



Expansion of the Current Scope of Editing for Attending Physician Providers for Free-standing and Provider-based Home Health Agency (HHA) Claims Processed by Medicare Regional Home Health Intermediaries (RHHIs) – JA6856

Note: JA6856 was revised to reflect the revised Change Request (CR) 6856, which was issued on October 8, 2010. The effective and implementation dates of Phase 2 were changed to July 1, 2011 and July 5, 2011, respectively. The CR release date, transmittal number, and the Web address for accessing CR6856 were revised.

Related CR Release Date: October 8, 2010 **Revised**

Date Job Aid Revised: October 20, 2010

Effective Date: October 1, 2010 (Phase 1);
July 1, 2011 (Phase 2)

Implementation Date: October 4, 2010 (Phase 1);
July 5, 2011 (Phase 2)

Key Words	MM6856, CR6856, R781OTN, Free-standing, HHA, RHHIs
Contractors Affected	Regional Home Health Intermediaries (RHHIs)
Provider Types Affected	Free-standing and provider-based HHAs who bill Medicare RHHIs for services provided to Medicare beneficiaries



- CR6856 requires that the National Provider Identifier (NPI) for the attending physician provider on an HHA claim is valid, the provider is enrolled in Medicare, and the provider is of a specialty eligible to be an attending physician for HHA services.
- Providers enrolled in the Medicare program must be in the PECOS file in an approved or opt-out status
- All providers should be verifying their enrollment on the Centers for Medicare & Medicaid Services (CMS) on-line enrollment systems known as Internet-based Provider Enrollment, Chain, and Ownership System (PECOS).

Editing Expansion Implementation Phases

- **Phase 1 (October 1, 2010 –June 30, 2011)** - When a claim is received, CMS will take the following actions:
 - Determine if the attending physician is required for the billed service;
 - If the attending physician's NPI is on the claim, Medicare will verify that the attending physician is on the national PECOS file; and
 - If the attending physician NPI is not on the national PECOS file during Phase 1, the claim will continue to process but a message will be included on the remittance advice notifying the billing provider that claims may not be paid in the future if the attending physician is not enrolled in Medicare or if the attending physician is not of the specialty eligible to be an attending physician for HHA services.
- **Phase 2 (On or after July 1, 2011)** – CMS will take the following actions:
 - Determine if the attending physician's NPI is required for the billed service;
 - If the billed service requires an attending physician and the attending physician's NPI is not on the claim, the claim will not be paid;
 - If the attending physician's NPI is on the claim, Medicare will also verify that the attending physician is on the national PECOS file; and
 - If the attending physician is on the PECOS file, but not as a specialty eligible to be an attending physician, the claim, during Phase 2, will not be paid.

Provider Needs to Know...

Edits in the Fiscal Intermediary Shared System (FISS)

- The FISS matches data on the provider-billed claim to that on PECOS.
- In both phases, FISS will use this process to determine if the attending physician on the claim matches the providers in the national PECOS file.
- If a match is found the FISS will then compare the NPI, first letter of the first name, and the first 4 letters of the last name of the matched record.
- The claim is considered verified, if the NPI or names match for the attending physician.

When CR6856 is implemented, the requirement (Transmittal 270, CR6093, Reporting NPIs for Secondary Providers, dated October 15, 2008) to use the billing provider's NPI as the NPI of the attending physician, and the name of the attending physician, if the NPI of the attending physician cannot be determined by the billing provider is no longer valid.

A doctor of podiatric medicine may perform only plan of treatment functions that are consistent with the functions he or she is authorized to perform under state law.

Background

- CMS is expanding claim editing to meet the Social Security Act requirements for the attending physician when a plan of treatment is needed and submitted from an HHA.
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- In this document the word “claim” means both electronic and paper claims.
- The following are the only providers who can order/refer HHA beneficiary services:
 - Doctor of medicine or osteopathy; and
 - Doctor of podiatric medicine
- CMS claim editing is being expanded to verify that the attending physician on an HHA claim is eligible and is enrolled in Medicare’s PECOS.

Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters® article can be found at http://www.cms.gov/MLN MattersArticles/downloads/MM6856.pdf on the CMS website.</p> <p>The official instruction (CR6856) regarding this change may be viewed at http://www.cms.gov/Transmittals/downloads/R7810TN.pdf on the CMS website.</p>
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