

MLN Matters Number: SE0556

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Informational and Educational Materials for the New Preventive Services

Note: This article was updated on February 27, 2013, to reflect current Web addresses. This article was revised to add a reference to MLN Matters® article MM7636, available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM7636.pdf> to alert providers that effective beginning November 8, 2011, Medicare will cover intensive behavioral therapy (IBT) for cardiovascular disease as a new preventive service, including one face-to-face cardiovascular disease risk reduction visit annually when furnished in a primary care setting. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers and fiscal intermediaries (FIs)

Introduction

This Special Edition article provides an overview of the many informational and educational products developed by the Centers for Medicare & Medicaid Services (CMS) to inform and educate physicians, providers, suppliers, and other health care professionals, including non-physician practitioners, about the array of Medicare-covered preventive services and screenings available. These include the following three new services that became effective January 1, 2005:

- Diabetes Screening Tests
- Cardiovascular Screening Blood Tests
- The Initial Preventive Physical Examination (IPPE)

(For the purpose of this article, non-physician practitioners are physician assistants, nurse practitioners, or clinical nurse specialists.)

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Note: It is important to emphasize that the diabetes screening tests and cardiovascular screening blood tests are each stand-alone billable services separate from the Initial Preventive Physical Examination (IPPE) or "Welcome to Medicare" Physical Exam. The IPPE is a unique benefit for beneficiaries new to the Medicare program. This benefit must be received in the first six months after the effective date of the beneficiary's first Part B coverage period, which must begin on or after January 1, 2005.

To ensure that your Medicare patients receive the best possible health care, it is important to be aware of the preventive benefits available for these patients.

Diabetes Screening Tests

Section 613 of the MMA provides for coverage, under Medicare Part B, of diabetes screening tests, effective for services furnished on or after January 1, 2005, for beneficiaries at risk for diabetes (see eligibility below) or those diagnosed with pre-diabetes.

Medicare provides coverage for the following diabetes screening blood tests:

- A fasting blood glucose test; and
- A post-glucose challenge test:
- An oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults; or
- A two-hour post-glucose challenge test alone.

Who Is Eligible? To be eligible for the diabetes screening tests, beneficiaries must have any of the risk factors or at least two of the characteristics discussed below.

Risk Factors

Individuals who have any of the following risk factors are eligible for diabetes screening:

- Hypertension;
- Dyslipidemia;
- Obesity (with a body mass index greater than or equal to 30 kg/m²); or
- Previous identification of elevated impaired fasting glucose or glucose tolerance.

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Characteristics

Alternatively, individuals who have a risk factor consisting of at least two of the following characteristics are eligible for diabetes screening:

- Overweight (a body mass index >25, but <30kg/m²);
- A family history of diabetes;
- Age 65 years or older; or
- A history of gestational diabetes mellitus or giving birth to a baby weighing > 9 lb.

Frequency of Screening Tests

Effective for services performed on or after January 1, 2005, Medicare provides coverage for diabetes screening tests with the following frequency:

- Two screening tests per calendar year are covered for individuals diagnosed with pre-diabetes.
- One screening test per year is covered for individuals previously tested who were not diagnosed with pre-diabetes, or who have never been tested.

Nationally Non-Covered Indications

- No coverage is permitted under the MMA benefit for individuals previously diagnosed with diabetes.
- Other diabetes screening blood tests for which Medicare has not specifically indicated national coverage continue to be non-covered.

CMS provides the following definitions for the purpose of this article:

Diabetes: diabetes mellitus, a condition of abnormal glucose metabolism diagnosed from a fasting blood sugar > 126 mg/dL on two different occasions; a 2-hour post-glucose challenge > 200 mg/dL on two different occasions; or a random glucose test > 200 mg/dL for an individual with symptoms of uncontrolled diabetes.

Pre-diabetes: abnormal glucose metabolism diagnosed from a previous fasting glucose level of 100 to 125 mg/dL, or a 2-hour post-glucose challenge of 140 to 199 mg/dL. The term "pre-diabetes" includes impaired fasting glucose and impaired glucose tolerance.

Post-glucose challenge test: an oral glucose tolerance test with a glucose challenge of 75 gms of glucose for non-pregnant adults, or a 2-hour post-glucose challenge test alone.

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Reimbursement

Reimbursement for the diabetes screening tests is made under the Medicare Clinical Laboratory Fee Schedule. There is no deductible or co-payment for this benefit.

For detailed instructions regarding Type of Bills (TOBs) to use, including special instructions for Maryland Hospitals and Critical Access Hospitals (CAHs), see CR3637 (Transmittal 446, Re-issued on January 21, 2005, "MMA – Diabetes Screening Tests") at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R446CP.pdf> on the CMS website. There is a related MLN Matters article (MM3637) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3637.pdf> on the CMS website.

