

CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1251	Date: MAY 25, 2007
	Change Request 5564

SUBJECT: Clarification of the National Provider Identifier (NPI) Reporting Requirements for Ambulance Service Claims

I. SUMMARY OF CHANGES: When the new reporting requirements for the NPI go into effect according to the Medicare Fee For Service NPI Contingency Plan, Change Request 5595, Transmittal 1227, Issued April 24, 2007, claims will be rejected if the appropriate NPI is not entered in the required fields of the Form CMS-1500 paper claim format, version 08-05 (applies to those providers that meet an Administrative Simplification Compliance Act (ASCA) exception and are still permitted to submit paper claims), and the X12 837-P electronic claim format, version 4010A1. This change request notifies the carriers and the Medicare Administrative Contractors (MACs) not to require the NPI of the ordering/referring physician on claims for ambulance services.

New / Revised Material

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

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 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Clarification of the National Provider Identifier (NPI) Reporting Requirements for Ambulance Service Claims

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

I. GENERAL INFORMATION

A. Background:

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandate the adoption of a standard unique health identifier for each health care provider. The National Provider Identifier (NPI) final rule, published on January 23, 2004, establishes the NPI as this standard. All health care providers covered under HIPAA must comply with the requirements of the NPI final rule.

When the new reporting requirements for the NPI go into effect according to the Medicare Fee For Service NPI Contingency Plan, Change Request 5595, Transmittal 1227, issued April 24, 2007, claims will be rejected if the appropriate NPI is not entered in the required fields of the Form CMS-1500 paper claim format, version 08-05 (applies to those providers that meet an Administrative Simplification Compliance Act (ASCA) exception and are still permitted to submit paper claims), the X12 837-P electronic claim format, version 4010A1.

In accordance with 1833(q) of the Act, all claims for Medicare covered services and items that are a result of a physician's order or referral must include the ordering/referring physician's name. The name of the physician/practitioner who ordered all or most of the services/items on the claim must be reported in loop 2310 A, segment NM1 in the X12 837 version 4010A1 format. When a different provider ordered fewer than half of the services on a claim, information about that provider must be reported in the NM1 segment in the 2420 E loop for each service/item ordered. In those cases where a health care provider is still permitted to submit a paper claim, the referring/ordering physician's/practitioner's name must be reported in item 17 of the Form CMS-1500 (08/05), when applicable. In addition to the physician's name, the physician's NPI must also be reported in the mentioned NM1 segments in the X12 837 loops when applicable, or in field 17b of the CMS-1500 (08/05).

Ambulance services, particularly transports provided in response to a 911 or 911-equivalent emergency call, are often ordered by someone other than a physician. In these situations, the name and the NPI of the ordering/referring physician is not available. Therefore, it is not appropriate for carriers to require this information to be submitted on the claim form. This change request notifies the carriers and the Medicare Administrative Contractors (MACs) that the NPI of the ordering/referring physician is not required on claims for ambulance services.

B. Policy:

Carriers and MACs shall accept paper (from those providers still permitted to submit paper claims under ASCA), and electronic claims for ambulance services submitted without the name or an NPI for a referring or ordering physician in the fields, segments and loops as described above.

BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5564.1	Carriers/MACs shall accept paper claims for ambulance services from those providers still permitted to send paper claims under ASCA when submitted without the name and NPI of a referring/ordering physician/practitioner in item 17 and 17b respectively of a CMS-1500 claim form (version 08-05).	X			X							
5564.2	Carriers/MACs shall accept electronic claims for ambulance services submitted without the name and/or the NPI of the provider in the NM1 segment of the 2310A and/or 2420E loop of an X12 837-P claim format, version 4010A1.	X			X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5564.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN 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 one week of the availability of the provider	X			X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr, Wendy.Knarr@cms.hhs.gov or dial National Relay at #711 and have relay agent dial (410) 786-0843

Post-Implementation Contact(s): Contact the appropriate regional office.

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in

question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.