

Part B Insider (Multispecialty) Coding Alert

PART B CREDENTIALING: CMS Clarifies New 30-Day Retrospective Billing Rule

Count 30 days back from application date, CMS

CMS has cut its retrospective billing rule from 27 months to 30 days, but the new rule may not kick you in the wallet as badly as previously expected.

As we reported in the Insider Vol. 9, No. 44, according to the 2009 Medicare Physician Fee Schedule, you'll be able to retroactively bill Medicare for services your physician rendered up to 30 days prior to the date of filing a Medicare enrollment application that a Medicare contractor subsequently approves.

Although most experts previously took this to mean that you could only retrospectively bill for services performed 30 days prior to the day Medicare approved you, that is not the case, says **Larry Conn, Esq.** with Foley & Lardner, LLP.

In fact, you have 30 days from the day you submitted the enrollment application to the Medicare carrier and the carrier receives your signed certification via mail, if you're filing via PECOS. If you file via paper application, the filing date is the day the carrier receives your application.

CMS concurs: During a Jan. 13 CMS open door forum, **Jim Bossenmeyer** of CMS' office of financial management said that the effective date of billing is the later of either the date of filing or the date the physician first starts to practice at the location.

Therefore, Bossenmeyer said, if a physician submits application on June 1 and is starting to provide services at the practice on June 30, the effective date of billing will be June 30. If, however, the physician submits his application on June 5 but starts practicing on June 1, the effective date of filing is June 5. "If the practitioner meets all program requirements and state licensing rules, retrospective billing will be allowed for 30 days prior to that effective date," Bossenmeyer says.

MACs don't know: Many Insider subscribers have told us that their MACs are still giving them 27 months of retrospective billing. The new 30-day requirement was effective on Jan. 1, but CMS hasn't sent instructions regarding the rule to the MACs yet, and won't phase in enforcement of the rule until April 1, CMS officials indicated.

Keep in mind: "The regulation says a physician can bill 30 days back when circumstances precluded enrollment prior to furnishing the services," Conn says.