Cardiovascular Screening Blood Tests

Section 612 of the MMA provides for coverage, under Medicare Part B, of cardiovascular screening blood tests (tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk for that disease) effective for services performed on or after January 1, 2005.

The MMA permits coverage of tests for cholesterol and other lipid or triglycerides levels for this purpose. Therefore, effective January 1, 2005, coverage is provided for the following three screening blood tests:

- Total cholesterol test;
- Cholesterol test for high density lipoproteins; and
- Triglycerides test.

Other cardiovascular screening tests for which CMS has not specifically indicated national coverage continue to be non-covered.

The implementation of this new benefit permits Medicare beneficiaries who have not been previously diagnosed with cardiovascular disease to receive cardiovascular screening blood tests for risk factors associated with cardiovascular disease. This includes individuals who have no prior knowledge of heart problems but recognize that their behavior or lifestyle may put them at risk because of diet or lack of exercise.

Under Part B, Medicare provides coverage for each of these three cardiovascular screening blood tests once every five years (i.e., 59 months after the last covered screening tests). These tests must be ordered by the physician who is treating the beneficiary for the purpose of early detection of cardiovascular disease in individuals without apparent signs or symptoms.

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Reimbursement

Reimbursement for the cardiovascular screening blood tests is made under the Medicare Clinical Laboratory Fee Schedule. There is no deductible or co-payment for this benefit.

Details regarding HCPCS/CPT codes and diagnosis codes, and how carriers and intermediaries will treat claims, are described in CR3411 (Transmittal 408, dated December 17, 2004, "MMA – Cardiovascular Screening Blood Tests," which can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R408CP.pdf> on the CMS website. In addition, there is a related MLN Matters article (MM3411) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3411.pdf> on the CMS website.

The Initial Preventive Physical Examination (IPPE)

Section 611 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), provides for coverage, under Medicare Part B, of an Initial Preventive Physical Examination (IPPE), including a screening electrocardiogram (EKG) for new beneficiaries, effective for services furnished on or after January 1, 2005 (subject to certain eligibility and other limitations).

Once in a Lifetime Benefit

The IPPE is a once-in-a-lifetime benefit that must be performed within six months after the effective date of the beneficiary's first Part B coverage, but only if such Part B coverage begins on or after January 1, 2005. An IPPE furnished on January 10, 2005, for example, to a beneficiary whose Medicare Part B coverage was effective initially on December 1, 2004, would not be covered under this benefit. If a beneficiary is first covered by Part B on January 1, 2005, however, then a physical provided on January 10, 2005 *would* be covered by this new benefit.

This service provides for payment for an IPPE to be performed in various provider settings by physicians, or qualified non-physician practitioners (NPPs). However, coverage is provided for only one IPPE per beneficiary lifetime.

Services Included in the IPPE Visit

The complete IPPE visit consists of all of the following services furnished to a beneficiary with the goal of health promotion and disease detection:

1) Review of an individual's medical and social history, with attention to modifiable risk factors for disease detection

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This review includes, at a minimum, past medical and surgical history, such as experience with illnesses, hospital stays, operations, allergies, injuries and treatments, current medication and supplements (including calcium and vitamins), family history (including diseases that may be hereditary or place the individual at risk), and social history of alcohol, tobacco, and illicit drug use, diet, and physical activities.

2) Review of an individual's potential (risk factors) for depression

This review includes current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression. The physician or other qualified NPP may select a screening instrument from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.

3) Review of the individual's functional ability and level of safety

This review is based on the use of appropriate screening questions or a screening questionnaire, which the physician or other qualified NPP may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations. The review must include, at a minimum, a review of hearing impairment, activities of daily living, risk of falls, and home safety.

4) An examination

This examination includes measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate by the physician or qualified NPP, based on the individual's medical and social history (refer to service element 1) and current clinical standards.

5) Performance and interpretation of an EKG

As required by statute, the IPPE benefit always includes a screening EKG. If the primary physician or qualified NPP is not able to perform the EKG during the IPPE visit, arrangements should be made for the beneficiary to be referred to another physician or entity to perform and interpret the EKG. The primary physician or qualified NPP must document the results of the screening EKG in the beneficiary's medical record to complete and bill for the IPPE benefit. Both the IPPE and the screening EKG must be performed and interpreted before the physician, qualified NPP, and/or entity can submit the claims.

6) Education, counseling, and referral

These will be conducted, as deemed appropriate, by the physician or qualified NPP, based on the results of the review and evaluation services described in the previous five elements.

