

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Are you ready to transition to ICD-10 on October 1, 2014? In this MLN Connects™ video on [ICD-10 Coding Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:

- Similarities and differences;
- ICD-10 code structure; and
- Coding process and examples.

To receive notification of upcoming MLN Connects videos and calls and the latest Medicare program information on ICD-10, [subscribe](#) to the weekly *MLN Connects™ Provider eNews*.

MLN Matters® Number: MM8545

Related Change Request (CR) #: CR 8545

Related CR Release Date: January 24, 2014

Effective Date: February 25, 2014

Related CR Transmittal #: R503PI

Implementation: February 25, 2014

## Inter-Jurisdictional Reassignments

### Provider Types Affected

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This MLN Matters® Article is intended for physician or non-physician practitioners (NPPs) submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

### What You Need to Know

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The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 8545 to address situations where a physician or NPP in one MAC jurisdiction reassigns his or her Medicare benefits to an entity located in another MAC's jurisdiction.

#### Disclaimer

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## Background and Key Points of CR8545

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The following principles apply if a physician/NPP (reassignor) is reassigning his or her benefits to an entity (reassignee) located in another contractor jurisdiction – a practice that is permissible:

1. The reassignor must be properly licensed or otherwise authorized to perform services in the state in which he or she has his or her practice location. The practice location can be an office or even the individual's home.
2. The reassignor need not – pursuant to the reassignment - enroll in the reassignee's MAC jurisdiction nor be licensed/authorized to practice in the reassignee's state. However, if the reassignor will be performing services within the reassignee's state, the reassignor must enroll with the MAC for – and be licensed/authorized to practice in – that state.
3. The reassignee must enroll in the MAC jurisdictions in which:
  - a. It has its own practice location(s); and
  - b. The reassignor has his or her practice location(s).
4. In Case 3b above, the reassignee should:
  - a. Identify the reassignor's practice location as its practice location on its Form CMS-855B;
  - b. Select the practice location type as "Other health care facility" and specify "Telemedicine location" in Section 4A of its Form CMS-855B; and
  - c. Need not be licensed/authorized to perform services in the reassignor's state.

**For example:** Suppose Dr. Smith is located in MAC Jurisdiction X and is reassigning his benefits to Jones Medical Group in MAC Jurisdiction Y. Jones must enroll with X and Y, but need not be licensed/authorized to perform services in Dr. Smith's state. However, in Section 4 of the Form CMS-855B it submits to X, Jones must list Dr. Smith's location as its practice location.

## Additional Information

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The official instruction, CR 8545 issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R503PI.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

To review the Medicare Enrollment Application, Clinics/Group Practices and Certain other Suppliers CMS-855B, you may visit <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855b.pdf> on the CMS website.

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