

Health Information Compliance Alert

Compliance: Signed Certification Statements Are Essential to Your Medicare Enrollment, CMS Says

Plus: CMS clarifies IPPE reimbursement policy.

If you're using the PECOS system, your work doesn't end when you log out of the Web site. A signed certification statement could be standing in the way of your credentials, CMS says.

Despite CMS's efforts to clarify its new 30-day retrospective billing rule, practices continue to wonder just how simple the new rules are. CMS attempted to quell that confusion at an April 7 Open Door Forum (ODF).

At issue: This year, 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. CMS has established 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.

Clarification: If you file your enrollment application on paper, your "date of filing" is the day the Medicare contractor receives your paper application, or if you're using PECOS, it's the date the carrier receives your signed certification statement, said **Jim Bossenmeyer** of CMS' office of financial management on the call. Therefore, it's "exceptionally important" to submit the certification statement immediately after submitting the electronic application, but no later than seven days after the electronic submission.

"Any delay in the receipt of the certification statement means the application could be rejected or the certification could be delayed," said **Pat Peyton**, a technical advisor with CMS, during the call.

Keep in mind: Medicare will deny (rather than reject) an enrollment application that is incomplete, Bossenmeyer noted.

30-Day Retro Pay Not Guaranteed

Most practices know by now that they can collect for services rendered up to 30 days prior to their application filing date, but some Part B providers are unaware of the specifics.

The facts: You can collect payment for services rendered 30 days prior to the effective date of billing, unless a circumstance precluded enrollment, (for instance, a felony conviction, license suspension or revocation, or exclusion -- or other reason Medicare would not be able to pay your organization for the prior period of enrollment), Bossenmeyer noted during the call.

Medicare payments: Medicare also changed course recently, deleting a change that would have required that payments were made only to banks located in the state where the practice was located.

That proposal was removed from the new CR 6310, which implements the 2009 provider enrollment provisions, Bossenmeyer noted.

CMS Clarifies IPPE Policy

Also during the call, CMS officials answered a question from a previous ODF regarding the initial preventive physical examination (IPPE). The provider had asked whether a practice could collect for performing an IPPE after the beneficiary had been enrolled for more than 12 months if the patient had skipped the IPPE during his initial 12-month Medicare enrollment period.



CMS responded that you can only collect for IPPE exams that are conducted within the first 12 months of the beneficiary's Medicare eligibility period, and that any IPPEs performed outside of that 12-month period would be denied as not reasonable and necessary.

Tip: If you've got any doubt regarding whether the patient qualifies for IPPE reimbursement, you should contact your contractor before conducting the IPPE to confirm the patient's eligibility, said CMS's **Patricia Gill** on the call.