

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 207	Date: MAY 31, 2007
	Change Request 5584

Transmittal 206, dated May 29, 2007, Change Request 5584, is rescinded and replaced with Transmittal 207, dated May 31, 2007. The date in the Summary of Changes was changed to June 29, 2007. All other information remains the same.

SUBJECT: Discontinuance of the Unique Physician Identification Number (UPIN) Registry

I. SUMMARY OF CHANGES: CMS will discontinue assigning UPINs effective June 29, 2007.

NEW/REVISED MATERIAL

EFFECTIVE DATE: May 29, 2007

IMPLEMENTATION DATE: JUNE 29, 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/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

Pub. 100-08	Transmittal: 207	Date: May 31, 2007	Change Request: 5584
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SUBJECT: Discontinuance of the Unique Physician Identification Number (UPIN) Registry

EFFECTIVE DATE: May 29, 2007

IMPLEMENTATION DATE: June 29, 2007

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) was required by law to establish an identifier that could be used in Medicare claims to uniquely identify providers/suppliers who order services for Medicare patients or who refer Medicare patients to other providers/suppliers. The UPIN was established to meet this requirement by way of the UPIN Registry. CMS assigns UPINs to those providers/suppliers who are permitted by Medicare to order or refer in the Medicare program. Medicare claims for services that were ordered or for services that resulted from referrals must include UPINs to identify the providers/suppliers who ordered or referred. CMS maintains the UPIN Registry and makes information from it available via a “look up” functionality on the UPIN Registry Web site. The UPIN Registry Web site can be found at www.upinregistry.com. On January 23, 2004, the Secretary of Health and Human Services published a Final Rule in which the Secretary adopted a standard unique health identifier to identify health care providers in transactions for which the Secretary has adopted standards (known as HIPAA standard transactions). This identifier is the National Provider Identifier (NPI). The NPI will replace all legacy provider identifiers that are used in HIPAA standard transactions, including the UPIN, to identify health care providers. All HIPAA covered entities (health plans, health care clearinghouses, and those health care providers who transmit any data electronically in connection with a HIPAA standard transaction) are required by that regulation to use NPIs. Medicare is also requiring the use of NPIs in paper claims. Additional instructions regarding identifying non-Medicare ordering and referring providers will be released at a later date.

B. Policy: Medicare providers/suppliers who send claims to Medicare that require the identification of ordering or referring providers/suppliers will need to use NPIs to identify those ordering or referring providers/suppliers because UPINs, like other legacy identifiers, will be replaced by NPIs. Accordingly, Medicare will stop assigning UPINs to providers/suppliers on June 29, 2007. Medicare will maintain its UPIN Registry Web site and public “look up” functionality through September 30, 2007. CMS will publish a Notice in the Federal Register that will describe the policy by which information, to include NPIs, may be disseminated by CMS from the National Plan and Provider Enumeration System (NPPES), which is the repository of NPIs and provider data collected from providers’ applications for NPIs.

C. NPI Medicare Contingency: CMS recently published guidance concerning the NPI Medicare contingency plan with Change Request 5595 - Medicare Fee-For-Service National Provider Identifier Implementation Contingency Plan. Under the NPI Contingency plan, UPINs and surrogate UPINs may still be used to identify ordering and referring providers and suppliers until further notice. Additional information can found at CMS Web site: <http://www.cms.hhs.gov/Transmittals/downloads/R1227CP.pdf>. The NPI contingency plan will not affect our plans to discontinue assigning UPINs on June 29, 2007 or to disable the CMS UPIN Registry and its “look up” functionality on September 30, 2007.

II. 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 M A C	C A R R I E R	D M R R I C	R H H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5584.1	NOTE: This document is for educational purposes										

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 M A C	C A R R I E R	D M R R I C	R H H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5584.2	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 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.	X	X	X	X	X					

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

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

V. CONTACTS

Pre-Implementation Contact(s): Gerald Wright (410) 786-5798

Post-Implementation Contact(s): Gerald Wright (410) 786-5798

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.