



Reassignment and Ambulatory Surgical Centers (ASCs) – JA6470

Related CR Release Date: June 12, 2009

Date Job Aid Revised: June 19, 2009

Effective Date: January 1, 2008

Implementation Date: October 5, 2009

Key Words MM6470, CR6470, R291PI, ASC

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carrier

Provider Types Affected Physicians and non-physician practitioners submitting claims to Medicare Carriers and A/B MACs for services provided to Medicare beneficiaries where payment is reassigned to an ASC or to another physician's practice



Change Request (CR) 6470 provides clarifying information on the reassignment of benefits to an ASC. It also clarifies information for situations in which a solo physician/practitioner to whom another physician/practitioner has reassigned his/her benefits dies or has his/her Medicare billing privileges revoked.

Reassignment of Benefits to ASC

Provider Needs to Know...

- If a physician or non-physician practitioner wishes to reassign their benefits to an existing (and currently enrolled ASC), both the individual and the ASC must sign form CMS-855R (<http://www.cms.hhs.gov/CMSforms/CMSforms/ItemDetail.asp?ItemID=CMS019478>).
- It is not necessary for the ASC to separately enroll as a group practice in order to receive benefits. It can accept reassignment as an ASC.

Reassignment and Revoked/Deceased Physicians and Non-Physician Practitioners

- There are situations where a physician/non-physician practitioner (the “owning physician/practitioner”):
 - Owns 100 percent of his/her own practice;
 - Employs another physician/non-physician practitioner (the “employed physician/practitioner”) to work with him/her; and
 - Accepts reassigned benefits from the employed physician/practitioner.
- If the owning physician/practitioner dies or has his/her billing privileges revoked:
 - The practice is no longer eligible to receive Medicare payments for services furnished after date of death or revocation effective date; and
 - All reassignments are automatically terminated.
- In these situations, neither the owning physician/practitioner nor the practice is eligible to participate in Medicare.
- The billing privileges for both are revoked in accordance with the revocation procedures outlined in the *Medicare Program Integrity Manual* (Chapter 10 (Medicare Provider/Supplier Enrollment)).
- This policy applies to practices established as a:
 - Sole proprietorship;
 - Professional corporation,
 - Professional association; or
 - Solely-owned limited liability company.
- The Medicare contractor will terminate the reassignments effective on the date of death or the effective date of the revocation.

Background

- Physicians and non-physician practitioners may reassign their benefits to an ASC if they meet the reassignment exceptions in the Code of Federal Regulations (CFR; Title 42, Section 424.80), and the *Medicare Claims Processing Manual* (Chapter 1, Sections 30.2.6 and 30.2.7).
 - Providers can review 42 CFR 424.80 at http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr424.80.pdf on the Internet, and Chapter 1, Sections 30.2.6 and 30.2.7 of the *Medicare Claims Processing Manual* at <http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf> on the CMS website.
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Operational Impact	N/A
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Reference Materials	
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The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6470.pdf> on the CMS website.

The official instruction (CR6470) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R291PI.pdf> on the CMS website.
