



*Medicare Physician Identifiers UPINs, PINs and NPI  
Numbers*

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## Medicare Physician Identifiers Summary

Unique Physician Identification Numbers (UPINs) and Provider Identification Numbers (PINs) are assigned to physicians and other healthcare practitioners when they enroll in Medicare. While a physician/healthcare practitioner should have only one UPIN number, he/she may have several PIN numbers. A different PIN number is assigned for each practice setting (location, specialty, and group affiliation) in which the physician/ healthcare practitioner participates. Physicians who 1) do not bill Medicare, 2) do not refer services which are billed to Medicare, or 3) are retired, are not required to have UPIN or PIN numbers. In the past, in addition to retired physicians, UPINs were not required for VA and PHS physicians or for physicians working entirely in HMO's. Surrogate UPINs may appear in the claims files for these physicians. Residents, interns and fellows may use surrogate UPINs if they do not have a UPIN. UPINs and PINs are also assigned to group practices.

A new system, the National Provider Identification system is currently under development and will eventually replace the UPIN and PIN numbering systems.

### *UPINs*

UPINs are assigned nationally. The national registry of UPIN numbers is maintained by CMS contractor, TransAmerica Occidental Life Insurance Company (TOLIC). CMS maintains a master file of UPIN/PIN information, the MPIER file, and also distributes an abbreviated version, the UPIN Directory, containing UPIN information.

UPINs are six digits in length and consist of a letter followed by five numbers.

For Medicare carrier claims submitted by physicians/practitioners, UPINs are entered on to CMS Form 1500 to identify the physician who *ordered or referred* the service. UPINs also appear in the CMS claims files for the physician who *performed* the service because the UPIN is cross-walked by the Carrier from the PIN number which is entered on to CMS Form 1500 for the *performing* physician.

For Medicare claims submitted by hospitals, outpatient facilities, skilled nursing homes and other institutions, UPINs are entered on to the UB-92 claims form to identify the attending, operating and "other" physicians.

### *PINs*

PINs, also known as Medicare billing numbers, are locally assigned by the Medicare carriers. Each carrier maintains its own database of UPIN/PIN information. For this reason, the structure of PIN numbers varies from carrier to carrier.

For Medicare carrier claims submitted by physicians, PINs are entered on to CMS Form 1500 to identify the performing physician. The group practice, if applicable, is also identified for billing purposes.

PINs are not entered on Medicare claims submitted by institutions.

## Medicare Physician Identifiers

### *Introduction*

Medicare carriers, fiscal intermediaries and CMS<sup>1</sup> collect detailed information on both physicians and the services they refer, order, and/or perform. The purposes for collecting this information include:

1. certifying the credentials of the physician as a Medicare provider;
2. billing, i.e., where to send reimbursement,
3. verifying the medical necessity of claimed tests, procedures, visits, etc.,
4. monitoring for fraud and abuse.

The two principal physician identification/numbering systems in use by Medicare today are the nationally assigned Medicare Unique Physician Identification Numbers (UPINs) and the carrier assigned Provider Identification Numbers (PINs), aka Physician Profiling Numbers, aka, Medicare Provider Numbers, aka, Medicare Billing Numbers. A third system, the National Provider Identifier (NPI) system has been recommended to blend and replace the UPIN and Provider Identification (PIN) numbering systems, but is not yet in place.

### *Medicare Unique Physician Identification Numbers (UPINs)*

#### Background

A physician identification system was mandated by Section 9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985. All physicians who bill Medicare for services or who refer or order Medicare services must have a UPIN. 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."<sup>2</sup>

A unique UPIN is assigned to each individual physician enrolling in Medicare as a provider. UPINs are also assigned to enrolling group practices. Recently, UPINs are also being assigned to other health care practitioners such as nurse practitioners, physician assistants, clinical social workers, physical and occupational therapists, and respiratory therapists, as well.<sup>3</sup>

A UPIN is not automatically assigned; individual physicians and other health care practitioners must apply for a UPIN when they enroll in Medicare by completing CMS Form 855I<sup>4</sup> and submitting it to their local Medicare carrier. Group practices, as an entity, must complete CMS Form 855B (registration of the group). The group practice will then also be assigned a UPIN number. The members of the group practice must then also complete CMS Form 855R (reassignment of payments to the group practice). Group affiliation is tracked by the Carriers.

Each physician or health care practitioner, as an individual, should have only one UPIN which they keep throughout their career (with a few exceptions). This is regardless of the number of locations at which they practice, the state or states in which they practice, the number of different specialties they practice, or the number of groups with which they are affiliated. Each group practice will also have a UPIN.

## Structure of UPINs

A UPIN is 6 digits long and begins with a letter followed by numbers. The numeric portion is randomly assigned. The initial letter of the UPIN indicates the type of practitioner/practice as follows<sup>5</sup>:

<b>Initial Letter</b>	<b>Type of Practitioner</b>
A - M	Medical doctors (medical doctors and doctors of osteopathy)
T - V	Other doctors (such as chiropractors, dentists, podiatrists, and optometrists)
R - S	Non-physician practitioners
W - Z	Group UPINs

## Surrogate UPINs

A UPIN is required for all physicians, health care practitioners, and group practices who bill Medicare or who order services that are billed to Medicare. However, in the past, UPINs were not required for Veteran's Affairs (VA), or Public Health Service physicians, or for physicians practicing solely within health care maintenance organizations or other prepaid capitation systems. Surrogate UPINs were used for these physicians and appear in Medicare claims data (Attachment 6). Today, surrogate UPINs are only to be used temporarily for these categories of physicians until UPINs are assigned. Residents, interns and fellows may use RES000 until a UPIN is assigned. UPINs are still not required for retired physicians. RET000 may still be used as a surrogate UPIN for a retired physician.

## *UPIN Registry and files*

The official registry of UPIN numbers is maintained by Transamerica Occidental Life Insurance Company. Part B Medicare carriers add to, delete from and update this file. CMS receives a copy of this registry every quarter and keeps it under the name of the Medicare Physician Identification and Eligibility Records (**MPIER**) file. In the MPIER file, each record provides information for one practice setting for a physician/practitioner. Data elements include physician/practitioner name, UPIN, date of birth, death date, medical school, date of graduation, credentials, state license number, primary and secondary specialty, physician sanction code (Attachment 2), business address, billing address zipcode, total number of practice settings for this physician for all carriers, and the Medicare billing number (PIN) for this physician in this practice setting.

An abbreviated, public-use version of the MPIER file, the **UPIN Directory** of physicians is available from CMS and also from the Government Printing Office (GPO).<sup>6</sup> A sample page from the UPIN Directory, containing fictional, but representative data, is presented in Attachment 3.<sup>7</sup>

## *UPINs on Medicare Claims*

UPINs appear in both Carrier claims submitted by physicians/practitioners and institutional claims submitted by facilities (Inpatient, Outpatient, Skilled Nursing Facility, Home Health Agency, and Hospice). UPIN numbers first came into general use on Medicare claims around 1994.

## UPINs in Carrier Claims (formerly "Physician/Supplier Part B")

UPINs of both the "*ordering/referring*" physician and the "*performing*" physician appear in Medicare claims submitted by physicians/practitioners, that is, Carrier claims. The UPIN of the physician who *orders* the test or service (the "*referring*" physician) is entered directly on to the Medicare billing form. The UPIN of the physician who *performs* the service is *not* entered directly on to the claim, but appears in the claims file because it is crosswalked by the Carrier from the physician's billing number (PIN) which is entered directly on to the claim.

More specifically, on Medicare Carrier (Physician/Supplier Part B) claims, the name and *UPIN* of the physician who *refers* the beneficiary to the physician who performs the service or who *orders* the test, procedure, or supply listed in the line items, must be entered in Item 17 and Item 17a of CMS Form 1500 (Attachment 4). Claims which should have, but do not contain the UPIN will be rejected by the carrier. (Physicians who actually *perform* the services are identified by their *Provider Identification Number (PIN)* on another part of CMS Form 1500.) The instructions for Items 17 and 17a follow. Although they refer to NPI number, the physician identifier currently used for this field is the UPIN, as the NPI system has not yet been implemented.

Item 17. Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician. [This name is not carried through to the administrative data collected and maintained by CMS in NCHR.]

Referring physician is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.

Ordering physician is a physician who orders non-physician services for the patient such as diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, or durable medical equipment.

