

AAO-HNS Summary of CMS' Final Rule on Changes to Ordering and Referring Provider Enrollment

On April 27, 2012 the Centers for Medicare & Medicaid Services (CMS) issued a final rule outlining changes to their requirements for provider and supplier enrollment for those who order and refer, including documentation requirements and changes in provider agreements. This rule requires all providers of who order or refer certain Medicare services to:

- For those that qualify for a National Provider Identifier (NPI), providers or suppliers must include their NPI on all applications to enroll in Medicare and Medicaid programs as well as on all claims for payment submitted to these programs,
- Providers and other professionals who are allowed to order and certify covered items and services for Medicare beneficiaries must be enrolled in Medicare, and
- Providers must retain records related to orders or certifications for 7 years.

Enrollment Requirements for Providers who Order and Refer Covered Items

Within the final rule, CMS clarifies that these enrollment requirements will no longer apply to all specialists; rather, **they are only implementing these requirements for providers engaging in ordering or certifying of:**

- **Imaging services** (this includes IDTFs, portable x-ray suppliers, mammography centers, and radiation therapy centers),
- **Clinical laboratory services,**
- **DMEPOS items, and**
- **Home health services.**

CMS also addresses scenarios where a resident or intern is ordering or referring services. In these cases, the claims need to identify the teaching physician as the ordering or referring supplier and include their legal name and NPI on the claim. If interns or residents are enrolled in an accredited graduate medical education program in a state that enables these individuals to practice and enroll in Medicare, they may include their own NPI and do not need to add the teaching physician's information.

Claims that fail these requirements will be DENIED, however, providers will have the usual appeals process available to rectify payment for these services. Providers must be enrolled at the DATE OF SERVICE on which the service is provided in order to avoid denied claims. **CMS has modified the enrollment process** for practitioners who are enrolling merely to order and certify services by developing a much shorter enrollment form: [CMS 855-0](#). Examples include providers employed by the Public Health Service, Department of Defense or Department of Veterans Affairs; pediatricians with very few Medicare patients; and doctors of dental medicine or surgery whose services generally aren't covered by Medicare. CMS will continue to apply the policy which deactivates a provider's Medicare enrollment if they have not billed a claim for 12 consecutive months. CMS is clear in the rule, however, that **providers will be given 60 days notice prior to the claim edits being turned on which will result in denied claims for failure to meet these requirements.**

AAO-HNS Summary of CMS' Final Rule on Changes to Ordering and Referring Provider Enrollment

National Provider Identifiers (NPIs)

Based on a provision in the Affordable Care Act (ACA) which required the Secretary of Health and Human Services (HHS) to require that no later than January 1, 2011, the final rule **requires all providers** of medical or other items and services under Medicare and Medicaid, **who qualify for an NPI, to include it on all applications to enroll** in these programs **and on all claims** for payment submitted to the programs.

CMS clarifies that it is not necessary for providers and suppliers to complete an entire Medicare enrollment application to provide the NPI, however, NPIs must be provided to Medicare contractors using the [CMS 855-0](#), paper form, or by using the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). <https://pecos.cms.hhs.gov/pecos/login.do>.

Practitioners who opt out of Medicare are NOT required to submit an enrollment application and do NOT have to enroll in Medicare before opting out.

Record Retention

The final rule states that CMS will require providers who order and refer the aforementioned services to maintain records related to ordering and certification for **7 years**. There is no requirement regarding the type of retention (i.e. electronic or paper), however, CMS clarifies that they must be stored in a manner consistent with applicable security and privacy rules.

Verifying Enrollment

Providers can **verify successful enrollment in Medicare two ways**:

- 1) Access the [CMS Ordering Referring Report](#). This report is updated weekly.
- 2) Providers may also use the [Internet-based PECOS system](#) to view their enrollment records.
- 3) Beneficiaries and providers may also visit the [Physician Compare website](#) to see if physicians or other practitioners are enrolled in Medicare.

All questions regarding Medicare enrollment or the PECOS program can be referred to the CMS End User Services (EUS) Help Desk at: 1-866-484-8049. The line is available from M-F 7 a.m. - 7 p.m. Eastern Time.