

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 769

Department of Health &  
Human Services  
(DHHS)

Centers for Medicare &  
Medicaid Services  
(CMS)

Date: DECEMBER 2,  
2005

Change Request 4096

*NOTE: We are re-communicating transmittal 769, sent December 2, 2005. This transmittal is being reissued because the date in the Policy section of the business requirement was change from April 3, 2006 to January 3, 2006. All other material remains the same.*

### **SUBJECT: Surrogate UPINs Reported on IDTF Claims**

**I. SUMMARY OF CHANGES:** This CR directs that carriers shall no longer accept a Surrogate UPIN on claims submitted by an IDTF.

#### **NEW/REVISED MATERIAL**

**EFFECTIVE DATE: January 3, 2006**

**IMPLEMENTATION DATE: January 3, 2006**

*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 2006 operating budgets.

#### **IV. ATTACHMENTS:**

## One-Time Notification

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

# Attachment – One-Time Notification

Pub. 100-04	Transmittal: 769	Date: December 2, 2005	Change Request 4096
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**SUBJECT: Surrogate Unique Physician Identification Number (UPIN) Reported on Independent Diagnostic Testing Facilities (IDTF) Claims**

*NOTE: We are re-communicating transmittal 769, sent December 2, 2005 via Roxxx. CI, This transmittal is being reissued because the date in the Policy section of the business requirement was change from April 3, 2006 to January 3, 2006. All other material remains the same.*

## I. GENERAL INFORMATION

**A. Background:** Currently, Independent Diagnostic Testing Facilities (IDTFs) are allowed to bill for diagnostic services with the use of a Surrogate Unique Physician Identification Number (UPIN) (e.g., OTH000, RES000, VAD000, PHS000, and RET000). A Medicare program safeguard contractor has identified fraudulent claims that were submitted with Surrogate UPIN OTH000. In addition, the contractor identified that over ten million claims were submitted with Surrogate UPIN OTH000. To address this payment vulnerability, CMS will no longer accept a Surrogate UPIN on IDTF claims.

**B. Policy:** Effective for dates of service January 3, 2006, and later, IDTFs must submit the UPIN assigned to the ordering physician. Effective for dates of service January 3, 2006, and later, carriers shall return as unprocessable all IDTF claims submitted with a Surrogate UPIN.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
						I	M	V	C	
S	S	S	F	S	W	F				
4096.1	Carriers shall return as unprocessable any IDTF claim submitted with a Surrogate UPIN (e.g., OTH000, RES000, VAD000, PHS000, and RET000).			X						
4096.2	When returning an IDTF claim containing a Surrogate UPIN as unprocessable, carriers should use the following reason code and remark codes on the remittance advice notice:			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	<p>Reason Code 16 - Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.</p> <p>Remark Code N286 - Missing/incomplete/invalid referring provider primary identifier.</p> <p>Remark Code MA130 - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.</p>								

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4096.3	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next</p>			X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.								

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions:** N/A

X-Ref Requirement #	Instructions

**B. Design Considerations:** N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces:** N/A

**D. Contractor Financial Reporting /Workload Impact:** N/A

**E. Dependencies:** N/A

**F. Testing Considerations:** N/A

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> January 3, 2006</p> <p><b>Implementation Date:</b> January 3, 2006</p> <p><b>Pre-Implementation Contact(s):</b> Susan Webster (410) 786-3384</p> <p><b>Post-Implementation Contact(s):</b> Your regional</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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