The ordering/referring requirement became effective January 1, 1992 and is required by §1833(q) of the Social Security Act. All claims for Medicare covered services and items that are the result of a physician's order or referral must include the ordering/referring physician's name and National Provider Identifier (NPI). This includes parenteral and enteral nutrition, immunosuppressive drug claims, and the following:

- o Diagnostic laboratory services;
- o Diagnostic radiology services;
- o Consultative services; and
- o Durable medical equipment.

Claims for other ordered/referred services not included in the preceding list must also show the ordering/referring physician's name and NPI. For example, a surgeon must complete items 17 and 17a when a physician refers the patient. When the ordering physician is also the performing physician (as often is the case with in-office clinical laboratory tests), the performing physician's name and assigned NPI must appear in items 17 and 17a.

All physicians who order or refer Medicare beneficiaries or services must obtain an NPI even though they may never bill Medicare directly. A physician who has not been assigned an NPI must contact the Medicare carrier. ...

When a patient is referred to a physician who also orders and performs a diagnostic service, a separate claim form is required for the diagnostic service. ...<sup>8</sup>

While the UPIN of the *referring/ordering* physician, noted above, is entered directly on to CMS Form 1500 for Carrier claims, the UPIN of the *performing* physician is **not**. The UPIN of the *performing* physician appears in the Carrier claims file because it has been cross-walked by the Carrier from the physician's billing number (*PIN*), discussed below. It is known that

errors are introduced during this process due to out of date crosswalk files and blank line item physician fields (Item 24k), sometimes resulting in random physician assignment from the group practice.

### UPINs in Institutional (Facility) Claims

UPINs of the attending, operating and “other” physicians appear in Medicare claims submitted by institutions, that is, by hospitals, skilled nursing facilities, clinics, other outpatient facilities, home health agencies and hospices. These UPINs are entered directly on to the Medicare claim form.

More specifically, on claims submitted to Medicare by *institutions*, the UPIN of the *attending* physician is required in Field 82 of the UB-92 claim form (Attachment 5). If a procedure is performed, the name and UPIN of the physician *performing* the procedure is required in the first space of Field 83 of the UB-92. The specific instructions for these fields are:

#### FL 82 Attending/Referring Physician ID

Effective January 1, 1992, providers must enter the unique physician identification number (UPIN) and name of the attending/referring physician on inpatient bills or the physician that requested outpatient services.

Inpatient Part A.--Hospitals and SNFs must enter the UPIN and name of the attending/referring physician. ... This is the clinician primarily responsible for the care of the patient from the beginning of the hospital episode. For SNF services, the attending physician is the practitioner who certifies the SNF plan of care. ...

Home Health and Hospice.--HHAs and hospices must enter the UPIN and name of the physician that signs the home health or hospice plan of care. ...

Outpatient and Other Part B.--All providers must enter the UPIN of the physician that requested the surgery, therapy, diagnostic tests or other services ... If the patient is self-referred (e.g., emergency room or clinic visit), SLF000 is entered ...

If more than one referring physician is involved, the provider enters the UPIN of the physician requesting the service with the highest charge.

#### FL 83 Other Physician ID

Inpatient Part A Hospital.--Required if a procedure is performed. Hospitals must enter the UPIN and name of the physician who performed the principal procedure. If there is no principal procedure, the hospital enters the UPIN and name of the physician who performed the surgical procedure most closely related to the principal diagnosis. If no procedure is performed, the hospital leaves this item blank. ...

Outpatient Hospital.--Required where the HCPCS code reported is subject to the Ambulatory Surgical Center (ASC) payment limitation or a reported HCPCS code is on the list of codes the PRO furnishes that require approval. Hospitals enter the UPIN and name of the operating physician. They use the format for inpatient reporting. <sup>9</sup>

Additionally, on institutional claims, there is also space to add the UPIN of another physician (not required) in Field 83. Thus, there is a possible total of three physician UPINs in institutional claims data, that is, Inpatient, Outpatient, Skilled Nursing Facility, Home Health Agency and Hospice files. No UPINs currently appear in the MedPAR claims file, however.

### Surrogate UPINs in Claims Data

Prior to 2002, on both institutional and Carrier (Part B) claims, other codes were entered for physicians/health care practitioners who did not have UPINs, such as VA, PHS other and physicians who did not routinely submit to Medicare. Examples of these substitute UPINs

are INT000 for an intern, RET000 for a retired physician, VAD000 for a VA physician, and OTH000 for other physician (Attachment 6). UPINs are now required for these physicians and practitioners, but surrogate UPINs will continue to appear in claims data until the assignment process is complete. Today, residents, interns and fellows may use RES000 temporarily until a UPIN is assigned. A retired physician is not required to have a UPIN.

#### Data Elements for Physicians/Practitioners

Data elements contained in CMS standard analytical files that refer to physicians and health care practitioners are listed in Attachment 7 for Version I files and Attachment 8 for Version H files.

#### **Provider Identification Numbers (PINs)**

In addition to UPIN numbers, physicians and health care practitioners who wish to bill Medicare are also assigned Provider Identification Numbers (PINs). These numbers are also known as Medicare billing numbers, Physician Profiling Numbers, and Medicare Provider Numbers.

#### *Background*

Every health care provider who wishes to provide services for Medicare patients must enroll in Medicare. The Medicare enrollment process attempts to ensure that only qualified and eligible individuals and entities are enrolled in the Medicare program and receive reimbursement for services furnished to beneficiaries. This includes physicians both as individuals and as groups. Enrollment is required to ensure that:

1. correct payments are made to providers and suppliers, and that
2. no payments are made to providers or suppliers who are excluded from participation in the Medicare program.<sup>10</sup>

All individual physicians and health care practitioners enroll in Medicare by completing and submitting CMS Form 855I. This lengthy application form requests detailed information including particulars about the provider's type of business, individual identifiers, organizational identifiers, personal, practice and billing addresses, specialty, licensure/certification, education, convictions, sanctions, ownership and other financial ties such as joint ventures and chain organizations, contractor information, billing agencies, and contact person. Physicians submit this form to their local Medicare carrier for approval. Upon approval of this application, the applicant is issued a Provider Identification Number (PIN).<sup>11</sup> These numbers are also referred to also as Physician Profiling Numbers, Medicare Provider Numbers and Medicare billing numbers.

While a physician will generally have only one UPIN number, he/she may have several billing (PIN) numbers. A physician will have a separate billing number (PIN) for each practice setting in which he/she participates. Each practice location, specialty, and affiliation constitutes a different "practice setting". In addition, each practice will have its own billing number (PIN) as an entity. Group practices must submit CMS Form 855B<sup>12</sup> to enroll in Medicare. In addition, each member of a group practice must submit a CMS Form 855R<sup>13</sup> for each practice location in order to reassign his/her Medicare benefits to the Medicare eligible group practice. The assignment of multiple PINs per UPIN is illustrated in the sample UPIN Directory, Attachment 3. Note: even though they are shown in the example, as of February, 2002, PINs are no longer released in the UPIN Directory.

*Structure of PINs*

Since PINs are assigned by the local carriers, they vary in structure and format from carrier to carrier. They can be up to 10 digits in length and are not necessarily left justified in the claims files. Depending on the carrier, intelligence concerning the group practice may be imbedded in the PIN number for an individual physician who is part of a group practice. An example, taken from the UPIN Directory, is given below. It contains (de-identified) information for physicians working in the same group practice settings in Minnesota: <sup>14</sup>

**Table 1 – Structure of PINs in a Group Practice**

<b>Group Practice 1</b>			
Physician	UPIN	PIN 1	PIN 2
Physician A	G35880	280000046	280000056
Physician B	A94723	280000005	280000055
Physician C	A94869	280000009	
Physician D	E77932	280000026	020001074
<b>Group Practice 2</b>			
Physician	UPIN	PIN 1	PIN 2
Physician X	B58316	080000646	
Physician Y	B58329	080000637	
Physician Z	A94251	080000632	

In this example from a previous year, the Carrier for Minnesota has used the first 7 digits of the nine digit provider identification number (PIN) to indicate the ‘practice’ and the terminal two digits to indicate the individual physician within the practice.

For more specific information on the structure of PINs, it is highly recommended to contact the carrier for the jurisdiction *and* year of interest. <sup>15</sup>

*PINs on Medicare Claims*

Provider Identification Numbers (PINs), that is, the Medicare physician billing numbers, appear in Medicare Carrier claims submitted by physicians/practitioners. For these types of claims, the PIN number of the physician/practitioner who *performs* the service is entered directly on to CMS claim Form 1500.

