting. For providers using the 837I 5010A2 format, effective January 1, 2012, the correct loop for reporting physician NPI information is loop 2310D, 'Rendering Provider'.

Upon implementation of this instruction, providers shall use the 837I version 5010A2 'Rendering Provider' field (loop 2310D). The 'Rendering Provider' field on the 837I must be populated by the eligible primary care practitioner's NPI in order for the primary care services to qualify for the incentive bonus. Providers using the Fiscal Intermediary Shared System (FISS) shall utilize the new 'Rendering Physician' field in FISS to report the NPI information. There are no other changes in this change request. All other information remains the same.

**B. Policy:** The policy for this provision remains the same except for the following wording in the paragraph should be 'rendering physician' instead of 'other provider.' All other contents remain the same for the PCIP incentive bonus.

### **Eligibility for Payment under the Primary Care Incentive Payment Program (PCIP)**

For primary care services furnished on or after January 1, 2011 and before January 1, 2016, a 10 percent incentive payment will be provided to primary care practitioners, identified as: (1) in the case of physicians, enrolled in Medicare with a primary specialty designation of 08-family practice, 11-internal medicine, 37-pediatrics, or 38-geriatrics; or (2) in the case of non physician practitioners, enrolled in Medicare with a primary care specialty designation of 50-nurse practitioner, 89-certified clinical nurse specialist, or 97-physician assistant; and (3) for whom the primary care services displayed in the above table accounted for at least 60 percent of the allowed charges under the PFS (excluding hospital inpatient care and emergency department visits) for such practitioner during the time period that has been specified by the Secretary.

CMS provides contractors with a list of the national provider identifiers (NPIs) of the eligible primary care practitioners around the beginning of the incentive payment year. If a claim for a primary care service is submitted by a CAH paid under the optional method for an eligible primary care physician's or non physician practitioner's professional services, the "**rendering provider**" field on the claim must be populated by the eligible primary care practitioner's NPI in order for the primary care service to qualify for the incentive payment. Primary care services potentially eligible for the incentive payment and furnished on different days must be submitted on separate CAH claims so a determination about the eligibility of the service based on the rendering practitioner can be made. If the CAH claim for a single date of service includes more than one primary care professional service, the incentive payment for all primary care services for that date, shall be made to the CAH on behalf of the eligible primary care practitioner based on the NPI in the "**rendering provider**" field. In addition to the CAH NPI, the "**rendering provider**" NPI shall be shown on the Special Incentive Remittance for CAHs.

## 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 I E R	R H R I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7686.1	Medicare systems shall create new fields to house rendering physician information at the claim level.						X	X		X	NCH
7686.1.1	Medicare systems shall ensure the new fields have the same characteristics as the current Attending and Operating physician fields. (i.e. RendPhys, , UPIN, NPI, Last Name, First Name, Middle Initial)						X	X		X	NCH
7686.1.2	Medicare systems shall apply the same editing, including sanctions, on the NPI and Name formatting/validity requirements as currently done with the other physician NPI reporting fields.						X			X	
7686.1.3	Medicare contractors shall apply the same dispositions as currently done with existing NPI fields.	X		X							
7686.2	Medicare systems shall map the information in loop 2310D from the 837I version 5010A2 to the newly created Rendering Physician fields.						X				
7686.3	Medicare systems shall rename the "Other Physician" field "Other Operating Physician". (NOTE: Abbreviations acceptable as done with other fields)						X			X	
7686.3.1	Medicare systems shall continue to map loop 2310C to this field.						X				
7686.4	Medicare systems shall research any existing editing requirements, other than NPI/Name formatting/validity, for the current 'Other Physician' field and apply this editing to the new 'Rendering Physician' field.						X				
7686.5	Medicare systems shall ensure the new 'Rendering Physician' field is used for PCIP bonus reporting. (NOTE: Previously the 'Other Physician' field was used)						X				
7686.6	Medicare systems shall edit to ensure claim level and line level rendering NPI information do not match for Direct Data Entry and Hardcopy providers.						X				
7686.6.1	Medicare contractors shall Return to Provider (RTP) claims in which claim level and line level information matches.	X		X							
7686.7	Contractors shall revise the special incentive remittance so that CAHs paid under the optional method may identify the NPI in the 'Rendering Physician' field.						X				



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

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*:**

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

### **Section B: 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 obligated 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.

## **250.12.2 - Identifying Primary Care Services Eligible for the PCIP**

*(Rev. 2403, Issued: 01-26-2012, Effective: 01-01-2012, Implementation: 07-02-2012)*

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 specified in the *"rendering physician"* field on the claim for the primary care service. If the claim for a primary care service is submitted by a CAH paid under the optional method, the rendering physician's NPI must be included in the *"rendering physician"* field on the claim for the primary care service specified by an eligible CPT code. 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.

If the CAH claim for a single date of service includes more than one primary care professional service, the incentive payment for all primary care services for that date, shall be made to the CAH on behalf of the eligible primary care physician or nonphysician practitioner based on the NPI in the *"rendering physician"* field.

If primary care services are furnished on different dates of service to the same patient, the CAH should ensure that the primary care professional service furnished each day is on a separate CAH claim so the NPI in the *"rendering physician"* field reflects the NPI of the physician or nonphysician practitioner who rendered that primary care service. This permits correct attribution of the primary care service to an NPI, so contractors can then determine if that NPI is eligible for PCIP payment and, if so, then the contractor would include the PCIP payment for that service in the quarterly incentive payment to the CAH.

See section 230.1 for more information on primary care practitioner identification.