

## Dermatology Coding Alert

### CMS News: Update Your Revalidation Plan With New CMS Instruction

#### **Kinder, gentler process forestalls 'revocation.'**

Don't lose your ability to provide Medicare services by missing the boat on re-enrollment. Read on to see what you should do for your general surgery practice when that revalidation notice comes in the mail.

**Good news:** CMS has made improvements to the re-enrollment process, according to an Oct. 10 CMS National Provider Call with the agency's Provider Enrollment Operations Group.

**Bad news:** "Revalidation is here to stay," said CMS's **Mark Majestic** during the call. "DME [durable medical equipment] suppliers will revalidate every three years and all other providers and suppliers will revalidate every five years," he added.

**Background:** The Affordable Care Act mandated the revalidation project to prevent fraud, and requires all 1.5 million providers and suppliers enrolled in Medicare to revalidate their enrollment prior to March 25, 2015. If you haven't received your revalidation request yet, you can expect it in the mail sometime within the next 24 months, according to Majestic.

#### **Expect Streamlined Process**

CMS has met with over 100 different groups in the past year to gain insight into improving the revalidation process. "One of the focal points ... was to enhance the customer service features of processing the revalidation documents," Majestic said.

**For instance:** CMS has decided to allow MACs to accept faxed and e-mailed submission of supporting revalidation documents, Majestic said. In the past, you may have been required to mail hard copy documents, but that will no longer be the case.

Plus, you may see fewer annoying requests from your MAC when the contractor can't find necessary documentation to process your application. "We now require MACs to look for missing information rather than returning the application to you," said CMS's **Zabeen Chong** during the call. "This reduces the burden on the provider, having to resubmit the entire application again and again just for one piece of information that may have been missed."

Also, MACs will now conduct multiple outreach attempts before any administrative action is taken, Majestic said.

**Here's how:** Your revalidation request will arrive from the MAC in a yellow envelope that you can't miss, Majestic said. Once the MAC mails your revalidation letter to your physical address and your correspondence address, the MAC must make at least two telephone attempts to reach your practice before initiating any administrative action against you.

When providers and suppliers don't respond, they will no longer have their Medicare billing rights immediately revoked, Majestic said. "Instead of revoking a [provider] that fails to respond, we decided to proceed with deactivation instead of revocation," he said. If you don't receive the letter and you're subsequently deactivated for failure to respond, it is relatively easy to reinstate your provider number by simply submitting the revalidation documents to the MAC as requested.

**Geographic update:** If you have different Medicare enrollments in different states, you won't receive all of your revalidation requests at the same time. MACs have different timelines, so they may come separately, Majestic said. In addition, the various members of your group could get the revalidation notices at different times.

### **CMS Changes PECOS Submission Timeline**

Earlier this year, CMS announced that providers could submit enrollment applications and updates 60 days in advance rather than 30 days as it had been previously. However, confusion has persisted in the medical community regarding what a provider should do if their location won't be ready for a site visit or validation until that 60 day effective date.

"We have clarified our guidance with Medicare contractors, indicating if the location cannot be verified because it has not been established due to a future effective date, MACs have been instructed to process the application as far as they can and then hold the application until the effective date approaches and then validate the location," Chong said. "The billing number won't be issued until everything can be validated, including the location."