

# MLN Matters®

Official Information Health Care Professionals Can Trust



**News Flash** – The Medicare Learning Network® (MLN) has released MLN Matters® Article MM7133 to inform providers that the Centers for Medicare & Medicaid Services (CMS) will cover counseling services to prevent tobacco use for outpatient and hospitalized beneficiaries. Effective for claims with dates of service on and after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries 1) who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease; 2) who are competent and alert at the time that counseling is provided; and 3) whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner. This article is based on Change Request (CR) 7133 and is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7133.pdf> on the CMS website.

MLN Matters® Number: SE1034

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

## Physicians and Non-Physician Practitioners (NPPs) Excluded from Deactivation in Medicare Due to Inactivity with Medicare

**Note: This article was revised on January 26, 2015, to include a link to article SE1311, which includes important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries.**

### Provider Types Affected

Physicians and non-physician practitioners (NPPs) who need to enroll in the Medicare Program for the sole purpose of ordering and referring items and services for Medicare beneficiaries are excluded from the process that would deactivate them after 12 consecutive months of non-billing.

### Provider Action Needed

This article is for certain physicians and NPPs who have the unique enrollment scenarios of enrolling for the sole purpose of ordering and referring items and services for Medicare beneficiaries. These physicians and NPPs do not and will not send claims to a Medicare contractor for the services they furnish and shall be excluded from the 12-month non-billing deactivation process.

#### 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. CPT only copyright 2009 American Medical Association.

## Background

---

The Centers for Medicare & Medicaid Services (CMS) instructs Medicare contractors to deactivate the records of physicians and NPPs who have had no activity in submitting claims to Medicare contractors for 12 consecutive months. However, CMS excludes certain physicians and NPPs from this deactivation process and has instructed Medicare contractors accordingly. The supplier types that are excluded from deactivation for non-billing include the following physicians and NPPs who are employees of Department of Veterans Affairs (DVA), Department of Defense (DOD), or Public Health Service (PHS) and employees of Medicare enrolled Federally Qualified Health Center (FQHC), Critical Access Hospital (CAH), and Rural Health Clinic (RHCs):

- Doctor of medicine or osteopathy;
- Doctor of dental medicine;
- Doctor of dental surgery;
- Doctor of podiatric medicine;
- Doctor of optometry;
- Doctor of chiropractic medicine;
- Physician Assistant;
- Certified Clinical Nurse Specialist;
- Nurse Practitioner;
- Clinical psychologist;
- Certified Nurse Midwife; and
- Clinical social worker.

In addition, the following supplier types, regardless of their employment, are excluded from the deactivation process:

- Pediatric Medicine physicians (specialty 37); and
- Oral surgery (dentist only, specialty 19)

## Additional Information

---

If you have questions, contact your designated Medicare contractor at its toll free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries is available in MLN Matters® Article SE1311 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf> on the CMS website.

### 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. CPT only copyright 2009 American Medical Association.