There are **no** PINs in Medicare claims submitted by institutions such hospitals, clinics, home health agencies, and skilled nursing facilities, however.

PINs in Carrier Claims (formerly “Physician/Supplier Part B”)

More specifically, on Carrier claims submitted by physicians/practitioners, the Medicare billing number (PIN) of the *performing* physician is entered either in Item 33 or Item 24k of CMS Form 1500 (Attachment 4) as follows:

1. If the physician is in a solo practice, he/she enters his/her billing number (PIN) in Item 33;
2. If the physician is a member of a group, the group billing number is entered in Item 33, and the individual physician's billing number (PIN) is entered in Item 24k on the line item which describes the service he/she performed.

Reminder: the **UPIN** of the *referring/ordering physician* is entered in Item 17a of CMS Form 1500. Also, although the instructions for Items 33 and 24j and k refer to NPI number, the physician identifier currently used for this field is the billing number (PIN), as the NPI system has not as yet been implemented. Specifically, the instructions for CMS Form 1500 state:

Item 33. Enter the provider of service/supplier's billing name, address, zip code, and telephone number.

Enter the NPI, including the 2-digit location identifier, for the performing provider of service/supplier who is not a member of a group practice.

Enter the group NPI, including the 2-digit location identifier, for the performing provider of service/supplier who is a member of a group practice.

Items 24j and 24k. Enter the NPI of the performing provider of service/supplier if they are a member of a group practice.

When several different providers of service or suppliers within a group are billing on the same Form CMS-1500, show the individual NPI in the corresponding line item.<sup>16</sup>

#### No PINs in Institutional (Facility) Claims

On *institutional claims* submitted by hospitals, clinics, other outpatient facilities, home health agencies, skilled nursing facilities, hospices, etc., the Medicare Provider Identification number (PIN) is **not** used, i.e., a physician's Medicare billing number (PIN) is not entered on the UB-92 (Attachment 5). Only UPINs are used on the UB-92.

#### Data Elements for Physicians/Practitioners

Data elements referring to physician/health care practitioner PINs contained in CMS standard analytical files are listed in Attachment 7 for Version I files and Attachment 8 for Version H files.

## **National Provider Identifier (NPI) Numbers**

The objective of the proposed National Provider Identifier system is to assign a unique national identifier number to each and every provider of Medicare health care services - individuals, organizations and groups. This includes physicians, nurses, nurse practitioners, dentists, pharmacists, physical therapists, physician group practices, acute care hospitals, long term care facilities, outpatient facilities, nursing home facilities, hospices, home health agencies, ambulance service providers, clinical laboratories, durable medical suppliers, health maintenance organizations, pharmacies and more. The number would be used in standard transactions by all health plans eliminating the current system of multiple numbers for a single provider.

Work on the system was begun by CMS in July, 1993. A work group consisting of representatives from the private sector, Federal and State agencies<sup>17</sup> was organized to define the need for and structure of the system. The need is described by the work group as follows:

### **Need for a Standard Health Care Provider Identifier**

Currently, there is no universally accepted national identification and enumeration system for health care providers. Providers must use multiple identifiers for programs and organizations with which they do business. Data are not readily transportable among systems and, thus, must be collected redundantly. The problems and costs of exchanging provider data are great, hampering coordination of benefits and fraud and abuse detection efforts.<sup>18</sup>

NPI numbers will eventually replace UPINs and Physician Identification Numbers/billing numbers (PINs) for physicians/practitioners. The NPI system will also replace National Supplier Clearinghouse (NSC) numbers for suppliers and the Online Survey Certification and Reporting system (OSCAR) numbers for institutional providers of service as well. The National Provider System (NPS) will contain all of the information currently found in the UPIN Master file and the Provider of Services file. The work group considered using these existing numbers for the new NPS, but found that none of the existing systems met the criteria they established for comprehensiveness, suitability, expandability, portability and computer format.

"On August 21, 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). HIPAA includes provisions to address the need for a standard health care provider identifier and other standards that would lead to administrative simplification. It mandates the establishment of these standards for use in the following electronic transactions: health claims, health encounter information, health claims attachments, health plan enrollments and disenrollments, health plan eligibility, health care payment and remittance advice, health plan premium payments, first report of injury, health claim status, and referral certification and authorization."<sup>19</sup> The NPS is also intended to house the affiliation of providers to their subsidiaries and other pertinent financial relationships. For example, it would identify if a physician has a financial interest in other healthcare providers such as clinical laboratories, HHAs, or DME suppliers.

A detailed description of the new National Provider System (NPS) was developed. The NPS document details the format of the identifier itself, the data elements and structure of the accompanying National Provider File, who has access to the individual data elements in the file, who would collect the information from providers and how the data would be collected. Alternative options for various aspects of the system were distributed for comment. Recommendations for the NPS were completed. A "Notice of Proposed Rulemaking" (NPRM)

that recommended the adoption of the National Provider Identifier (NPI) as the standard health care provider identifier was published in the Federal Register on May 7, 1998. The public comment period on the NPRM closed on July 6, 1998. Because this is a "major rule", there was a 60 day Congressional review/concurrence period.

#### NPS Update 6/17/02:

After receiving and assimilating numerous comments from many sources on the NPS, the final rule is currently in clearance. HHS hopes to publish the final rule in the Federal Register "soon". Providers will be accorded a grace period to enroll. Although space for NPI numbers has been set aside in CMS claims files, it is anticipated that NPI numbers will *not* appear in the Medicare claims files with any frequency until at least 2006.

### **CMS Uses of Physician Identifiers**

#### *Assuring Qualified Providers of Medicare Services*

The enrollment process, with the assignment of UPIN and PIN numbers, ensures that only qualified and non-sanctioned providers are allowed to bill Medicare. (Sanction List, see Attachment 2.) Credentials of physicians are validated by the carrier when the physician enrolls in Medicare by submitting CMS Form 855I.<sup>20</sup>

#### *Enabling Payment*

Payment for physician services is made to the physician or group practice whose PIN appears in Item 33 of CMS Form 1500. Each Medicare carrier is required to maintain accurate files on physicians who submit claims to Medicare. In addition, they are required to update the national MPIER file.

#### *Verifying Medical Necessity*

Supplying the UPIN of the referring/ordering physician on Carrier claims verifies the medical necessity of the service. "Medicare contractors will use the UPINs in processing claims for services to identify physicians who order services for Medicare patients or refer their Medicare patients for services." <sup>21</sup>

#### *Monitoring Fraud and Abuse*

Through use of the UPIN and PIN, carriers' fraud and abuse units can monitor the referral patterns and services ordered by a given physician. Carriers are also instructed to monitor the use of the "self-referred" code, SLF000, and the "other physician" code, OTH000, used for physicians who do not have a UPIN.

In Medicare, the most common forms of fraud include:

- Billing for services not furnished
- Misrepresenting the diagnosis to justify payment
- Soliciting, offering, or receiving a kickback
- Unbundling or "exploding" charges
- Falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment
- Billing for a service not furnished as billed; i.e., upcoding<sup>22</sup>

In an example from November, 1996, the diagnoses of four referring physicians were compared to the diagnosis entered by a DME supplier for therapeutic ventilators. While the

physicians documented sleep apnea, for which a ventilator is not a covered item, the supplier listed respiratory failure in order to justify coverage of the ventilators.<sup>23</sup>

Through the use of UPINs and physician billing numbers (PINs), carriers can also track financial relationships.

The Omnibus Budget Reconciliation Act of 1989 prohibits, with certain exceptions, a physician from referring a Medicare beneficiary to a clinical laboratory in which the physician or immediate family member of the physician has a financial interest arrangement.

The UPINs will be used to identify such situations and provide a means to review the referrals or ordering of services and the volumes of services provided.<sup>24</sup>

## **UPINs and PINs: Issues in Research**

### *Physician Privacy*

Physician privacy is protected. It is included in the Data Use Agreement (DUA) along with beneficiary privacy.

