

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: You Can Use UPINs For Referring Physicians Until May 2008

Start testing your PQRI claims submission now

At last, the requirements for the National Provider Identifier (NPI) are getting clearer.

Your providers should already have their own NPIs, officials from the **Centers for Medicare & Medicaid Services** (CMS) told a May 10 special open door forum on NPI issues. Even if you obtain a contingency plan, you still may be required to have NPIs for all providers as soon as July 1.

But when it comes to listing the provider number of a referring physician, you have much more leeway. You have until May 2008 to include NPIs for referring physicians. Until then, you can keep using unique provider identifier numbers (UPINs) for referral sources, CMS officials said.

CMS punted yet again regarding the agency's ability to link providers with the NPIs of referring physicians and other providers as necessary. CMS officials announced early in the call that they wouldn't address questions relating to the long-delayed data dissemination plan, saying the agency would release additional information as soon as possible.

You can get more information on the CMS website at www.cms.hhs.gov/NationalProviderStand. You can also contact the [NPI enumerator directly \(1-800-465-3203\)](tel:1-800-465-3203), but only to check on specific concerns, such as the status of your application, or a lost NPI.

[Providers should look for contingency plan information -from various health plans they bill and with whom they conduct any HIPAA transaction,- said a CMS official speaking at the forum. That includes CMS- other health plans, such as Medicare Advantage, Medicare Part D and state Medicaid plans.](#)

In other news:

- [You can test out your claims submission under the Physician Quality Reporting Initiative \(PQRI\) ahead of time. CMS designated G8300 as a test code, so you can try adding G8300 as a line item on any claim, or in field 24D on the 1500 form, and enter \\$0.00 or \\$0.01 as the line item charge. Then check your remittance advice \(RA\) to make sure the carrier or contractor processed the test code. You should see RA remark code N365, which denotes a non-payable code used for information purposes only.](#)

- [CMS said it would limit coverage for erythropoiesis stimulating agents \(ESAs\) for some cancer patients, after a -black box- warning from the **Food & Drug Administration**. Medicare will only cover ESAs for treatment of anemia in certain cancers. ESAs include Epogen, Aranesp and Procrit.](#)

- [Providers who are disenrolled or sanctioned from Medicare should no longer be able to participate in the competitive acquisition project \(CAP\) for Part B drugs, according to Transmittal 1239.](#)