



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Washington, D.C. 20537

OCT 05 2004

Mr. David Cook
Executive Director
Medical Association of Georgia
1330 West Peachtree Street, N.W., #500
Atlanta, Georgia 30309-2904

Dear Mr. Cook:

This is in response to your correspondence dated September 3, 2004, to this office. In your letter you expressed concern regarding the requirement imposed by the insurance industry for the use of a prescriber's Drug Enforcement Administration (DEA) registration number on a prescription for a non-controlled substance. As you state, the DEA registration number was never intended to be used in this manner.

The sole purpose of a DEA registration is to permit the registrant to engage in transactions involving controlled substances to the extent authorized by the laws of the state in which they are licensed. The DEA is aware of the insurance industry practice of requiring DEA registration numbers for identification and reimbursement purposes and is strongly opposed to this practice. Unfortunately, without a statutory prohibition this agency is unable to prevent it. The DEA has discussed the issue with various Congressional staff members in an effort to gain support for an amendment to the Controlled Substances Act (CSA) that would prohibit the use of DEA registration numbers for inappropriate purposes. However, this effort did not result in the introduction of any such legislation.

As an alternative to the misuse of DEA registration numbers, the Center for Medicare and Medicaid Services is developing a National Provider Identification (NPI) number unique to each healthcare provider. The Final Rule for establishment of the NPI system was published in the Federal Register (FR 3434, Vol. 69, No. 15) by the Department of Health and Human Services (HHS) on January 23, 2004. The effective date of this Final Rule is May 23, 2005, which is also the date on which providers may begin to apply for an NPI; all covered entities must begin using the NPI in standard transactions by May 23, 2007. It is anticipated that the NPI will alleviate the need for this inappropriate use of DEA registration numbers, as you describe.

I trust this has addressed the issue you have raised. If you would like additional information about the DEA's Diversion Control Program, you may access our website at www.dea.gov

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www.DEAdiversion.usdoj.gov. If you have further questions, please do not hesitate to contact my office, at (202) 307-7297.

Sincerely,



for Patricia M. Good, Chief
Liaison and Policy Section
Office of Diversion Control