### *Carrier (Physician/Supplier Part B) Claims File*

In addition to claims submitted by physicians, the Carrier file also contains claims submitted by suppliers, other service providers (such as ambulance), and stand-alone Ambulatory Surgical Centers (ASCs). Researchers may wish to separate out these “non-physician” claims.<sup>25</sup> Furthermore, the Carrier file may contain claims that are entirely denied and/or allowed claims that have one or more denied line items. Researchers may wish to identify and exclude these denied claims and/or line items.<sup>26</sup>

### *Data Limitations – Carrier (Physician/Supplier Part B) file*

The performing UPIN included in the Carrier file is not actually coded on the CMS Form 1500 for physician/supplier claims. It is crosswalked by the carrier from the PIN number which is entered in Item 24k or 33. Error is introduced during this step due to out of date crosswalk files. It has also been reported that in the past error has been introduced by blank line item physician fields (Item 24k) being filled in by random assignment of a physician from the group practice specified in Item 33. In this case, although the specialty and the practice are probably correct, the individual physician may not be. Also it is known that some of the performing UPIN fields contain characters that are not valid UPINs (a valid UPIN is an alpha character followed by five numbers). Empirical testing of pre-1996 data has shown that these errors may affect 8% to 24% of performing UPINs in the Carrier file.

### *Data Limitations - Institutional files*

Although “required”, physician identifier fields are not tied to reimbursement. The UPINs in institutional files, such as the Inpatient and Outpatient files, for example, are not directly related to payment. They are, therefore, edited only for format; there is no validation against a UPIN master file to insure accuracy.

### *Group Practice PINs*

PINs for physician group practices are kept by the carriers and are not available from CMS.

### *Physician Data Files*

#### Medicare Physician Identification and Eligibility Registry (MPIER)

The MPIER file is one of CMS’s “Provider of Services” files. CMS’s Office of Information Services (OIS) receives the information for this file quarterly from Transamerica Occidental Life Insurance Company, the company that maintains the national registry of physicians. It is kept as a SAS database as well as a flat sequential file. The original source of information for this file is the data provided by physicians on CMS Forms 855I, 855B and 855R when physicians/health care practitioners and groups apply to become Medicare providers. The information is updated by the Medicare carriers.

The MPIER file contains one record for each practice setting for a physician. Thus, a physician will have multiple records in this file depending on the number of practice locations, specialties and affiliations (solo or group) they have. Data elements include:

1. physician UPIN number
2. name
3. birth date
4. date of death
5. medical school and year of graduation
6. state license number
7. credentials
8. sanction information, if any
9. total number of practice settings for this physician
10. physician PIN number for this practice setting
11. primary and secondary specialties
12. billing zipcode
13. business zipcode
14. whether this practice setting is a group or solo practice.

An updated version of this file also contains physician business address.

The MPIER file is available to researchers who are approved for identifiable data as long as it is requested and recorded on the DUA.<sup>27</sup> It is a current "ever-enrolled" file and cannot be obtained as an annual file. Researchers should specify whether they require the "active and inactive physicians" file or the "active physicians only" file. Otherwise, to approximately determine "active physicians only", users of this file can use variable #39 "Physician Resident Intern Code". Despite its name, the information in this field is not restricted to residents and interns. A code of "D" in this field indicates the physician is "deactivated" and variable #15 "Physician UPIN Record Change Date" corresponds to the date deactivated.

### UPIN Directory

An abbreviated, public-use version of the MPIER file, known as the UPIN Directory, is distributed through CMS Files for Purchase, formerly the PUFs Catalog and also by the Government Printing Office (GPO). This file contains selected information on physicians, doctors of osteopathy, limited license practitioners, and other non-physician practitioners who are enrolled in the Medicare Program. The data elements in the file are:

1. physician UPIN
2. full name
3. primary specialty
4. business zip code
5. state of licensure.

See Attachment 3 for an example of a page from the UPIN Directory. As of February, 2002, the UPIN Directory does **not** contain the physician PIN number. The elements in the UPIN Directory are extracted from the MPIER file, the UPIN Master Database. They are approved for public release in the CMS System of Records. The file is updated quarterly with updates being available usually by April 15, July 15, October 15 and January 15.

## Ordering the UPIN Directory

The UPIN Directory can be obtained from CMS, local carriers, the Government Printing Office (GPO), and Ecare.<sup>28</sup> The copy available through CMS's "Files for Purchase" website at <http://www.cms.hhs.gov/data/purchase/directory.asp#top>, is available on CD-ROM. The record layout is available at <http://www.cms.hhs.gov/data/recordlayouts/UPINDIR.pdf>. Note: the variable "Physician License State Code" is a 2-digit state code and not a license number. Further description of this file is available at [http://www.cms.hhs.gov/providers/enrollment/upin/Upindesc.asp - PO\\_0](http://www.cms.hhs.gov/providers/enrollment/upin/Upindesc.asp - PO_0). Although listed as included at the current time, the PIN number is no longer released. Additional information is available at <http://www.cms.hhs.gov/data/alerts/upinalert.asp>. The version of the UPIN Directory available through the GPO website, <http://bookstore.gpo.gov/>, is \$43.00 for the 1999 hard copy edition and \$29 for the year 2000 CD.<sup>29</sup>

## **References and Additional Resources (All links active as of January 14, 2003)**

### *UPIN and Physician Identification Number (PIN)*

1. Look up a physician's UPIN <http://upin.ecare.com/>
2. Physician profiles and hospital affiliation from the AMA web pages at: <http://www.ama-assn.org/iwcf/iwcfmgr206/aps>
3. Resource given to new physicians educating them on the Medicare system <http://www.cms.hhs.gov/medlearn/medicare%5Fresident.pdf>
4. CMS Carriers Manual - Physician Identification and Registration [http://www.cms.hhs.gov/providers/enrollment/upin/Upinreg.asp - P3\\_34](http://www.cms.hhs.gov/providers/enrollment/upin/Upinreg.asp - P3_34)
5. CMS Carriers Manual - Enrollment instructions for Carriers [http://www.cms.hhs.gov/manuals/108\\_pim/pim83c10.asp - Sect3](http://www.cms.hhs.gov/manuals/108_pim/pim83c10.asp - Sect3)
6. CMS Carriers Manual – Non-physician Practitioners  
[http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp - 1\\_6](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp - 1_6)  
[http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp - 2154\\_0](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp - 2154_0)

### **NPI**

1. Information on the National Provider Identification numbers  
<http://www.cms.hhs.gov/hipaa/hipaa2/npi.pdf>  
<http://www.cms.hhs.gov/providers/enrollment/natlprov.asp>

### **CMS Forms**

#### *CMS Form 1500*

1. Downloaded from <http://www.cms.hhs.gov/providers/edi/cms1500.pdf>.  
Instructions at <http://www.cms.hhs.gov/providers/edi/1500mast.pdf>

#### *CMS Form 1450/UB-92*

1. <http://www.cms.hhs.gov/providers/edi/edi5.asp#Form%20CMS-1450>.

*CMS Provider Enrollment Forms*

1. Medicare and Other Federal Health Care Program General Enrollment Application Instructions (CMS 855A, CMS 855B, CMS 855I, CMS 855R, CMS 855S)  
<http://www.cms.hhs.gov/providers/enrollment/forms/>

**Physician Files**

*MPIER*

1. <http://www.cms.hhs.gov/data/durg/prvserv.pdf>

*UPIN Directory*

File description

1. [http://www.cms.hhs.gov/providers/enrollment/upin/Upindesc.asp - PO\\_0](http://www.cms.hhs.gov/providers/enrollment/upin/Upindesc.asp - PO_0)
2. <http://www.cms.hhs.gov/data/alerts/upinalert.asp>

Record layout

1. <http://www.cms.hhs.gov/data/recordlayouts/UPINDIR.pdf>

*Ordering UPIN Directory*

CMS's "Files for Purchase"

1. <http://www.cms.hhs.gov/providers/enrollment/upin/Upinsrc.asp#TopOfPage>
2. <http://www.cms.hhs.gov/data/purchase/directory.asp#top>
3. <http://upin.ecare.com/>
4. GPO website <http://bookstore.gpo.gov/>

## **Attachment 1: Definition of Physicians, Health Care Practitioners, and Group Practices Who Receive UPINs**

"2020.I Definition of Physician.--Physician means a doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery or dental medicine (within the limitations in §2020.3), a chiropractor (within the limitations in §2020.26), or doctor of podiatry or surgical chiropody (within the limitations in §2020.4), or doctor of optometry (within the limitations in §2020.25) legally authorized to practice by a State in which he/she performs this function.

