



Incorporation of Physician Fee Schedule Regulatory Changes into Chapter 10 of the *Program Integrity Manual (PIM)* – JA6310

Related CR Release Date: April 2, 2009

Date Job Aid Revised: April 13, 2009

Effective Date: January 1, 2009

Implementation Date: April 1, 2009

Key Words MM6310, CR6310, R288PI, Physician, Fee, Schedule, Regulatory, PIM

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers
- Fiscal Intermediaries (FIs)

Provider Types Affected Physicians, providers, and suppliers submitting claims to Medicare Carriers, FIs, and/or A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6310 implements the regulatory changes found in the calendar year (CY) 2009 Medicare Physician Fee Schedule final rule with comment (CMS-1403-FC).

Effective Date of Medicare Billing for Physicians, Certain Non-physician Practitioners, and Physician and Non-Physician Practitioner Organizations

Provider Needs to Know...

- Carriers and A/B MACs will establish the effective date of Medicare billing privileges (see 42 Code of Federal Regulations (CFR) 424.520(d)) for physicians, non-physician practitioners, and physician or non-physician practitioner organizations.

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- Physicians, non-physician practitioners and physician and non-physician practitioner organizations will no longer be allowed to establish retrospective Medicare effective billing dates.
 - Carriers and A/B MACs will establish an effective date of Medicare billing privileges for the following individuals and organizations:
 - Physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives;
 - Clinical social workers;
 - Clinical psychologists;
 - Registered dietitians or nutrition professionals; and
 - Physician and non-physician practitioner organizations (e.g., clinics/group practices).
 - The effective date of Medicare billing privileges for the individuals and organizations identified above is the later of the date of filing or the date they first began furnishing services at a new practice location.

Note: The date of filing for Internet-based Provider Enrollment, Chain and Ownership System applications for these individuals and organizations is the date that the contractor received an electronic version of the enrollment application and a signed certification statement that were both processed to completion

- The individuals and organizations identified above may, however, retrospectively bill for services when:
 - The supplier has met all program requirements, including state licensure requirements, and
 - The services were provided at the enrolled practice location for up to:
 - Thirty (30) days prior to their effective date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries, or
 - Ninety (90) days prior to their effective date if a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 United States Code §§5121-5206 (Stafford Act) precluded enrollment in advance of providing services to Medicare beneficiaries.

Timeframes for Reporting Changes of Information

- For physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals, and organizations (e.g., group practices) consisting of any of the categories of individuals identified in this paragraph, the following changes must be reported within 30 days:
 - A change of ownership;
 - A final adverse action; or
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- A change in practice location.
 - If an individual or organization identified above does not comply with the reporting requirements relating to final adverse actions and practice location changes, the supplier will be assessed an overpayment back to the date of the final adverse action or change in practice location.

Application Rejections and Denials for Physician and Certain Non-physician Practitioner Applications

- Carriers and A/B MACs will deny, rather than reject, incomplete applications submitted by physicians, non-physician practitioners, and physician or non-physician practitioner organizations.
- This change will allow the individuals and organizations identified above to preserve their effective date of filing by submitting a corrective action plan or an appeal and submitting the missing information/documentation to allow the carrier or A/B MAC to adjudicate the enrollment application to completion.

Revocation Effective Dates

- A revocation based on a: (1) federal exclusion or debarment, (2) felony conviction, (3) license suspension or revocation, or (4) determination that the provider or supplier is no longer operational, is effective with the date of the exclusion, debarment, felony conviction, license suspension or revocation, or the date that the Centers for Medicare & Medicaid Services (CMS) or its contractor determined that the provider or supplier is no longer operational.
- Any physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, registered dietitian or nutrition professional, organization (e.g., clinic/group practices) consisting of the individuals previously identified, or independent diagnostic testing facility who/that is revoked from the Medicare program must (within 60 calendar days of the effective date of the revocation) submit all claims for items and services furnished.

Requirements for Maintaining Ordering and Referring Documentation

- Carriers or A/B MACs may revoke the billing privileges of any provider or supplier that fails to comply with Medicare's ordering and referring documentation requirements as specified in 42 CFR 424.5216 (f).
 - Such revocation is also possible in cases where the physician or non-physician practitioner fails to maintain written ordering and referring documentation for seven (7) years from the date of service.
 - Off-site or electronic storage of the ordering and referring documentation described in 42 CFR §424.516(f) is not precluded, as long as these records are readily accessible and retrievable.
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Note: Providers should note that CR6310 also provided a definition of the final adverse.

Background

- A number of recent regulatory changes related to provider enrollment have been made.
 - CMS is incorporating the regulatory changes found in the CY 2009 Medicare Physician Fee Schedule final rule with comment (CMS-1403-FC) into Chapter 10 of the PIM.
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Operational
Impact

N/A

Reference
Materials

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6310.pdf> on the CMS website.

The official instruction (CR6310) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R288PI.pdf> on the CMS website.
