



News Flash – The revised Medicare Physician Fee Schedule Fact Sheet (January 2010), which provides general information about the Medicare Physician Fee Schedule (MPFS) including MPFS payment rates and the MPFS payment rates formula, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf> on the CMS website.

MLN Matters® Number: MM6748

Related Change Request (CR) #: 6748

Related CR Release Date: January 29, 2010

Effective Date: March 29, 2010

Related CR Transmittal #: R323PI

Implementation Date: March 29, 2010

Note: This article was updated on November 20, 2012, to reflect current Web addresses. All other information remains unchanged.

Verification of Legalized Status

Provider Types Affected

Physicians and non-physician practitioners submitting a Medicare enrollment application (the paper-based enrollment application (CMS-855I) or the Internet-based Provider Enrollment, Chain & Ownership System (PECOS) enrollment application) to Medicare carriers and Parts A and B Medicare Administrative Contractors (A/B MACs) in order to provide Medicare services are affected.

Provider Action Needed

This article, based on CR 6748, states that a carrier and Part A and Part B Medicare Administrative Contractor (A/B MAC) must verify that a physician or non-physician practitioner enrolling, reactivating a deactivated billing number or responding to a contractor request for revalidation must be legally authorized to furnish medical services to Medicare beneficiaries.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Carriers and A/B MACs shall verify that the physician or non-physician practitioner is: (1) a United States citizen; (2) a permanent resident of the United States, or (3) otherwise legally authorized to work in the United States. **Note:** These requirements are consistent with the requirements for obtaining a Social Security Number.

If the physician or non-physician practitioner is not eligible to work in the United States, Puerto Rico, or a United States Territory, the contractor must deny the enrollment application pursuant to 42 CFR section 424.530(a)(1).

Additional Information

The official instruction, CR 6748, issued to your Medicare carrier or MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R323PI.pdf> on the CMS website. Attached to CR 6748 is the revised language added to the Medicare Program Integrity Manual Chapter 10 - Medicare Provider/Supplier Enrollment.

Additional information about Medicare provider and supplier enrollment can be found at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

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