



PQRI Information Available

A new CMS web page dedicated to providing information on the Physician Quality Reporting Initiative (PQRI) is now available.

On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006 (TRHCA). Section 101 under Title I authorizes the establishment of a physician quality reporting system for eligible professionals by CMS. CMS has titled the statutory program the Physician Quality Reporting Initiative. For more information, visit <http://www.cms.hhs.gov/pqri> on the CMS website.

MLN Matters Number: MM5289

Related Change Request (CR) #: 5289

Related CR Release Date: October 27, 2006

Effective Date: April 1, 2007

Related CR Transmittal #: R2430TN

Implementation Date: April 2, 2007

Reporting the National Provider Identifier (NPI) on Physician Claims for Clinical Diagnostic Services Purchased Outside of the Local Carrier's Jurisdiction

This article was revised on May 7, 2007, to add this statement that Medicare FFS has announced a contingency plan regarding the May 23, 2007 implementation of the NPI. For some period after May 23, 2007, Medicare FFS will allow continued use of legacy numbers on transactions; accept transactions with only NPIs; and accept transactions with both legacy numbers and NPIs. For details of this contingency plan, see the *MLN Matters* article, MM5595, at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website.

Provider Types Affected

Physicians billing Medicare carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for diagnostic services purchased outside the local carrier or A/B MAC's jurisdiction.

Background

This article relates to Change Request (CR) 5289, in which the Centers for Medicare & Medicaid Services (CMS) provides specific instructions for physicians to modify their current reporting guidelines and requires physicians to begin reporting, as of May 23, 2007, a National Provider Identifier (NPI) on claims for clinical diagnostic services purchased outside of the local carrier's jurisdiction. Previously CMS instructed physicians to report their provider identification number (PIN) on claims when billing for clinical diagnostic services

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

purchased outside of the local carrier's jurisdiction. (See Change Request 3630, Transmittal 415, issued on December 23, 2004 at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3630.pdf> on the CMS website).

As of May 23, 2007, physicians must begin using their NPI to bill the local carrier for a clinical diagnostic service purchased outside of the jurisdiction of the local carrier or A/B MAC. As of May 23, 2007, remember the following:

- When reporting the 2400 PS1 segment (Purchased Service Information) of the ANSI X12 837 electronic claim format, version 4010A, the billing physician must report their NPI.
- When submitting paper claims, physicians must report their NPI for both the purchased portion of the test and the portion of the test that they performed.
- Physicians may no longer report a PIN after May 22, 2007.

Prior to May 23, 2007, physicians may report the PIN, the NPI, or both PIN and the NPI.

Additional Information

For complete details, please see the official instruction issued to your Medicare carrier or A/B MAC, regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R2430TN.pdf> on the CMS website.

To learn more about the NPI and how to apply for one, visit <http://www.cms.hhs.gov/NationalProvidentStand/> on the CMS website.

If you have questions, please contact your Medicare carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.