
Program Memorandum Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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CHANGE REQUEST 1735

SUBJECT: Reviewing Deceased Physicians' Unique Physician Identification Numbers (UPINs) on DMERC Claims

This Program Memorandum (PM) provides instructions to conduct a one-time review of deceased physicians' UPINs on Durable Medical Equipment Regional Carrier (DMERC) claims. The purpose of the review is to verify if the UPINs used on DMEPOS claims were valid and to update your provider file and the UPIN Registry with the verified information. Attached is a list of deceased physicians generated by the UPIN Registry. Effective April 1, 2002, the Common Working File (CWF) will reject DMERC claims using deceased physician's UPINs whose dates of service exceed the physicians' date of death. The UPIN deceased physician list will be matched against the American Medical Association's deceased physician database and the Social Security Administration's Death file. The Part B provider enrollment units will be responsible for the development of the deceased physician records that could not be matched with the above databases within their contractor's geographic area.

NOTE: Each Part B contractor will be responsible only for those physician UPINs in the contractor's geographic location, meaning each contractor is not required to develop the entire attached list.

Background

Section 1833(q) of the Social Security Act requires that all physicians that meet the §1861(r) definition of a physician must have a UPIN and all claims for services ordered or referred by one of these physicians include the names and UPINs of the ordering/referring physician.

Results from a recent Payment Safeguard Contractor (Dyncorp) study on durable medical equipment revealed a high volume of services ordered or referred by deceased physicians' UPINs. Further review of these claims revealed that the UPINs for physicians who signed the certificate of medical necessity for these services were not being submitted and the physicians are not deceased. It cannot be ascertained at this time if billers are intentionally or unintentionally using the wrong UPINs.

The following services require UPINs:

Durable medical equipment, prosthetics and orthotics; diagnostic laboratory or radiology services; performing physician is also the ordering physician; and consultative services. Furthermore, services referred by non-physician practitioners or other limited licensed practitioners must use the UPIN of the supervising physician.

Part B Contractors

Your first step is to reconcile the attached UPIN file with your in-house provider file so that both reflect the same information. Part B contractors will then use the deceased physician list attached to this PM to update and validate their in-house files.

Prior to deactivating a PIN or UPIN, verify that the billing number is not showing current billing activity. If you received notification that a physician is not deceased, provide proof to the Registry and update the Registry and your in-house provider file. If, however, he/she does not provide proof, verify that the number is not currently being misused.

CMS-Pub. 60B

If during your investigation, you find billers are making billing errors or inadvertently using the wrong UPINs, provide additional education and training (e.g., on-site training, seminars, and use of bulletins and newsletters).

If during your investigation, you find or suspect fraud, contact your Fraud and Abuse units to investigate into this matter. Retain all documentation in your provider data files. For any inquiry that has been established but no answer received within 45-days, follow-up to determine why there is a need to maintain a provider number on file.

Deactivate PINs and UPINs with no claims activity after one year. Update all information to your provider files as well as the UPIN Registry. In doing so, ensure that you deactivate the individual physician record as you delete their affiliation from the group.

Provide a monthly progress/status report. This report will include all work completed (e.g., number of deactivations, updates, and re-activation) by the first Thursday of each month. This report must be sent to central office in Excel, on a monthly basis beginning January 4, 2002.

CWF

The Common Working File (CWF) will house the deceased physicians' UPIN list and will check the DMERC claims against this list. Effective April 1, 2002, CWF will reject DMERC claims using deceased physician's UPINs whose date of service exceed the physicians' date of death. CWF will develop an override for DMERC use.

The deceased physician UPIN file will be updated every 15 months in CWF for DMERC claims processing use. If the UPIN is rejected by CWF (i.e., physician is deceased) and the claim is for lifetime oxygen, suppliers should obtain a revised certificate of medical necessity because after 15 months the claim will be rejected by CWF.

DMERCs

Physicians who have died in the past 15 months will not be part of the deceased physician list. This will avoid interruption of payments for rental, oxygen, or transfer of care DMERC claims due to physicians' deaths.

DMERCs must deny assigned claims with invalid or deceased ordering or referring physician's UPINs or claims whose dates of service exceed the physician's date of death. DMERCs should not initiate recoupment activities at this time. DMERC denials will be based on medical necessity. Maintenance, service, and repair codes will be excluded from these denials. If the claim is denied, afford the claimant the opportunity to appeal. Develop unassigned claims requiring a UPIN.

The following new message should be printed on all contractor generated notices, including the Remittance Advice Medicare Summary Notice (MSN), Notice of Utilization (NOU) and Explanation of Medicare Benefits (EOMB):

Report adjustment reason code 52 (The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.) and remark code M33 (Claim lacks the UPIN of the ordering/referring or performing physician or practitioner, or the UPIN is invalid.)

DMERCs should notify their CMS Regional Office (RO) representatives if a claim is rejected from CWF and the physician is not deceased. The RO representatives will then notify Gerald Wright of the error. The UPIN file will be corrected.

Provider Education

Instruct and educate Customer Service Representatives (CSRs) about the new message to ensure that CSRs are able to answer questions. In addition, DMERCs should notify suppliers in their next regularly scheduled bulletins and through their websites, as well as any scheduled training. DMERCs should specifically note that CWF will reject claims using a deceased physician's UPIN and that if a physician is deceased, a new CMN is needed after 15 months.

All activities described in this PM as provider enrollment should be charged to your respective lines of the budget. All provider education and training activities should be charged to the PM or PET line of your budget.

Attachment

The effective date for completion of the UPIN File update and for DMERC claims processing is April 1, 2002.

The implementation date for the UPIN file update and for DMERC claims processing is April 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 30, 2002.

Contractors should contact their appropriate Regional Office representatives with any questions. Regional Office staff may direct questions to Gerald Wright at (410) 786-5798 or Gwright@cms.hhs.gov.