



The reporting period for the 2009 Physician Quality Reporting Initiative (PQRI) has begun. Eligible professionals choosing to participate in the 2009 PQRI through claims-based submission of individual quality measures should have started submitting appropriate 2009 Quality Data Codes on qualifying Part B claims with a date of service of January 1, 2009 or later. Information on the 153 2009 PQRI measures, release notes, detailed specifications, and a guide to assist implementing PQRI measure reporting are available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website. Information on alternative reporting periods and reporting criteria for satisfactory reporting of measures groups can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters® Number: MM6470

Related Change Request (CR) #: 6470

Related CR Release Date: June 12, 2009

Effective Date: January 1, 2008

Related CR Transmittal #: R291PI

Implementation Date: October 5, 2009

Note: This article was revised on December 5, 2014, to add a reference to MLN Matters® Article SE1432 available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1432.pdf> to alert providers and suppliers that CMS has revised the CMS 855R Application for Reassignment of Medicare Benefits. The revised CMS 855R will be available for use on the cms.gov website on December 29, 2014. Physicians, non-physician practitioners, providers and suppliers must use the revised form beginning June 1, 2015. All other information remains the same.

Reassignment and Ambulatory Surgical Centers (ASCs)

Provider Types Affected

Physicians and non-physician practitioners submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries where payment is reassigned to an ASC or to another physician's practice.

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Provider Action Needed

This article is based on Change Request (CR) 6470 and provides clarifying information regarding 1) reassignment of benefits to an ambulatory surgical center (ASC), and 2) 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.

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). You 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.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c01.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Ambulatory Surgical Centers (ASCs) and Reassignment

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 (Visit <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019478.html> on the CMS website).

However, 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 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.

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In these situations, neither the owning physician/practitioner nor the practice is eligible to participate in Medicare, and 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, a Professional Corporation (PC), a Professional Association (PA), or a solely-owned Limited Liability Company (LLC). In addition, the Medicare contractor will terminate the reassignments effective on the date of death or the effective date of the revocation.

Additional Information

The official instruction, CR 6470, issued to your carrier or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R291PI.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B 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.

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