



CORACLE MEDICAL BILLING & CODING, LLC

CMS CHANGES PROVIDER ENROLLMENT, BILLING RULES

The Centers for Medicare & Medicaid Services (CMS) has curtailed retrospective billing privileges for physicians and non-physician providers (NPPs) with pending Medicare enrollment applications effective Jan. 1, 2009.

The shorter retrospective-billing period while the application is being processed is among the changes and improvements to enrollment and billing rules now in effect for services furnished by physicians and NPPs effective Jan. 1, 2009, published by CMS in the Federal Register Oct. 30, 2008.

Establishment of an Effective Billing Date

The final rule establishes the effective date of billing for physicians and NPPs as the later of:

- (i) the date of filing of a Medicare enrollment application that was subsequently approved by a Medicare contractor; or
- (ii) the date an enrolled physician or NPP first started furnishing services at a new practice location.

Prior to Jan., 1st, 2009, Dermatologists and NPPs had 23 months to retroactively bill for services furnished to Medicare beneficiaries while their Medicare Enrollment Application is being processed. Not anymore.

CMS final rule changes state that physicians and NPPs who meet all program requirements may only bill retrospectively:

- a) For services furnished up to 30 days prior to the effective date, rather than the 23 months allowed under regulations prior to Jan., 2009; and
- b) For services furnished up to 90 days prior to the effective date if the President has declared an emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

To avoid complications and unnecessary claim denials, physicians/NPPs should be proactive and submit the enrollment packages into Medicare sooner rather than later to allow ample time for the application to be processed. Physician practices are encouraged to check with the local Medicare Contractor to establish the average time it takes for the application to be processed, and to plan accordingly.



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Revised Reporting Responsibilities for Physicians and NPPs

Have you had CMS Revocation or Final Adverse action against your physician or NPP? Under the final rule, Physicians or NPPs are forbidden from billing for services furnished after certain reportable events, which include:

- A Federal exclusion or debarment, or felony conviction;
- A State license suspension or revocation; or
- A practice location is determined to be not operational by CMS or its contractor.

For all other revocation actions, individual practitioners are required to submit all outstanding claims within 60 days of the effective date of revocation.

The rule also requires physicians, NPPs, and physician and non-physician practitioner organizations to notify their Medicare contractor of a change of ownership, final adverse action, or change of location within 30 days of the reportable event. Failure to do so may result in an overpayment from the date of the reportable event.

More information can be found in the CMS Fact Sheet at the following link:

<http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3333&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&.cboOrder=date>