

Eli's Rehab Report

Compliance: Provider Enrollment Changes Could Take a Bite Out of Your Claims

Strategy: Get your new therapists on board early.

Heads up, outpatient rehab providers in private practice: You should think twice before you bill for services retroactively. Reason? The 2009 Medicare Physician Fee Schedule Final Rule dramatically changes the effective date of enrollment for individual therapists or therapy groups acquiring Medicare enrollment status.

Historically, individual practitioners and therapy group practices could retroactively submit Part B Medicare claims for services rendered up to 27 months prior to being enrolled in the Medicare program. But as of Jan. 1, 2009, that 27-month period disappears, according to the final rule.

Plan for Billing Process Adjustments

Suppose you hire a new therapist who recently applied for Medicare status but has not yet received his credentials. He sees several patients each day over a three-month period, at the end of which he receives his credentials.

"You can no longer just bill Medicare while waiting for your credentialing approval, unless the services were performed 30 days prior to the Medicare approval," says **Barbara J. Cobuzzi, MBA, CPC-OTO, CPC-H, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions in Tinton Falls, N.J. "And you have no way of knowing when your approval will happen; it's a guessing game."

In the MPFS final rule, the Centers for Medicare & Medicaid Services established the initial enrollment date as: "1) the date of filing of Medicare enrollment application that was subsequently approved by the contractor; or 2) the date an enrolled supplier first started rendering services at a new practice location," according to the Nov. 7 edition of PT Bulletin Online, the American Physical Therapy Association's weekly newswire. "The date of filing is the date that the Medicare contractor receives a signed provider enrollment application that the Medicare contractor is able to process to approval," the Bulletin continues.

Careful: You may not, however, want to bank on a 30-day grace period. Some experts interpret the MPFS final rule as saying that CMS will grant a 30-day grace period only for a few special cases, such as when a physician has to do emergency room treatment. (See page 69768 of the final rule, at <http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf,pages69766-69783>.)

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"It is hard to imagine a rehab situation that would meet the standard that CMS spelled out in the final rule that would qualify for a 30-day grace period," warns **Donna Senft, PT, JD**, a healthcare attorney with Ober|Kaler in Baltimore.

Don't Get Burned by the Details

Going from 27 months of leeway to 30 days (or none) is a big change to adjust to, so be sure to take every last thing into consideration.

For example: "If you happen to make a mistake on your application or file an incomplete enrollment packet, and the

application is denied for some reason, you may lose the chance of an earlier effective date of enrollment," Senft says.

You also need to think ahead when hiring a new therapist. "If you do not file the enrollment application in time for your Medicare contractor to receive it before the new therapist starts working, you may lose the ability to bill for those services at all," Senft says.

Try this: "Therapy practices could hire a new therapist and simply have the new therapist treat non-Medicare patients until the Medicare enrollment process is completed," Senft suggests.

You could also have the non-credentialed therapist bill her services under a credentialed therapist's national provider identifier, but only if the credentialed therapist is directly supervising.

For private practices, this means the supervising therapist must be present in the office suite at the time of services. Chapter 15 of the Medicare Benefit Policy Manual, section 230.4, spells out the details, and you can find it at www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf, with the specific language on page 201 of the PDF file.

Hold Out Hope for Faster Processing

If you've seen credentialing drag on for months, you may be able to speed up your credentialing by using the Provider Enrollment and Chain/Ownership System, says **Quinten A. Buechner, M.S., M.Div., CPC, ACSFP/GI/PEDS, PCS, CCP, CMSCS**, with ProActive Consultants in Cumberland, Wis.

What it is: The online Internet PECOS is an enrollment process system that allows physicians and nonphysician practitioners to enroll, make changes to their Medicare enrollment information, or track the status of their Medicare enrollment applications throughout the enrollment process.

Basically, the online system allows information to be entered into PECOS via the Internet rather than having to submit paper CMS 855 enrollment forms. The online Internet PECOS is currently established in 24 states, and CMS says it cuts enrollment time to half of what it was with paper enrollment. You can check out the online PECOS system at [www.https://pecos.cms.hhs.gov](https://pecos.cms.hhs.gov).