

**URGENT MESSAGE FOR ALL MEDICARE FEE-FOR-SERVICE INSTITUTIONAL  
PROVIDERS THAT HAVE SUBPARTS**

It has come to our attention that our message of April 3, 2008, concerning the use of taxonomy codes to facilitate NPI matching with the Medicare NPI Crosswalk, has caused both confusion and consternation. We regret this unintended consequence. We believe that your claims will be successfully processed using your NPI, regardless of whether you enumerate your subparts with NPIs. We continue to encourage you to test NPI-only claims before the May 23, 2008, deadline.

Since February 2006, we have been encouraging providers with subparts (with separate OSCAR numbers attached to those subparts) to enumerate those subparts with an NPI. We believed then and now that such enumeration of subparts may be helpful towards ensuring Medicare crosswalk matches. This recommendation was not a mandated requirement nor is it mandated now (as some have assumed with the April 3, 2008, message).

In addition, while we originally thought that the taxonomy code would help facilitate matching a provider's NPI to the appropriate subpart's OSCAR number, experience has shown that other data elements on the claim did a much better job of achieving this match. To be clear, this successful matching using claims data rather than the taxonomy code is working for those providers that did not enumerate their subparts.

In summary, providers with subparts do not need to do anything new or different as a result of the April 3, 2008, message. We continue to encourage you to enumerate your subparts, but we believe the data coming in on your claim will enable successful matches to the crosswalk, as is currently happening in most cases. While Medicare may not be using the taxonomy code, we will pass it on to our trading partners on crossover claims, in the event they use it.

We hope this clarification eases some of the concerns we are hearing. Again, you do not need to change your systems nor do anything new or different.

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