

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 433	Date: January 30, 2009
	Change Request 6335

SUBJECT: FISS, CWF and NCH System Requirements for All Outpatient 837 I Claims Related to Rendering Physicians/Practitioners

I. SUMMARY OF CHANGES: Medicare needs to be able to identify primary physicians/ practitioners of service on 837I outpatient claims. This information must be carried through FISS and CWF to NCH.

New / Revised Material

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

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:

SECTION A: For Fiscal Intermediaries and Carriers:

Not Applicable.

SECTION B: For Medicare Administrative Contractors (MACs):

Not Applicable.

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: FISS, CWF and NCH System Requirements for All Outpatient 837 I Claims Related to Rendering Physicians/Practitioners

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

I. GENERAL INFORMATION

A. Background: Medicare needs to identify primary physicians/practitioners of service not only for use in standard claims transactions, but also for review, fraud detection, and planning purposes. In order to accomplish this, we must be able to determine the rendering physician/practitioner for each outpatient service billed to Medicare and store this information in our databases that serve as the source for data analysis. Until the implementation of the 5010 version of the 837 I, this information will only be collected at the claim level in the other provider field. Optimally, we will begin collecting this information at the line level, following the implementation of the 5010 version of the 837 I. To perform the needed data analysis, it is critical that Fiscal Intermediary Shared System (FISS) be able to associate physician/practitioner identifying information with each line item on all institutional claims, and be able to forward that information to the Common Working File (CWF).

Until implementation of the 5010 version of the 837 I, CWF must be able to edit based on the claim level physician/practitioner information related to the rendering physician/practitioner (from the “other provider” field) and must also forward the information through to the National Claims History (NCH) for storage. With the implementation of the 5010 version of the 837 I, CWF must be able to edit based on the line level physician/practitioner information and must also forward the information through to the National Claims History (NCH) for storage.

The implementation of the required changes will be in two phases. The first phase will be implemented in 2009, requiring use of the current institutional claim specifications, i.e., the 4010A1 version of the 837 I. The second phase will begin on or after the implementation of the 5010 version of the 837 I. This CR addresses Phase I.

B. Policy: All physician/practitioner identifying information on all institutional outpatient claims related to the rendering physician/practitioner at the claim level, identified as “other provider” must be carried through FISS and CWF to NCH. Providers should report the NPI and name of the rendering physician when different from the attending physician. This CR does not apply to claims being processed under the Department of Veterans Affairs Medicare Equivalent Remittance Advice Project.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H I I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6335.1	FISS shall accept and load attending and rendering physician/practitioner (other provider) information (NPI and Name) to their internal claim record for all outpatient claims (12x, 13x, 34x, 71x, 72x, 73x, 74x, 75x, 76x, 81x, 82x and 85x).						X				
6335.2	During Phase I, FISS shall populate the rendering physician/practitioner (other provider) field with the attending provider information, if blank.						X				
6335.3	During Phase I, FISS shall forward claim level attending and rendering physician/practitioner information to CWF.						X			X	
6335.4	During Phase I, CWF shall forward claim level attending and rendering physician/practitioner information to the NCH.									X	NCH
6335.5	During Phase I, NCH shall store claim level attending and rendering physician/practitioner information.										NCH

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 M A C	C A R R I E R	R H I I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section 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:

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

CR 6289 -- Analysis Only for New FISS, CWF and NCH System Requirements for All 837 I Claims Related to Rendering Physicians/Practitioners, transmittal R406OTN, issued 11/21/2008

V. CONTACTS

Pre-Implementation Contact(s): Intermediary/Part A MAC claims processing: Gertrude Saunders, gertrude.saunders@cms.hhs.gov or Maria Durham, maria.durham@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs) and Regional Home Health Intermediaries (RHHIs):

N/A

Section B: For Medicare Administrative Contractors (MACs):

N/A