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7) Education, counseling, and referral for other preventive services

Education, counseling, and referral including a brief written plan (e.g., a checklist or alternative) provided to the individual for obtaining the appropriate screening and other preventive services, which are covered separately under Medicare Part B. These services include the following:

- Pneumococcal, influenza, and hepatitis B vaccines and their administration
- Screening mammography
- Screening pap smear and screening pelvic examinations
- Prostate cancer screening tests
- Colorectal cancer screening tests
- Diabetes outpatient self-management training services
- Bone mass measurements
- Screening for glaucoma
- Medical nutrition therapy for individuals with diabetes or renal disease
- Cardiovascular screening blood tests
- Diabetes screening tests.

Note: The MMA did not make any provision for the waiver of Medicare coinsurance and Part B deductible for the IPPE. Payment for this service would be subject to the required deductible, which is \$110 for Calendar Year 2005, if the deductible has not been met, with the exception of federally qualified health centers (FQHCs). In addition, the usual coinsurance provisions would apply.

For more detailed instructions regarding HCPCS codes to use, including special instructions for rural health clinics/federally qualified health centers (RHCs)/FOHCs, Maryland hospitals, critical access hospitals (CAHs), and Indian Health Service (IHS) hospitals, review Change Request (CR) 3638 (Transmittal 417, dated December 22, 2004, "MMA – Initial Preventive Physical Examination") at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R417CP.pdf> on the CMS website. You can also view the related MLN Matters article (MM3638) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3638.pdf> on the CMS website.

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Preventive Services Informational and Educational Products

CMS has developed a variety of informational and educational products for health care professionals to:

- Increase your awareness about Medicare's coverage for disease prevention and early detection;
- Provide you with important information about Medicare coverage, coding, billing, and reimbursement;
- Help you file preventive services claims effectively; and
- Give you information that will equip you to encourage utilization of these benefits.

The *Additional Information* section of this Special Edition article will tell you where you can find informational/educational products specifically for Medicare beneficiaries.

The following informational and educational products have been developed especially for you, the Medicare fee-for-service physician, provider, supplier, and health care professional.

The Preventive Services Educational Resource Web Guide

CMS has developed a MLN web page where Medicare fee-for-service providers can find links to all provider/supplier specific informational and educational related preventive services products and resources. The web page is located at <http://www.cms.gov/PreventionGenInfo/> on the CMS web site. Access to products discussed in this Special Edition article can be found on that web page.

The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals

This comprehensive guidebook to Medicare-covered preventive services and screenings is intended to provide physicians, providers, suppliers, and other health care professionals that bill Medicare fee-for-service contractors with information on coverage, coding, billing, and reimbursement to help them file claims effectively.

It also gives providers information that will enable them to encourage utilization of these benefits as appropriate. You may order a print copy of *The Guide* or download, view, and print a copy by going to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PSGUID.pdf> on the CMS website.

Brochures

Five two-sided, tri-fold brochures provide an overview of the coverage information for each preventive service covered by Medicare. These brochures may be

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ordered through the MLN product ordering system, or they may be downloaded, viewed, and printed at <http://go.cms.gov/MLNProducts> on the CMS website.

Expanded Benefits

The *Expanded Benefits* brochure provides Medicare fee-for-service physicians, providers, suppliers, and other health care professionals with an overview of Medicare's coverage for the three new preventive services and screenings (the IPPE, cardiovascular screening blood tests, and diabetes screening tests), as well as other covered diabetes benefits. This brochure can be found at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/expanded_benefits.pdf on the CMS website.

Cancer Screenings

The *Cancer Screenings* brochure provides Medicare fee-for-service physicians, providers, suppliers, and other health care professionals with an overview of Medicare's coverage for screening mammography, screening Pap test, pelvic examination, colorectal cancer screening, and prostate cancer screening benefits. This brochure can be found at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Cancer_Screening.pdf on the CMS website.

Preventive Services Guide

This guide provides Medicare fee-for-service physicians, providers, suppliers, and other health care professionals with an overview of Medicare's coverage for influenza, hepatitis B, and pneumococcal polysaccharide vaccines and their administration. This brochure can be found at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/mps_guide_web-061305.pdf on the CMS website.

Glaucoma Screening

The *Glaucoma Screening* brochure provides Medicare fee-for-service physicians, providers, suppliers, and other health care professionals with an overview of Medicare's coverage for the glaucoma screening benefit. This brochure can be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Glaucoma.pdf> on the CMS website.

