

Part B Insider (Multispecialty) Coding Alert

ENROLLMENT: Not In PECOS Yet? Expect A Letter From Your MAC Or From CMS Pushing You Toward Enrollment

Plus: CMS will require you to participate in electronic funds transfer, referring to it as 'mandatory.'

CMS may have delayed phase two of its ordering/referring rule until 2011 (see the Insider, Vol. 11, No. 7 for more), but that doesn't mean you can wait until then before your name is listed in PECOS.

That's the word from CMS's **Pat Peyton**, who spoke about the issue during a March 3 CMS Open Door Forum (ODF). Peyton aimed to remind providers not to wait until January to ensure that their Medicare enrollment records are up to date.

"We will be stepping up our outreach efforts to all physicians and nonphysician practitioners who do not have current Medicare enrollment records, because all of them -- not just those who are eligible to order and refer -- need to take action to get their enrollment data into PECOS," Peyton said.

If a physician or non-physician practitioners enrolled in Medicare more than six years ago and has not updated his enrollment information in the past six or more years, he "does not have a current Medicare enrollment record because there's no record in PECOS," Peyton said. "You would have to submit a full-blown enrollment application, either using the paper CMS 855-I and the 855-R

if you reassign benefits to a group or claim, or internet-based PECOS."

This could be you: One caller on the ODF, a physician who has been enrolled in Medicare since 1966, indicated that his carrier sent him a letter last week asking him to re-enroll within the next 60 days to fulfill Medicare requirements. "You are one of those physicians who doesn't have an enrollment record in PECOS and we would have eventually found you, but the contractors can also go out and revalidate providers," Peyton told the doctor.

"And when they come to you, you do have a time limit in which you have to respond." Peyton reiterated that this is a good reason why physicians should not wait until next January to get their information into PECOS.

EFT Is Required

Another physician who called into the forum asked whether there is any way around electronic funds transfer (EFT) if a medical practice chooses not to accept its Medicare reimbursement electronically.

Peyton noted that electronic funds transfer is mandatory, and that practices are welcome to discuss the issue with their MACs. "We investigated that and that's actually a federal law," said CMS's **William Rogers, MD**, during the call. "We're required to use electronic funds transfers, as are all federal agencies, and it's not something that we have any authority to change." "Just to emphasize," Rogers continued, "if you wait until the end of the year to enroll, you're likely to be in a very large queue of people that put things off, and the 45-day goal of processing may start getting stretched if the carriers are overwhelmed with applications."

Await New POS Reporting Regs Place of service reporting:

Practices that were concerned about the information in CMS's CR 6375 (regarding place of service and date of service instructions for the professional component and technical component of diagnostic tests), were offered some relief.

CMS rescinded CR 6375 on Feb. 5 "based on the questions that arose," noted **CMS's Carol Bazell, MD** during the call.

"We'll be reissuing that CR in the future. I don't have an estimated time frame on that, we're working through and benefitting from all the questions that were brought forward," she indicated. In the meantime, however, you should return to the guidance that existed prior to the issuance of the CR, and "talk to your contractor if you have specific issues that you need to address in light of reporting either the date of service or the place of service on your claim," Bazell said.