

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 175	Date: NOVEMBER 24, 2006
	Change Request 5340

SUBJECT: Division of Provider and Supplier Enrollment Issued Revocations

I. SUMMARY OF CHANGES: This instruction expands on the reasons a fee-for-service contractor can use to revoke a provider or supplier's Medicare billing privileges.

NEW/REVISED MATERIAL

EFFECTIVE DATE: December 26, 2006

IMPLEMENTATION DATE: December 26, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/Table of Contents
N	10/13.3/DPSE Issued Revocations
N	10/13.4/PSC Identified Revocations
N	10/13.5/CMS Satellite Office or Regional Office Identified Revocations

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

**Manual Instruction
Business Requirements**

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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SUBJECT: Division of Provider and Supplier Enrollment Issued Revocations

I. GENERAL INFORMATION

A. Background: This instruction expands on the reasons a fee-for-service contractor can use to revoke a provider or supplier’s Medicare billing privileges.

B. Policy: 42 CFR 424.535 provides the general revocation authorization in order to ensure that quality services are provided to Medicare beneficiaries while protecting the Medicare Trust Fund.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I S S	R H I	C H R I E R	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5340.1	When the program safeguard contractor (PSC) determines the revocation is warranted, the PSC shall provide sufficient information to their respective government task leader (GTL) within the Division of Benefit Integrity Management Operations (DBIMO).	X	X	X						NSC A/B MAC
5340.2	A PSC shall not request or instruct a Medicare contractor to take any action with respect to a revocation.	X	X	X						NSC A/B MAC

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)
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		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: December 26, 2006 Implementation Date: December 26, 2006 Pre-Implementation Contact(s): August Nemec 410-786-0612 Post-Implementation Contact(s): August Nemec 410-786-0612	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.
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Medicare Program Integrity Manual

Chapter 10 - Healthcare Provider/Supplier Enrollment

Table of Contents *(Rev. 175, 11-24-06)*

13.3 - DPSE Issued Revocations

13.4 - PSC Identified Revocations

13.5 - CMS Satellite Office or Regional Office Identified Revocations

13.3 - DPSE Issued Revocations

(Rev. 175; Issued: 11-24-06; Effective/Implementation Dates: 12-26-06)

Based on information from a Program Safeguard Contractor (PSC), CMS Satellite Office, or other CMS component, including a Regional Office, DPSE may request that fee-for-service contractors revoke a provider or supplier's Medicare billing privileges using revocation 11. Fee-for-service contractors shall only issue a revocation using Revocation 11 when they receive a properly executed Joint Signature Memorandum from CMS Central Office.

13.4 - PSC Identified Revocations

(Rev. 175; Issued: 11-24-06; Effective/Implementation Dates: 12-26-06)

If a PSC believes that the use of revocation 11 is appropriate, the PSC will develop a case file, including their reason(s) for revocation, and submit the case file and all supporting documentation to their respective government task leader (GTL) within Division of Benefit Integrity Management Operations (DBIMO). The PSC will provide the GTL with the name, all known billing numbers, including the National Provider Identifier and associated Medicare billing numbers, and locations of the provider or supplier in question as well as detailed information to substantiate the revocation action.

The GTL will review the PSC case file and:

- Return the case file to PSC for additional development, or*
- Recommend that DPSE consider approval the PSC recommendation for revocation.*

If DPSE concurs with GTL's revocation recommendation, DPSE will instruct the applicable fee-for-service contractor to revoke a billing number through a Joint Signature Memorandum and notify the DBIMO of the action taken.

13.5 - CMS Satellite Office or Regional Office Identified Revocations

(Rev. 175; Issued: 11-24-06; Effective/Implementation Dates: 12-26-06)

If a CMS satellite office or regional office believes that the use of revocation 11 is appropriate, the CMS satellite office or regional office will develop a case file, including their reason(s) for revocation, and submit the case file and all supporting documentation to DPSE. The CMS satellite office or regional office will provide the DPSE with the name, all known billing numbers, including the National Provider Identifier and associated Medicare billing numbers, and locations of the provider or supplier in question as well as detailed information to substantiate the revocation action.

If DPSE concurs with revocation recommendation, DPSE will instruct the applicable fee-for-service contractor to revoke a billing number and notify DBIMO of the action taken.

Revocation 11: The provider or supplier submits a claim or claims for services that could not have been furnished to a specific individual on the date of service. These instances include but are not limited to situations where the beneficiary is deceased, the directing physician or beneficiary is not in the State or country when the services were furnished, or when the equipment necessary for testing is not present where the testing is said to have occurred.