

PREFACE

Physician and health care professional outreach has been, and continues to be, one of the Centers for Medicare & Medicaid Services' (CMS) top priorities. The Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program is a customized instructor-led course that has been delivered to participants at medical schools and other organizations throughout the United States. CMS has developed this comprehensive educational program to introduce the Medicare Program to residents, practicing physicians, and other health care professionals who are new to the Program.

The goal of the Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program is to inform learners about the benefits of participation in the Medicare Program and the many resources that are available to them as a Medicare provider. The program is open to all health care professionals. The primary target audience is residents who are preparing to establish their own medical practice within six months of attendance at a training session.

DISCLAIMER

This guide was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This guide was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. CMS employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This guide is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

MEDICARE LEARNING NETWORK

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

NATIONAL PROVIDER IDENTIFIER (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated that the Secretary of the Department of Health and Human Services (DHHS) adopt a standard unique identifier for health care providers called the National Provider Identifier (NPI). The NPI will replace health care provider identifiers that are now being used in standard transactions and will eliminate the need to use different identification numbers when conducting HIPAA standard transactions with multiple plans. Providers can apply for a NPI using one of the following methods:

- Visit <https://nppes.cms.hhs.gov> on the CMS website and complete the web-based application;
- Call (800) 465-3203 to request a paper application; or
- With the provider's permission, an Electronic File Interchange Organization can submit the application data.

For the most current information, including implementation dates, the CMS website has a dedicated web page on NPI for all health care providers. Visit <http://www.cms.hhs.gov/NationalProvIdentStand/> on the CMS website. This page also contains a section for Medicare Fee-For-Service providers with helpful information on the Medicare NPI implementation.

MEDICARE CONTRACTING REFORM (MCR) UPDATE

Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 Congress mandated that the Secretary of the Department of Health and Human Services replace the current contracting authority under Title XVIII of the Social Security Act with the new Medicare Administrative Contractor (MAC) authority. This mandate is referred to as Medicare Contracting Reform. Medicare Contracting Reform is intended to improve Medicare's administrative services to beneficiaries and health care providers. Currently, there are four Durable Medical Equipment (DME) MACs that handle the processing of DME claims and one A/B MAC (Jurisdiction 3) to handle the processing of both Part A and Part B claims for those beneficiaries located within the states included in Jurisdiction 3. All Medicare work performed by Fiscal Intermediaries and Carriers will be replaced by the new A/B MACs by 2011. Providers may access the most current MCR information to determine the impact of these changes at <http://www.cms.hhs.gov/MedicareContractingReform> on the CMS website.

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ICD-9 NOTICE

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.