Bone Mass Measurements

The *Bone Mass Measurements* brochure provides Medicare fee-for-service physicians, providers, suppliers, and other health care professionals with an overview of Medicare's coverage for the bone mass measurements (bone density studies) benefit. The *Bone Mass Measurements* brochure is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Bone_Mass.pdf on the CMS website.

The above brochures can be ordered or downloaded, viewed, and printed by going to <http://go.cms.gov/MLNProducts> on the CMS website and search for the brochure by going to the MLN Publications from that page.

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Quick Reference Information: Medicare Preventive Services

This two-sided laminated chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals a quick reference to Medicare's preventive services and screenings. It identifies coding requirements, eligibility, frequency parameters, and co-payment/coinsurance and deductible information for each benefit. You may order copies of the *Quick Reference Chart* or download, view, and print a copy by going to http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/downloads/MPS_QuickReferenceChart_1.pdf on the CMS website.

Medicare Preventive Services Resources for Physicians, Providers, Suppliers, and Other Health Care Professionals (CD ROM)

CMS has created a special CD ROM titled *Medicare Preventive Services Resources for Physicians, Providers, Suppliers, and Other Health Care Professionals* that contains useful preventive services resources for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who bill Medicare fee-for-service contractors (FIs and carriers). These resources include:

- The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals;
- The Quick Reference Information: Medicare Preventive Services chart; and
- The following five brochures (described above):
 - Expanded Benefits
 - Cancer Screenings
 - Adult Immunizations
 - Glaucoma Screenings
 - Bone Mass Measurements

To order the *Medicare Preventive Services Resources for Physicians, Providers, Suppliers, and Other Health Care Professionals* CD ROM, go to http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website.

Preventive Services Web-Based Training (WBT) Courses

The current WBT course, Medicare Preventive Services: Osteoporosis, Diabetes, and Prostate Cancer, is being expanded to include the new MMA benefits, and will be renamed Medicare Preventive Services Series: Part 3 Expanded Benefits. The Medicare Preventive Services Series: Part 1 Adult Immunizations WBT is being

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updated to include hepatitis B, and the Medicare Preventive Services Series: Part 2 Women's Health WBT is also being updated.

These updated products will be available later in 2005. To access the preventive services web-based training courses, see the Provider Education section of the Preventive Services Educations Resource Web Guide at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=1 on the CMS website.

Preventive Services MLN Matters Articles

CMS issued the following *MLN Matters* articles in January 2005 for each new preventive service as corresponding implementing instructions were released:

- The Initial Preventive Physical Examination (MM3638) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3638.pdf>;
- Cardiovascular Screening Blood Tests (MM3411) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3411.pdf>, and
- Diabetes Screening Tests (MM3637) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3637.pdf> on the CMS website.

Coming Soon! An Overview of Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals (Video and Audio programs)

This educational video and audio program will provide an overview of Medicare's coverage for preventive services and screenings, including the new MMA services. The program will also discuss risk factors associated with various diseases and highlight the importance of disease prevention and early detection. The video will be available in three formats, VHS, DVD, and CD to accommodate changing technological demands of the provider community, and the audio will be available in CD format. You will be able to order these in late 2005.

Summary

In addition to helping you file your claims more effectively, these new products will help you increase your awareness about Medicare's coverage for disease prevention and early detection so you are better prepared to:

- Talk to your Medicare patients about the new services; and
- Encourage their utilization of Medicare-covered preventive services and screenings for which they may be eligible.

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We encourage you to order and use these products; however, provider-specific products are not meant for distribution to Medicare beneficiaries. They have been developed for you, the Medicare physician, provider, and supplier.

Additional Information

For Medicare Beneficiaries

In addition to the variety of products for Medicare providers, CMS has also developed resources that can be used by physicians, partners, and beneficiary advocates to educate beneficiaries about Medicare-covered preventive screenings and services. A few of the many products available are listed below:

2005 Prevention ToolKit

CMS joined forces with the American Cancer Society (ACS), the American Diabetes Association (ADA), and the American Heart Association (AHA) to develop materials that you can use as a reference and to educate beneficiaries in your community about the new preventive benefits. These resources including brochures, fact sheets, FAQs, a poster, and booklets can be downloaded, viewed, and printed at <http://www.cms.gov/PrevntionGenInfo/downloads/prevtoolkit2.zip> on the CMS website.

Guide to Medicare's Preventive Services Booklet

This guide is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PSGUID.pdf> on the CMS website.

The "Staying Healthy" Web Site

This web site is located at

<http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html> on the CMS website. It provides information about preventive services that are available to people with Medicare. The site includes the following information:

Patient Publications may be ordered online at <http://www.medicare.gov> or by calling 1-800-MEDICARE (1-800-633-4227).

If you have any questions, please contact your carrier or FI 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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