

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



**News Flash** – ICD-10 Medicare Severity Diagnosis Related Grouper (MS-DRG), version 30.0 (FY 2013) mainframe and PC software is now available. This software is being provided to offer the public a better opportunity to review and comment on the ICD-10 MS-DRG conversion of the MS-DRGs. This software can be ordered through the [National Technical Information Service](#) (NTIS) website. A link to NTIS is also available in the Related Links section of the [ICD-10 MS-DRG Conversion Project](#) website. The final version of the ICD-10 MS-DRGs will be subject to formal rulemaking and will be implemented on October 1, 2014.

MLN Matters® Number: MM6856

Related Change Request (CR) #: 6856

Related CR Release Date: October 8, 2010    Effective Date: October 1, 2010 (Phase 1); (Phase 2 – To Be Announced)

Related CR Transmittal #: R7810TN    Implementation Date: October 4, 2010 (Phase 1); (Phase 2 – To Be Announced)

**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)**

**Note:** This article was revised on March 22, 2013, with an updated ICD-10 News Flash. Also, a new MLN Matters Article, SE1305, has been issued regarding Phase 2 of the ordering/referring edit processes. A key element of SE1305 is the announcement that Phase 2 of the ordering/referring provider edits will start on May 1, 2013. On that date, the Phase 2 denial edits will be implemented. For complete and current information on this issue, see SE1305, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1305.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

**Provider Types Affected**

This article is for free-standing and provider-based Home Health Agencies (HHAs) who bill Medicare Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

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## Provider Action Needed

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CR 6856, from which this article is taken, 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 is of a specialty eligible to be an attending physician for HHA services. Medicare does this by allowing the Fiscal Intermediary Shared System (FISS) to match data on a provider-billed claim to that on Medicare's Provider Enrollment, Chain and Ownership System (PECOS) file. Providers enrolled in the Medicare program must be in the PECOS file in an approved or opt out status. Note that, when a plan of treatment is needed and submitted from an HHA, the attending physician must be either (1) a doctor of medicine or osteopathy or (2) a doctor of podiatric medicine. These provider types are also the only providers who can order/refer beneficiaries for HHA services. Be sure billing staffs are aware of this change.

## Background

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The Centers for Medicare & Medicaid Services (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. 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. The editing expansion will be done in two phases:

- **Phase 1 (October 1, 2010 – until further notice)** - When a claim is received, CMS will 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. 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 (Start date to be announced)** – As stated above, Medicare will 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

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physician's NPI is on the claim, Medicare will also verify that the attending physician is on the national PECOS file. 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.

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.

All providers should be verifying their enrollment on the CMS on-line enrollment systems known as Internet-based PECOS.

**Notes:**

- 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.

## Additional Information

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If you have questions, please contact your Medicare RHHI 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.

The official instruction (CR6856) issued to your Medicare FI, RHHI or A/B MAC is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7810TN.pdf> on the CMS website.

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