NOTE: The term physician does not include such practitioners as a Christian Science practitioner or naturopath."<sup>30</sup>

"A health care practitioner includes, but is not limited to, physician assistant, certified nurse-midwife, qualified psychologist, nurse practitioner, clinical social worker, physical therapist, occupational therapist, respiratory therapist, certified registered nurse anesthetist, or any other practitioner as may be specified by the Secretary as defined in §1842(b)(4)(I) of the Social Security Act. Included are anesthesia assistant, independent billing psychologist, independent billing audiologist, certified clinical nurse specialist, family nurse practitioner, clinical psychologist, certified registered nurse practitioner and licensed clinical social worker. The following medical suppliers/entities are also included mammography screening center, ambulance service supplier, portable X-ray supplier, independent physiological laboratory.

A group practice is a group of two or more physicians and non-physician practitioners legally organized in a partnership, professional corporation, foundation, not-for-profit corporation, faculty practice plan, or similar association, (A) in which each physician who is a member of the group provides substantially the full range of services which the physician routinely provides (including medical care, consultation, diagnosis, or treatment) through the joint use of shared office space, facilities, equipment, and personnel; (B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group and amounts so received are treated as receipts of the group; (C) in which the overhead expenses of and the income from the practice are distributed in accordance with methods previously determined by members of the group; and (D) which meets such other standards as the Secretary may impose by regulation to implement §1877(h)(4) of the Social Security Act. The group practice definition also applies to health care practitioners."<sup>31</sup>

The links below provide additional information on definitions and types of services covered for the following allied health professionals.

CLINICAL PSYCHOLOGISTS [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_1\\_6](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_1_6)

CLINICAL SOCIAL WORKERS [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_1\\_7](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_1_7)

NURSE-MIDWIVES [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_2154\\_0](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_2154_0)

PHYSICIAN ASSISTANTS [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_2156\\_0](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_2156_0)

NURSE PRACTITIONERS [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_2158\\_0](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_2158_0)


CLINICAL NURSE SPECIALISTS [http://www.cms.hhs.gov/manuals/14\\_car/3b2125.asp\\_-\\_2160\\_0](http://www.cms.hhs.gov/manuals/14_car/3b2125.asp_-_2160_0)

## **Attachment 2: Physician Sanction Table**

- A = Program Related Conviction
- B = Conviction for Patient Abuse or Neglect
- C = Conviction Relating to Fraud
- D = Conviction Relating to Obstruction of an Investigation
- E = Conviction Relating to Controlled Substances
- F = License Revocation or Suspension
- G = Suspension or Exclusion Under a Federal or State Health Program
- H = Excessive Claims or Furnishing of Unnecessary or Substandard Items or Services
- I = Fraud, Kickbacks and Other Prohibited Activities
- J = Entities Owned or Controlled by a Sanctioned Individual
- K = Failure to Disclose Required Information
- L = Failure to Supply Requested Information on Subcontractors and Suppliers
- M = Failure to Provide Payment Information
- N = Failure to Grant Immediate Access
- O = Failure to take Corrective Action
- P = Default on Health Education Loan or Scholarship Obligations
- Q = Imposition of a Civil Money Penalty or Assessment
- R = PRO Recommendation
- U = Unknown (Physician is Sanctioned, But Type of Sanction is Unknown)

**Attachment 3: Sample UPIN Directory**  
 (Note: This sample contains fictionalized data)

**Note:** PIN Number is no longer released by CMS as part of the UPIN Directory as of February, 2002



LAST NAME	FIRST	MN	SF	CD	UPIN	ST	ZIP	PIN NO.	SP
JOHNSON	JANE	J		MD	F55223	MN	55111	480000710	37
JOHNSON	JOHN	H		MD	F33654	MN	55444	5E167	06
				MD	F33654	MN	55333	5E167B1	06
				MD	F33654	MN	55422	5E167B3	06
				MD	F33654	MN	55122	5E167B4	06
JOHNSTON	JAMES	K		OD	U45422	MN	56566	410000999	41
				OD	U45422	MN	56567	410000998	41
JONES	JANIE	L		MD	F45399	MN	55555	8M777	26
JONES	JOHN	M		DDS	U33715	MN	55433	200000612	19
JOSTEN	JIM	N		MD	F29555	MN	55467	080000319	37
				MD	F29555	MN	55468	080000320	37
				MD	F29555	MN	55469	080000317	37
				MD	F29555	MN	55470	080000321	37
				MD	F29555	MN	55471	080000318	37
JOSVE	JOE	O		CH	U33884	MN	55008	4M609	35
JUNIPER	JEROME	P		MD	F30148	MN	56074	1M208	18
JZZZ	JAY	Q		MD	F25111	MN	55428	140000075	08



**Attachment 5: CMS Form 1450/UB-92**

Downloaded from <http://www.cms.hhs.gov/providers/edi/edi5.asp#Form%20CMS-1450>.

Retrieved January 6, 2003.

APPROVED CMS NO. 0020-0070											
1											
1 PATIENT CONTROL NO.										2 TYPE OF BILL	
3 FED TAX NO.										4 STATEMENT COVERS PERIOD	
5 COV D										6 INC D	
7 COV D										8 INC D	
9 COV D										10 INC D	
11 PATIENT NAME										12 PATIENT ADDRESS	
13 BIRTH DATE		14 SEX		15 HT		16 WT		17 ADMISSION DATE		18 DISCHARGE DATE	
19 D-HS		20 STK		21 MEDICAL RECORD NO		22 CONDITION CODES					
23 OCCURRENCE DATE		24 OCCURRENCE DATE		25 OCCURRENCE DATE		26 OCCURRENCE DATE		27 OCCURRENCE DATE		28 OCCURRENCE DATE	
29		30		31		32		33		34	
35		36		37		38		39		40	
41		42		43		44		45		46	
47		48		49		50		51		52	
53		54		55		56		57		58	
59		60		61		62		63		64	
65		66		67		68		69		70	
71		72		73		74		75		76	
77		78		79		80		81		82	
83		84		85		86		87		88	
89		90		91		92		93		94	
95		96		97		98		99		100	
101		102		103		104		105		106	
107		108		109		110		111		112	
113		114		115		116		117		118	
119		120		121		122		123		124	
125		126		127		128		129		130	
131		132		133		134		135		136	
137		138		139		140		141		142	
143		144		145		146		147		148	
149		150		151		152		153		154	
155		156		157		158		159		160	
161		162		163		164		165		166	
167		168		169		170		171		172	
173		174		175		176		177		178	
179		180		181		182		183		184	
185		186		187		188		189		190	
191		192		193		194		195		196	
197		198		199		200		201		202	
203		204		205		206		207		208	
209		210		211		212		213		214	
215		216		217		218		219		220	
221		222		223		224		225		226	
227		228		229		230		231		232	
233		234		235		236		237		238	
239		240		241		242		243		244	
245		246		247		248		249		250	
251		252		253		254		255		256	
257		258		259		260		261		262	
263		264		265		266		267		268	
269		270		271		272		273		274	
275		276		277		278		279		280	
281		282		283		284		285		286	
287		288		289		290		291		292	
293		294		295		296		297		298	
299		300		301		302		303		304	
305		306		307		308		309		310	
311		312		313		314		315		316	
317		318		319		320		321		322	
323		324		325		326		327		328	
329		330		331		332		333		334	
335		336		337		338		339		340	
341		342		343		344		345		346	
347		348		349		350		351		352	
353		354		355		356		357		358	
359		360		361		362		363		364	
365		366		367		368		369		370	
371		372		373		374		375		376	
377		378		379		380		381		382	
383		384		385		386		387		388	
389		390		391		392		393		394	
395		396		397		398		399		400	
401		402		403		404		405		406	
407		408		409		410		411		412	
413		414		415		416		417		418	
419		420		421		422		423		424	
425		426		427		428		429		430	
431		432		433		434		435		436	
437		438		439		440		441		442	
443		444		445		446		447		448	
449		450		451		452		453		454	
455		456		457		458		459		460	
461		462		463		464		465		466	
467		468		469		470		471		472	
473		474		475		476		477		478	
479		480		481		482		483		484	
485		486		487		488		489		490	
491		492		493		494		495		496	
497		498		499		500		501		502	
503		504		505		506		507		508	
509		510		511		512		513		514	
515		516		517		518		519		520	
521		522		523		524		525		526	
527		528		529		530		531		532	
533		534		535		536		537		538	
539		540		541		542		543		544	
545		546		547		548		549		550	
551		552		553		554		555		556	
557		558		559		560		561		562	
563		564		565		566		567		568	
569		570		571		572		573		574	
575		576		577		578		579		580	
581		582		583		584		585		586	
587		588		589		590		591		592	
593		594		595		596		597		598	
599		600		601		602		603		604	
605		606		607		608		609		610	
611		612		613		614		615		616	
617		618		619		620		621		622	
623		624		625		626		627		628	
629		630		631		632		633		634	
635		636		637		638		639		640	
641		642		643		644		645		646	
647		648		649		650		651		652	
653		654		655		656		657		658	
659		660		661		662		663		664	
665		666		667		668		669		670	
671		672		673		674		675		676	
677		678		679		680		681		682	
683		684		685		686		687		688	
689		690		691		692		693		694	
695		696		697		698		699		700	
701		702		703		704		705		706	
707		708		709		710		711		712	
713		714		715		716		717		718	
719		720		721		722		723		724	
725		726		727		728		729		730	
731		732		733		734		735		736	
737		738		739		740		741		742	
743		744		745		746		747		748	
749		750		751		752		753		754	
755		756		757		758		759		760	
761		762		763		764		765		766	
767		768		769		770		771		772	
773		774		775		776		777		778	
779		780		781		782		783		784	
785		786		787		788		789		790	
791		792		793		794		795		796	
797		798		799		800		801		802	
803		804		805		806		807		808	
809		810		811		812		813		814	
815		816		817		818		819		820	
821		822		823		824		825		826	
827		828		829		830		831		832	
833		834		835		836		837		838	
839		840		841		842		843		844	
845		846		847		848		849		850	
851		852		853		854		855		856	
857		858		859		860		861		862	
863		864		865		866		867		868	
869		870		871		872		873		874	
875		876		877		878		879		880	
881		882		883		884		885		886	
887		888		889		890		891		892	
893		894		895		896		897		898	
899		900		901		902		903		904	
905		906		907		908		909		910	
911		912		913		914		915		9	

