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Part B Insider (Multispecialty) Coding Alert

Part B Mythbuster: Non-Par Provider? Yes You Can Get Audited

These 3 myths may surprise you.

Practices that decide to become non-par providers in the Medicare program often think that once they hit non-par status, that they'll never have to be in contact with a Medicare representative again. But that's just one big myth surrounding non-par status.

Non-Par Providers May Still See Medicare Patients

In reality, going non-par is different from completely opting out of Medicare altogether. Non-par providers can still see Medicare patients, but they aren't considered "participating physicians." In reality, "Participating in the Medicare program simply means that you agree to accept assignment for all services furnished to Medicare patients," Part B MAC Cahaba GBA says on its website. "By accepting assignment, you agree to accept the amount approved by Medicare as total payment for covered services."

Non-par providers can either choose to accept assignment or not, but if you don't accept assignment, you can't charge more than 115 percent of the Physician Fee Schedule amount for any particular service.

If this fact surprises you, then you may be really shocked to hear the following three common misconceptions about being a non-par provider, straight from the mouths of the carriers.

Myth 1: You'll Never Be Audited

If your vision of being a non-par provider involves assigning CPT® codes willy-nilly and withholding necessary modifiers because auditors don't care about non-par claims, think again. The reality is that reviewers are watching all claims that involve the government's money.

"Any Medicare claim submitted can be audited/reviewed," CMS says in its MLN document Misinformation on Chiropractic Services. "The participation status of the physician does not affect the possibility of this occurring. CMS audits/reviews are intended to protect Medicare trust funds and also to identify billing errors so providers and their billing staff can be alerted of errors and educated on how to avoid future errors."

Translation: If you expect payment from Medicare, Medicaid, Tricare, or any other government-funded source, you should expect the same scrutiny from reviewers no matter what your filing status is. This means you must bill and code accurately at all times, even if you have non-par status.

Myth 2: You Can Avoid EHR Penalties

When CMS announced that Medicare providers who don't use a qualified EHR or who don't report quality measures would face penalties, many non-par providers sighed with relief that they didn't face such pay cuts. However, those same physicians were surprised to see negative adjustments in their reimbursement checks, because non-par providers do take the hit just the same as participating practices.

"The negative payment adjustment applies to all eligible professionals (EPs), regardless of whether the EP elects to be 'participating' or 'non-participating' for purposes of Medicare payments," CMS says in MLN Matters article MM8667.

Translation: If you see Medicare patients, you have to adhere to Medicare's rules, which require you to report quality measures and use an EHRor else take a hit to your pay.

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Myth 3: Your Money Will Roll in As Always

If you are non-par with Medicare and treat a Part B beneficiary, don't hold your breath for payment from your MAC, because it's not coming. Instead, you should carefully calculate the amount that Medicare will pay you for the service based on your non-par status, and you can charge that to the patient on the date of the visit, since the MAC won't pay you directly.

"A non-participating provider may collect full payment directly from the patient at the time of service," says Part B MAC WPS Medicare in its "General Medicare FAQs." "When a provider does not accept assignment on a claim, Medicare sends its payment directly to the beneficiary, not to the provider," WPS says.

Translation: If you choose to collect from the patient at the time of service, you can request the entire billed amount, since the patient will be getting reimbursed from her MAC. However, if you choose to have the patient send you a check after she receives it from the MAC, make a notation in your system to bill the patient in a pre-set amount of time to ensure that you collect for the service.

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