

MEDICARE BILLING NUMBERS

Verifying that unique Medicare Billing Numbers are accurately listed in EHB for each permanent and seasonal site

Frequently Asked Questions

Medicare Requirements for Enrolling Sites Individually

1. Which sites within a health center’s approved scope of project are required to enroll individually in Medicare?

CMS requires all permanent and seasonal sites within a health center’s approved scope of project to be enrolled individually in Medicare, and to receive and use a unique Medicare Billing Number. For more information about the requirements and process for enrolling sites in Medicare, see Program Assistance Letter (PAL) 2011-04, available at <http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>.

Verifying Billing Numbers Listed in EHB

2. Where are Medicare Billing Numbers listed in EHB?

For each site listed on Form 5B, there is a field for a Medicare Billing Number. (Medicare Billing Numbers are not required for locations listed on Form 5C.) This is a self-updateable field, located in the third block of fields, to the right of “Site Operational By.” With a few exceptions (discussed below) each permanent and seasonal site listed on Form 5B should have a unique Medicare Billing Number entered.

3. When should health centers review their Medicare Billing Numbers listed in EHB?

All health centers should periodically review their Medicare billing numbers to ensure accuracy and compliance with Medicare requirements. At a minimum, health centers should review this information annually prior to submitting the annual Service Area Competition or Budget Period Progress Report.

4. Under what circumstances is it appropriate for a health center to not include a unique Medicare Billing Number for a site listed on Form 5B? In these situations, what should be entered in the “Medicare Billing Number” field?

As indicated in the chart below, there are three situations in which a health center may not include a unique Medicare Billing Number for a site listed on Form 5B. Even in these situations, the field for a “Medicare Billing Number” should not be left blank; the following chart indicates what should be entered.

Situations when not entering a unique Medicare Billing Number is acceptable	What to enter in the "Medicare Billing Number" field in this situation	Note:
1. The site is neither permanent nor seasonal.	"Neither permanent nor seasonal"	Be sure the "Location Type" is not listed as permanent or seasonal.
2. Does not bill for any Medicare patients under the FQHC system.	"Does not bill for Medicare patients under the FQHC system"	Some state Medicaid programs require Medicare enrollment even for sites that serve no Medicare patients.
3. A unique Medicare Billing Number has been applied for but not yet received.	"Pending; application submitted [insert full date]"	Health centers are expected to update this entry as soon as the Billing Number is received.

Medicare Billing Numbers and NPIs

5. What does a Medicare Billing Number look like?

A Medicare Billing Number for an FQHC consists of five or six digits, as follows:

- For 5-digit numbers, the first digit indicates the state, and the second digit is a "1," indicating an FQHC.
- For 6-digit numbers, the first two digits indicate the state and the third digit is a "1," indicating an FQHC.

The Medicare Billing Number has had several names over the past few years, including CMS Certification Number (CCN), OSCAR, and provider legacy number. It is now officially referred to as the Provider Transaction Access Number (PTAN).

For more information on Medicare Billing Numbers, see

<https://www.cms.gov/transmittals/downloads/R29SOMA.pdf>. The State Codes are listed at Section 2779A1.

6. How does a Medicare Billing Number (also known as a PTAN, CCN, or OSCAR) differ from an NPI (also National Provider Identifier)?

A Medicare Billing Number is the number that a provider/site receives from CMS once it has successfully enrolled in Medicare. It indicates that a provider has been *approved to participate in Medicare*, and what type of provider it is. This number is generally not recognized or used by any organizations beyond CMS. As discussed above, it is a 5- or 6-digit number.

In contrast, an NPI is a 10-digit number that is used to *identify* a health care provider/site in all of its electronic transactions (not just those involving Medicare or Medicaid). An NPI is like a Social Security number – it identifies the provider/site and is recognized by virtually all organizations. However, an NPI indicates nothing beyond the provider’s identity. For example, it does not indicate that the provider has been approved to participate with a specific insurer.

7. Is each permanent and seasonal site within a health center’s approved scope of project required to have a unique NPI?

Each health center site is not required to have an individual NPI. However, failure to do so can cause significant delays in receiving reimbursement for Medicare claims. NPIs are issued by the National Plan and Provider Enumeration System (NPPES), which is managed out of CMS. For more information on NPIs, including how to apply for one, see <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>.