## Attachment 6: Surrogate UPINs

Although used in the past for residents, interns and physicians who limit their practice to the Public Health Service, Department of Veterans Affairs or Indian Health Services, these surrogate UPINs are now to be used temporarily only while a UPIN is being assigned. Retired physicians are excepted and may still use RET000.

- INT000 - for each intern
- RES000 - for each resident
- PHS000 - for Public Health Service physicians, includes Indian Health Services
- VAD000 - for Department of Veterans Affairs physicians
- RET000 - for retired physicians
- SLF000 - for providers to report that the patient is self-referred
- OTH000 - for all other unspecified entities not included above.

SLF will be accepted except where the revenue code or HCPCS code indicates that the service can be provided only as a result of physician referral. The SLF000 and OTH000 ID may be audited.<sup>32</sup>

The following is a list of recently added CMS authorized surrogate UPINs.<sup>33</sup>

**Table 2 – Additional CMS Authorized Surrogate UPINs**

<b>Surrogate UPIN</b>	<b>Provider Type</b>
AA0000	Anesthesia Assistant
CNA000	Certified Registered Nurse Anesthetist
CNM000	Certified Nurse Midwife
CNS000	Clinical Nurse Specialist
CP0000	Clinical Psychologist
CSW000	Clinical Social Worker
FOR000	Foreign Doctor (for all non-United States physicians)
MD0000	Medical Doctor (includes DO, CH, DDM, DDS, DPM, OD)
NP0000	Nurse Practitioner
OT0000	Occupational Therapist
PA0000	Physician Assistant
PT0000	Physical Therapist



**UB-92**

Hospice formats beginning with  
**FL 83**  
field was  
populated with data. HHA and Hospice claims  
processed prior to 10/3/97 will contain spaces.

NOTE: For HHA and

NCH weekly process date 10/3/97 this

SOURCE: CWF

**75. Claim Other Physician NPI** CHAR 10 317 326 A placeholder field (effective with  
Version H for storing the NPI  
**Number** assigned to the other physician.

**NPI System**

**Not Yet in Use**

SOURCE:

CWF

*Carrier (Physician/Supplier Part B) SAF*

**Note:** All of the following variables would be encrypted in the BEF version.

**53. Carrier Claim Referring** CHAR 6 241 246 The unique physician identification number (UPIN) of the physician who  
**UPIN Number** referred the beneficiary to the physician who performed the Part B services.

*Form 1500 Item 17a*

**Required**

SOURCE: CWF

**54. Carrier Claim Referring** CHAR 10 247 256 A placeholder field (effective with Version H for storing the NPI assigned  
**Physician NPI Number** to the referring physician.

*NPI System*

*Not Yet in Use*

SOURCE: CWF

**\*\*\*\* Carrier Specific Group** GROUP 34 328 361 **This group identifies those fields specific to the carrier claim record.**

**66. Carrier Claim Referring PIN** CHAR 14 328 341 Carrier-assigned identification (profiling) number of the physician who  
**Number** referred the beneficiary to the physician that performed the Part B services.

*Crosswalked from* SOURCE:  
CWF *UPIN by Carrier*

**100. Carrier Line Performing PIN** CHAR 10 The profiling identification number (PIN) of the physician\supplier who  
**Number** performed the service for this line item on the carrier claim (non-DMERC).

*Form 1500  
Item 33 or 24k  
Required*

SOURCE:CWF

**101. Carrier Line Performing** CHAR 6 The unique physician identification number (UPIN) of the physician who  
**UPIN Number** performed the service for this line item on the carrier claim (non-DMERC).

*Crosswalked from PIN  
by Carrier*

SOURCE: CWF

**102. Carrier Line Performing NPI** CHAR 10 A placeholder field (effective with Version H) for storing the NPI  
**Number** assigned to the performing provider.

*NPI System  
Not Yet in Use*

SOURCE: CWF

**103. Carrier Line Performing** CHAR 10 A placeholder field (effective with Version H) for storing the NPI assigned  
**Group NPI Number** to a group practice, where the performing physician is part of that group. If the physician is not part of a group, this field will be blank.

*NPI System*

*Not Yet in Use*

SOURCE: CWF

**104. Carrier Line Provider Type** CHAR 1 Code identifying the type of provider  
furnishing the service for this line item  
**Code** on the carrier claim (non-  
DMERC).

*See attached codes*  
**Attachment 9**  
CODES APPENDIX

CODES: REFER TO:  
CARR\_LINE\_PRVDR\_TYPE\_TB IN THE

SOURCE: CWF

**105. Line Provider Tax Number** CHAR 10 Social security number or employee  
identification number of  
physician/supplier used to identify to whom payment is  
made for  
the line item service on the noninstitutional claim.

SOURCE: CWF

**106. Line NCH Provider State** CHAR 2 Effective with Version H, the two  
position SSA state code where provider  
**Code** facility is located.

SOURCE: NCH

**107. Carrier Line Performing** CHAR 9 The ZIP code of the physician/supplier  
who performed the Part B service for  
**Provider ZIP Code** this line item on the  
carrier claim (non-DMERC).

SOURCE: CWF

**108. Line CMS Provider** CHAR 2 CMS specialty code used for pricing the  
line item service on the  
**Specialty Code** noninstitutional claim.

SOURCE: CWF

## Attachment 8: Version H Physician Data Elements

### *Inpatient SAF*

Note: These variables are not present in the MedPAR file. All the following variables would be encrypted on the BEF version.

\*\*\*\* Attending Physician ID Group GROUP 24 274 297 Name and identification numbers associated with the primary care physician.

59. Claim Attending Physician CHAR 6 274 279 On an institutional claim, the unique physician identification number (UPIN) of the physician who would normally be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the beneficiary's medical care and treatment (attending physician).

UB-92

FL 82  
Required

SOURCE: CWF

60. Claim Attending Physician CHAR 8 280 287 A placeholder field (effective with Version H) for storing the NPI assigned to the attending physician.

NPI System

Not Yet In Use

SOURCE: CWF

\*\*\*\* Operating Physician ID Group GROUP 24 298 321 Name and identification numbers associated with the physician who performed the principal procedure.

65. Claim Operating Physician CHAR 6 298 303 On an institutional claim, the unique physician identification number (UPIN) of the physician who performed the principal procedure. This element is used by the provider to identify the operating physician who performed the surgical procedure.

