



## New Fiscal Intermediary Shared System Edit to Validate Attending Provider NPI

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Related Change Request (CR) Number: 12889

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Effective Date: April 1, 2023

Related CR Transmittal Number: R11633CP

Implementation Date: April 3, 2023

Related CR Title: New Fiscal Intermediary Shared System (FISS) Consistency Edit to Validate Attending Provider National Provider Identifier (NPI)

### Provider Types Affected

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This MLN Matters Article is for hospitals and other institutional providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

### Provider Action Needed

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Make sure your billing staff knows about:

- A new consistency edit that validates the attending provider NPI.
- Organizational NPIs can't be used in place of individual NPIs, unless exception conditions are met.

### Background

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An Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported on institutional claims. Institutional providers can't use an organizational NPIs in place of individual NPIs, unless conditions for exception are met.

Institutional providers must indicate the Attending Provider Name and Identifiers for the patient's medical care and treatment on institutional claims for any services other than nonscheduled transportation claims. Also, on outpatient claims, institutional providers must send the Referring Provider NPI and name when the Referring Provider for the services is different from the Attending Provider.

Effective for claims Medicare gets on or after April 1, 2023, Medicare systems will edit institutional claims to make sure the institutional provider hasn't used any other organizational

NPI in the Attending Provider NPI Data Element.

You may use the billing provider NPI in the following exceptions:

- Roster Bill (Condition Code M1 is present).
- Covid-19 vaccine, influenza and PPV shots and their administration (Condition Code A6 is present)
- The Type of Bill (TOB) is 71X (Rural Health Clinic)
- The TOB is 41X (Religious Non-Medical Healthcare Institutions)
- Veterans Administration claims
- Only Screening Mammography services are billed (Revenue Code 0403).
- Cancel claims (Transaction type equal to C)
- Demo Code 31 is present on the claim
- Home Health TOB 32X
- TOB 13X, 22X, 23X, or 85X with Ambulance services only (Revenue Code 0540).
- Critical Access Hospital Method II TOB 85X with only Professional services (Revenue Code 96X, 97X, 98X)
- Any claim with no covered charges present
- Foreign Providers (State Codes 56, 59, and 99)
- Military Treatment Facilities (6th position of CMS Certification Number is F)

## More Information

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We issued [CR 12889](#) to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

## Document History

Date of Change	Description
October 6, 2022	Initial article released.

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