

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 564	Date: OCTOBER 2, 2009
	Change Request 6666

SUBJECT: Medicare Part B Portable X-ray Supplier Enrollment Revalidation

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services revalidation effort will focus on all portable x-ray suppliers that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each state for each contractor's identification number.

New / Revised Material

Effective Date: November 2, 2009

Implementation Date: November 2, 2009

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
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Medicare Part B Portable X-ray Supplier Enrollment Revalidation

Effective Date: November 2, 2009

Implementation Date: November 2, 2009

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services revalidation effort will focus on all portable x-ray suppliers that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each state for each contractor’s identification number.

B. Policy: Consistent with the Federal Regulations found at 42 CFR 424.515 and Pub. 100-08, Medicare Program Integrity Manual, chapter 10, section 9, providers are required to revalidate their enrollment information every 5 years.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6666.1	By November 2, 2009, all carriers and A/B MACs shall create a list of and begin revalidating all portable x-ray suppliers that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each state for each contractor’s identification number.	X			X					
6666.2	The carriers and A/B MACs shall follow the revalidation instructions found in Pub. 100-08, Medicare Program Integrity Manual, chapter 10, section 9.	X			X					
6666.3	Carriers and A/B MACs shall mail initial revalidation letters to the selected portable x-ray suppliers on November 2, 2009. Contractors with multiple States may stagger the mailings at the rate of one State every 30 days once implemented but not to exceed 5 months to complete all initial mailings.	X			X					
6666.4	Each carrier and A/B MAC shall send a list of the selected portable x-ray suppliers and a status report at 30-day intervals for 6-months after implementation to their Division of Provider and Supplier Enrollment (DPSE) liaison or DPSE Business Function Lead (BFL). This list/report shall contain the following data: supplier name, PTAN, date revalidation letter sent, date of response and final disposition with date completed.	X			X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

Section B: All other recommendations and supporting information use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michael Collett (410) 786-6121

Post-Implementation Contact(s): Michael Collett (410) 786-6121

VI. FUNDING

Section A: For Carriers:

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

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.