UB-92

FL 83 Required if  
procedure performed

SOURCE: CWF

66. Claim Operating Physician CHAR 8 304 311 A placeholder field (effective with Version H) for storing the NPI assigned to the operating physician.

NPI System

Not Yet In Use

SOURCE: CWF

\*\*\*\* Other Physician ID Group GROUP 24 322 345 Name and identification numbers associated with the other physician.

71. Claim Other Physician UPIN CHAR 6 322 327 On an institutional claim, the unique physician identification number (UPIN) of the other physician associated with the institutional claim.

*UB-92*  
*FL 83*

SOURCE: CWF

**72. Claim Other Physician**  
with Version H for storing the NPI  
**NPI Number**

CHAR

8 328 335 A placeholder field (effective  
assigned to the other physician.

*NPI System*  
*Not Yet In Use*

*Carrier (Physician/Supplier Part B) SAF*

Note: All the following variables would be encrypted on the BEF version.

**48. Carrier Claim Referring** CHAR 6 216 221 The unique physician identification number (UPIN) of the physician who performed the Part B services. **UPIN Number** referred the beneficiary to the physician who performed the Part B services.

*Form 1500 Item 17a  
Required*

SOURCE: CWF

**49. Carrier Claim Referring** CHAR 8 222 229 A placeholder field (effective with Version H) for storing the NPI assigned to the referring physician. **Physician NPI Number**

*NPI System  
Not Yet in Use*

SOURCE: CWF

**\*\*\*\* Carrier Specific Group** GROUP 34 315 348 **This group identifies those fields specific to the carrier claim record.**

**63. Carrier Claim Referring** CHAR 14 315 328 Carrier-assigned identification (profiling) number of the physician who referred the beneficiary to the physician that performed the Part B services. **PIN Number**

*Crosswalked from  
UPIN by Carrier*

SOURCE: CWF

**98. Carrier Line Performing** CHAR 10 The profiling identification number (PIN) of the physician\supplier who performed the service for this line item on the carrier claim (non-DMERC). **PIN Number**

*Form 1500  
Item 33 or 24k  
Required*

SOURCE: CWF

**99. Carrier Line Performing** CHAR 6 The unique physician identification number (UPIN) of the physician who performed the service for this line item on the carrier claim (non-DMERC). **UPIN Number**

*PIN crosswalked to  
UPIN in Carrier Registry*

SOURCE: CWF

**100. Carrier Line Performing** CHAR 8 A placeholder field (effective with Version H) for storing the NPI assigned to the performing provider. **NPI Number**

*NPI System  
Not Yet in Use*

SOURCE: CWF

**101. Carrier Line Performing** CHAR 2 A placeholder field (effective with Version H) for storing the code denoting the location of the performing provider. This code, if present, would always be associated with the CARR\_LINE\_PRFRMG\_NPI\_NUM. **Provider Location Code**

*NPI System  
Not Yet In Use*

SOURCE: CWF

**102. Carrier Line Performing** CHAR 8 A placeholder field (effective with  
Version H) for storing the NPI assigned to a group practice, where the performing physician  
**Group NPI Number** is part of that group. If the physician is  
not part of a group, this field will be blank.

*NPI System*  
*Not Yet In Use*

SOURCE: CWF

103. **Carrier Line Performing Group Location Code** CHAR 2 A placeholder field (effective with Version H) for storing the code denoting the location of the group practice to which the performing provider belongs. This code, if present, will always be associated with CARR\_LINE\_PFRMG\_GRP\_NPI\_NUM.  
*NPI System Not Yet In Use* SOURCE: CWF

104. **Carrier Line Provider Type Code** CHAR 1 Code identifying the type of provider furnishing the service for this line item on the carrier claim (non-DMERC).  
*See Attached Codes* CODES: REFER TO: CARR\_LINE\_PRVDR\_TYPE\_TB IN THE CODES APPENDIX  
*Attachment 9* SOURCE: CWF

105. **Line Provider Tax Number** CHAR 10 Social security number or employee identification number of physician/supplier used to identify to whom payment is made for the line item service on the noninstitutional claim.  
*Tax ID of provider of service or supplier Required for a mandated Medigap transfer* SOURCE: CWF

108. **Line CMS Provider Specialty Code** CHAR 2 CMS specialty code used for pricing the line item service on the noninstitutional claim.  
 SOURCE: CWF

## Attachment 9: Carrier Line Provider Type Table

### Carrier Line Provider Type Table

For Physician/Supplier (RIC O) Claims:

- 0 = Clinics, groups, associations, partnerships, or other entities
- 1 = Physicians or suppliers reporting as solo practitioners
- 2 = Suppliers (other than sole proprietorship)
- 3 = Institutional provider
- 4 = Independent laboratories
- 5 = Clinics (multiple specialties)
- 6 = Groups (single specialty)
- 7 = Other entities

For DMERC (RIC M) Claims - PRIOR TO VERSION H:

0 = Clinics, groups, associations, partnerships, or other entities for whom the carrier's own ID number has been assigned.

1 = Physicians or suppliers billing as solo practitioners for whom SSN's are shown in the physician ID code field.

2 = Physicians or suppliers billing as solo practitioners for whom the carrier's own physician ID code is shown.

3 = Suppliers (other than sole proprietorship) for whom EI numbers are used in coding the ID field.

4 = Suppliers (other than sole proprietorship) for whom the carrier's own code has been shown.

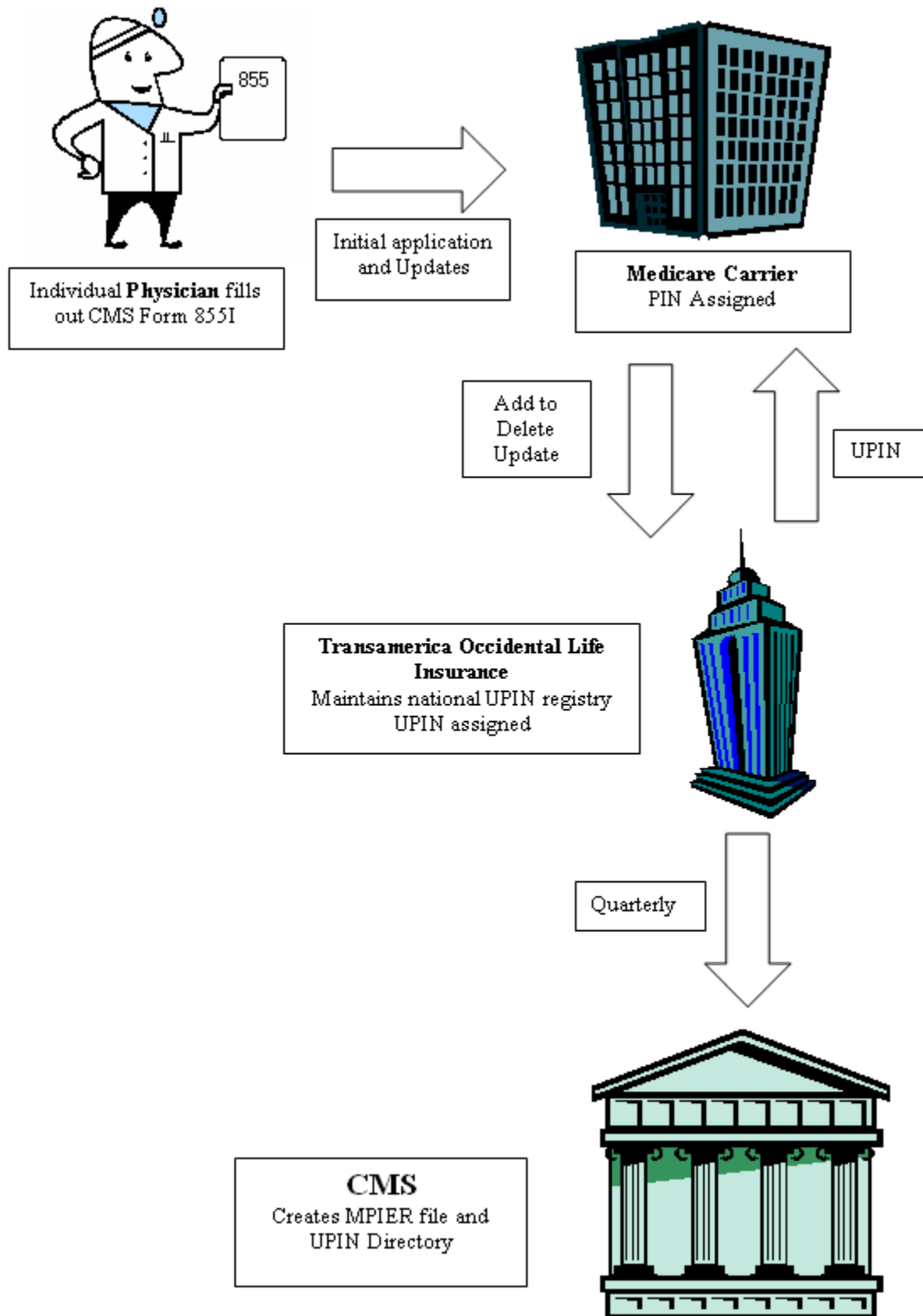
5 = Institutional providers and independent laboratories for whom EI numbers are used in coding the ID field.

