

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



News Flash –

REVISED product from the Medicare Learning Network® (MLN)

- ["Inpatient Rehabilitation Services: Complying with Documentation Requirements,"](#) Fact Sheet, ICN 905643, Downloadable only.

MLN Matters® Number: MM8030 **Revised**

Related Change Request (CR) #: 8030

Related CR Release Date: November 1, 2012

Effective Date: April 1, 2013

Related CR Transmittal #: R2579CP

Implementation Date: April 1, 2013

**Medicare System Update to Include Rendering Line Level National Provider Identifiers (NPIs) for Primary Care Incentive Program (PCIP) Payments to Critical Access Hospitals (CAHs)**

**Note:** This article was revised on November 27, 2012, to reference MLN Matters® Article SE1241 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1241.pdf>) to alert providers that, effective January 1, 2012, the claim level rendering provider NPI is required when the rendering provider is different from the attending provider. For Medicare purposes, this is required under Federal regulations that call for a "combined claim" (a claim that includes both facility and professional components for Critical Access Method II Hospitals, Federally Qualified Health Centers, and Rural Health Centers). All other information remains the same.

**Provider Types Affected**

This MLN Matters® Article is intended for Critical Access Hospitals (CAHs) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

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## Provider Action Needed

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This article is based on Change Request (CR) 8030 which informs Medicare contractors about the changes to Medicare systems to identify line level National Provider Identifier (NPI) information for purposes of Primary Care Incentive Program (PCIP) payments to CAHs reimbursed under the optional method. Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

## Background

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Effective with the implementation of Transmittal 1046, CR7578, released February 26, 2012, the Centers for Medicare & Medicaid Services (CMS) stores line level physician/practitioner NPI information when billed using version 5010 of the 837I electronic claim. Upon implementation of CR8030, Medicare's Fiscal Intermediary Shared System (FISS) will identify line level rendering physician/practitioner NPI information for PCIP payments when billed using version 5010 of the 837I electronic claim. At that time:

- Your Medicare contractor will make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported in the line level Rendering Physician field, if present.
- Your contractor will make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported at the claim level Rendering Physician field, if present, for any eligible line item services that do not contain a line level Rendering Physician NPI.
- Your contractor will make quarterly PCIP payments to CAHs paid under the optional method using the NPI reported at the claim level Attending Physician field when the claim level Rendering Physician field is blank.
- Your contractor will revise the special incentive remittance advice for CAH method 2 providers, where necessary, to identify the physician NPI that received the PCIP payment.
- Medicare contractors will revise any current NPI summary reporting requirements indicating the correct physician that received a PCIP payment.

In order for a primary care service to be eligible for PCIP payment, the CAH paid under the optional method must be billing for the professional services of physicians under their NPIs or of Physician Assistants (PAs), Clinical Nurse Specialists (CNSs), or Nurse Practitioners (NPs) under their own NPIs because they are not furnishing services incident to physicians' services.

Multiple primary care services rendered by different physicians may be present on a single claim. Providers shall ensure they identify each physician on the claim form per the 5010 837I electronic transaction rules.

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## Additional Information

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The official instruction, CR8030 issued to your FI or A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2579CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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