



Revisions to Certain Items in the Centers for Medicare & Medicaid Services (CMS) Change Request (CR) 6310 – JA6491

Related CR Release Date: June 26, 2009

Date Job Aid Revised: July 7, 2009

Effective Date: July 27, 2009

Implementation Date: July 27, 2009

Key Words MM6491, CR6491, R295PI, CR6310, MM6310, R289PI

Contractors Affected

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

Provider Types Affected Physicians, suppliers and other providers who bill Medicare Carriers or A/B MACs



CR6491 clarifies instructions found in CR6310 by revising portions of Chapter 10, Section 13 of the *Medicare Program Integrity Manual*.

Provider Needs to Know...

- Medicare contractors will ensure that a supplier that has had its Medicare billing privileges reactivated does not become subject to a second deactivation for non-billing within 30 days of the reactivation.
 - 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, or organizations (e.g., group practices) consisting of any of the aforementioned categories of individuals, Medicare contractors will **establish the reactivation effective date as the later of the following:**
 - The filing of a Medicare enrollment application that was subsequently approved by a Medicare contractor; or
 - The date the supplier first started furnishing services at a new practice location,
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unless the supplier has at least one other enrolled practice location (under the same Tax Identification Number) for which it is actively billing Medicare.

- The contractor will establish and enter the reactivation effective date as either:
 - The date the supplier first saw a Medicare patient at the location indicated on the CMS-855, or
 - The same date as the non-billing end-date in Multi-Carrier System, whichever is later.
- If the individual (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, or organizations (e.g., group practices) consisting of any of the aforementioned categories of individuals) or organizational supplier reports a change in practice location more than 30 days after the effective date of the change, **the supplier's billing privileges are not revoked on this basis.**
- **The supplier's billing privileges may be revoked**, however, if the Medicare contractor independently determines through an on-site inspection under 42 Code of Federal Regulations (Section 424.535(a)(5)(ii)) or via another verification process that the individual's or organization's address has changed and the supplier has not notified the contractor of this within the aforementioned 30-day timeframe.

Background

CR6310 was released on April 15, 2009. It may be found at <http://www.cms.hhs.gov/transmittals/downloads/R289PI.pdf> on the CMS website. The related MLN Matters® article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6310.pdf> on the CMS website.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6491.pdf> on the CMS website.

The official instruction (CR6491) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R295PI.pdf> on the CMS website.

Chapter 10, Section 13 of the *Medicare Program Integrity Manual* is available at <http://www.cms.hhs.gov/manuals/downloads/pim83c10.pdf> on the CMS website. It contains information about deactivations, reactivations and revocations of Medicare billing privileges and their respective effective dates.