6 = Institutional providers and independent laboratories for whom the carrier's own ID number is shown.

7 = Clinics, groups, associations, or partnerships for whom EI numbers are used in coding the ID field.

8 = Other entities for whom EI numbers are used in coding the ID field or proprietorship for whom EI numbers are used in coding the ID field.

**Attachment 10: Flowchart of Physician Number Assignment Process**



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- <sup>1</sup> CMS – Centers for Medicare & Medicaid Services, formerly HCFA - Health Care Financing Administration
- <sup>2</sup> Carriers Manual, Part 4, section 1009, *Physician Identification and Registration*. Retrieved January 2, 2003 from [http://www.cms.hhs.gov/providers/enrollment/upin/Upinreg.asp#P3\\_34](http://www.cms.hhs.gov/providers/enrollment/upin/Upinreg.asp#P3_34).
- <sup>3</sup> For a definition of “physician” and a list of other included health care practitioners, see Attachment 1
- <sup>4</sup> Medicare Fee-For-Service Provider/Supplier Enrollment for Individual Health Care Practitioners. Retrieved January 2, 2003, from <http://www.cms.hhs.gov/providers/enrollment/forms/>.
- <sup>5</sup> Operational Policy Letter #127. Retrieved January 2, 2003, from <http://www.cms.hhs.gov/healthplans/opl/default.asp>.
- <sup>6</sup> For more information about this directory, including ordering information, see *UPINs and PINs: Issues for Researchers, Physician Data Files/UPIN Directory* later in this report.
- <sup>7</sup> An individual physician’s UPIN can be looked up at <http://upin.ecare.com/>. Active as of January 6, 2003.
- <sup>8</sup> Instructions for CMS Form 1500 from Carriers Manual Part 4, Section 2010.2, *Health Insurance Claim Form*. Retrieved January 2, 2003, from <http://www.cms.hhs.gov/providers/edi/1500mast.pdf>.
- <sup>9</sup> Instructions for UB-92 (CMS Form 1450) *Review Of Form CMS-1450 For Inpatient And Outpatient Bills*. Retrieved January 2, 2003, from <http://www.cms.hhs.gov/providers/edi/edi5.asp#Form%20CMS-1450>
- <sup>10</sup> Medicare and Other Federal Health Care Program General Enrollment Application Instructions (CMS 855I). Retrieved January 2, 2003, from <http://www.cms.hhs.gov/providers/enrollment/forms/>.
- <sup>11</sup> Medicare Program Integrity Manual, Chapter 10 – Healthcare Provider/Supplier Enrollment. Retrieved January 2, 2003, [http://www.cms.hhs.gov/manuals/108\\_pim/pim83c10.asp#Sect2](http://www.cms.hhs.gov/manuals/108_pim/pim83c10.asp#Sect2).
- <sup>12</sup> Medicare and Other Federal Health Care Program General Enrollment Application Instructions (CMS 855B). Retrieved January 2, 2003 from <http://www.cms.hhs.gov/providers/enrollment/forms/>.
- <sup>13</sup> Ibid for CMS Form 855R.
- <sup>14</sup> Example by Kelly Merriman
- <sup>15</sup> Medicare Carrier contact information can be found at <http://www.medicare.gov/Contacts/home.asp> , active as of January 3, 2003.
- <sup>16</sup> Instructions for CMS Form 1500 from Carriers Manual Part 4, Chapter II-Health Insurance Claim Form, Section 2010. Retrieved January 2, 2003 from <http://www.cms.hhs.gov/providers/edi/1500mast.pdf>
- <sup>17</sup> Involved in this effort are: the Department of Defense/OCHAMPUS, Department of Health and Human Services/ASPE, PHS, FDA, Department of Labor, Department of Veterans Affairs, Drug Enforcement Administration, Office of Personnel Management, Social Security Administration, State Medicaid agencies and health departments, including those of Alabama, California, Pennsylvania, Minnesota, and Virginia, Medicare contractors, Professional and medical associations, including the American Medical Association, American Hospital Association, Health Insurance Association of America, and National Council of Prescription Drug Programs, Regional consortia, including the Massachusetts Health Data Consortium, Utah Health Information Network, and Administrative, Uniformity Committee of Minnesota, Claims clearinghouses, Standards groups, including the American National Standards Institute/Health Informatics Standards Planning Panel and the Accredited Standards Committee X12N Workgroup on Provider Information
- <sup>18</sup> The National Provider Identifier (NPI). Retrieved January 2, 2003 from <http://www.cms.hhs.gov/hipaa/hipaa2/npi.pdf>
- <sup>19</sup> Ibid
- <sup>20</sup> Medicare Program Integrity Manual, Chapter 10 – Healthcare Provider/Supplier Enrollment. Retrieved January 6, 2003 from [http://www.cms.hhs.gov/manuals/108\\_pim/pim83c10.asp#Sect3](http://www.cms.hhs.gov/manuals/108_pim/pim83c10.asp#Sect3)
- <sup>21</sup> Medicare Physician Identifiers, contact: Bob Hardy, September 6, 1991. Retrieved January 2, 2003 from <http://www.os.dhhs.gov/news/press/pre1995pres/910906a.txt>
- <sup>22</sup> Medicare Definition of Fraud. Retrieved January 6, 2003 from <http://www.cms.hhs.gov/providers/fraud/DEFINI2.ASP>

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- <sup>23</sup> Misrepresenting Diagnosis to Justify Coverage of Ventilators. Retrieved January 6, 2003 from <http://www.cms.hhs.gov/providers/fraud/9614a.asp>
- <sup>24</sup> Medicare Physician Identifiers, contact: Bob Hardy, September 6, 1991. Retrieved January 2, 2003 from <http://www.os.dhhs.gov/news/press/pre1995pres/910906a.txt>
- <sup>25</sup> See also ResDAC document, *Counting Physician Services*, available from ResDAC, 1-888-9RESDAC.
- <sup>26</sup> See also ResDAC document, *Denied Claims*, available from ResDAC, 1-888-9RESDAC.
- <sup>27</sup> For further information on the data request process, contact ResDAC at 1-888-9RESDAC.
- <sup>28</sup> For source information other than CMS Files for Purchase, see <http://www.cms.hhs.gov/providers/enrollment/upin/Upinsrc.asp#TopOfPage>, Retrieved January 6, 2003.
- <sup>29</sup> Information current as of January 2, 2003.
- <sup>30</sup> Carriers Manual Part 3 Chapter II, section 2020.1, *Coverage and Limitations*. Retrieved January 2, 2003 from [http://www.cms.hhs.gov/manuals/14\\_car/3b2000.asp\\_-\\_1\\_7](http://www.cms.hhs.gov/manuals/14_car/3b2000.asp_-_1_7).
- <sup>31</sup> CMS Carriers Manual, Part 4, section 1000, *Registry of Physicians/Health Care Practitioners/Group Practices*, downloaded January 6, 2003 from [http://www.cms.hhs.gov/manuals/pub14/pub\\_14.asp](http://www.cms.hhs.gov/manuals/pub14/pub_14.asp).
- <sup>32</sup> Original list found in CMS Carrier and Fiscal Intermediary Manuals
- <sup>33</sup> Operational Policy Letter #127. Retrieved January 2, 2003 from <http://www.cms.hhs.gov/healthplans/opl/default.asp>

If you have any questions or comments, ResDAC staff can be contacted at 1-888-ResDAC or [resdac@umn.edu](mailto:resdac@umn.edu)

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