

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 279	Date: MAY 25, 2007
	Change Request 5549

SUBJECT: Continuation of Legacy Number Reporting on Outbound Claims for COBA Process

I. SUMMARY OF CHANGES: Through this change request (CR), CMS will continue to populate the Legacy claim identifiers in the reference (REF) segments of provider loops on the 837 Institutional and Professional outbound crossover claims.

New / Revised Material

Effective Date: July 1, 2007

Implementation Date: July 2, 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

Pub. 100-20	Transmittal: 279	Date: May 25, 2007	Change Request: 5549
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SUBJECT: Continuation of Legacy Number Reporting on Outbound Claims for COBA Process

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires issuance of a unique NPI to each physician, supplier, and other providers of health care. The implementing regulation for that requirement appears in 45 CFR Part 162, Subpart D (162.402-162.414). 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. Change Request (CR) 4004 was issued for use of the NPI in transactions between January 1, 2006 and September 30, 2006, the period referred to as Stage 1. CR 4023 addressed the NPI use requirements for Stage 2, which began October 1, 2006. Effective May 23, 2007, HIPAA mandates that the NPI be used in lieu of legacy provider identifiers on inbound HIPAA transactions. Legacy provider identifiers include OSCAR, National Supplier Clearinghouse (NSC), Provider Identification Numbers (PIN), National Council of Prescription Drug Plans (NCPDP) pharmacy identifiers, and Unique Physician Identification Numbers (UPINs) used by Medicare, but do not include taxpayer identifier numbers (TIN) such as Employer Identification Numbers (EINs) or Social Security Numbers (SSNs).

B. Policy: Through this change request (CR), CMS will continue to populate the Legacy claim identifiers in the reference (REF) segments of provider loops on the 837 Institutional and Professional outbound crossover claims, until Stage 3 of the NPI initiative is fully implemented.

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 A C	D M M A A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
5549.1	Intermediaries, Carriers, and A/B Medicare Administrative Contractors (MACs) shall continue to report the proper Legacy provider identifiers in the REF segments of each provider loop where an NPI is present, on the 837 COB flat file that is sent to the COBC, as instructed in requirements 4023.14 and 4023.15 until CMS provides further direction.	X		X	X		X	X	X			COBC

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5549.1.1	Durable Medical Equipment Regional Carriers (DMERCs) and DME MACs shall report the proper Legacy IDs in REF segments for suppliers when only an NPI is present, on the 837 COB flat file that is sent to the COBC. This requirement does not apply to ordering physician fields.		X			X				X		COBC
5549.2	DME MAC/DMERC contractors shall continue to send the NPI for suppliers and ordering providers in the extended National Council for Prescription Drug Plans portion of the COBC flat file.		X			X				X		COBC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	None.											

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:
4004.1-20	Stage 1 Use and Editing of National Provider Identifier Numbers Received In Electronic Data Interchange Transactions, via Direct Data Entry Screens, or Paper Claim Forms
4023.1-40	Stage 2 Requirements for Use and Editing of National Provider Identifier (NPI) Numbers Received in Electronic Data Interchange (EDI) Transactions, via Direct Data Entry (DDE) Screens, or Paper Claim Forms

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

V. CONTACTS

Pre-Implementation Contact(s): Brian Johnson (410) 786-7601 or Brian Pabst (410) 786-2487

Post-Implementation Contact(s): Brian Johnson (410) 786-7601 or Brian Pabst (410) 786-2487

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 the following statement:

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 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.