

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



MLN Matters® Number: MM9390

Related Change Request (CR) #: CR 9390

Related CR Release Date: February 4, 2016

Effective Date: March 4, 2016

Related CR Transmittal #: R636PI

Implementation Date: March 4, 2016

Update to Pub. 100-08, Chapter 15

Provider Types Affected

This MLN Matters® Article is intended for providers, including Home Health Agencies (HHAs), submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9390, from which this article was developed, makes several minor revisions to Chapter 15 of the “Medicare Program Integrity Manual.” These changes include, but are not limited to:

1. Clarifying the process for verifying correspondence telephone numbers;
2. Clarifying the process for validating the credentials of technicians of Independent Diagnostic Testing Facilities (IDTFs); and
3. Identifying the timeframe by which approval letters must be sent and to whom they must be sent.

Make sure that your billing staffs are aware of these revisions.

Background

Chapter 15 of the “Medicare Program Integrity Manual” contains instructions regarding the processing of Form CMS-855 applications. CR9390 makes the following key changes:

1. If online verification of an IDTF technician's credentials is not available or cannot be made, the MAC will request a copy of the technician’s certification card.

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2. The MAC will not request a social security card to verify an individual's identity or social security number.
3. Absent a CMS instruction or directive to the contrary, the MAC will send enrollment approval letters within 5 business days of approving the enrollment application.
4. For all applications other than the Form CMS-855S, the MAC will send development/approval letters/revocation letters, etc., to the contact person if one is listed; otherwise, the contractor may send the letter to the provider or supplier at the provider's/supplier's correspondence address or special payments address.

Note: CR9390 does not involve any legislative or regulatory policies and is restricted to changes in operational procedures.

Many of the other Chapter 15 revisions are small, such as inserting single words or short sentences, etc. Others are more significant and those revisions are in the revised Chapter 15, which is attached to CR9390.

Additional Information

The official instruction, CR9390, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R636PI.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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