MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

*News Flash –* The reporting period for the 2009 Physician Quality Reporting Initiative (PQRI) has begun. Eligible professionals choosing to participate in the 2009 PQRI through claims-based submission of individual quality measures should have started submitting appropriate 2009 Quality Data Codes on qualifying Part B claims with a date of service of January 1, 2009 or later. Information on the 153 2009 PQRI measures, release notes, detailed specifications, and a guide to assist implementing PQRI measure reporting are available at *http://www.cms.hhs.gov/PQRI//15_MeasuresCodes.asp* on the CMS website. Information on alternative reporting periods and reporting criteria for satisfactory reporting of measures groups can be found at *http://www.cms.hhs.gov/PQRI/25_AnalysisAndPayment.asp* and registry-based information can be found at *http://www.cms.hhs.gov/PQRI/20_Reporting.asp* on the CMS website.

MLN Matters® Number: MM6417 Revised

Related Change Request (CR) #: 6417

Related CR Release Date: April 24, 2009

Effective Date: October 1, 2009

Related CR Transmittal #: R470

Implementation Date: October 5, 2009

# Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)

Note: This article was revised on May 29, 2009, to clarify in the "What You Need to Know" section that CR 6417 does not alter any existing regulatory restrictions that may exist with respect to the types of items or services for which some of the provider types listed in the article can order or refer or any claims edits that may be in place with respect to those restrictions. All other information is the same.

## Provider Types Affected

Physicians and non-physician practitioners who order and/or refer services that are billed to Medicare carriers or Part B Medicare Administrative Contractors (MAC) for Medicare beneficiaries.

## What You Need to Know

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CR 6417, on which this article is based, announces that in order to comply with Social Security Act requirements, the Centers for Medicare & Medicaid Services (CMS) is expanding claim editing to verify that the ordering/referring provider on a claim is enrolled in Medicare and is eligible to order or refer Medicare services. PLEASE NOTE: The changes being implemented with CR 6417 does not alter any existing regulatory restrictions that may exist with respect to the types of items or services for which some of the provider types listed above can order or refer or any claims edits that may be in place with respect to those restrictions. Please refer to the Background Section, below, for more details.

## Background

Only physicians and non-physician practitioners (who meet the definitions at section 1861(r) and 1842(b)(18)(C)of the Social Security Act (the Act)) are eligible to order or refer services for Medicare beneficiaries. In addition, Section 1833(q) of the Act requires that all physicians and non-physician practitioners who meet these definitions must be uniquely identified on all claims for services that they order or refer. More specifically, effective January 1, 1992, a physician or supplier who bills Medicare for a service or item that was the result of an order or referral must show the name and unique identifier of the ordering/referring provider on the claim. As of May 23, 2008, this unique identifier must be the National Provider Identifier (NPI).

CR 6417, from which this article is taken, announces that, effective October 5, 2009, CMS is expanding claim editing to meet these Social Security Act requirements to verify that the ordering/referring provider on a claim is enrolled in Medicare and is eligible to order or refer.

CR 6417 provides that only the following provider specialties can order or refer beneficiary services:

- Doctor of Medicine or Osteopathy;
- Dental Medicine;
- Dental Surgery;
- Podiatric Medicine;
- Optometrist;
- Chiropractic Medicine;
- Physician Assistant;
- Certified Clinical Nurse Specialist;
- Nurse Practitioner;
- Clinical Psychologist;
- Certified Nurse Midwife; or
- Clinical Social Worker.

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During Phase 1 implementation (beginning October 5, 2009), if the claim does not pass the edits described above, Medicare will continue to process the claim and will include an informational message on the remittance advice.

*In Phase 2, if the billed service requires an ordering/referring provider and none is present, the claim will not be paid.*

If the ordering/referring provider is on the claim, Medicare will verify the ordering/referring provider's NPI and name reported on the claim against Medicare's provider enrollment records to ensure the ordering/referring provider is enrolled in Medicare and is a specialty eligible to order or refer.

Notes: If multiple provider identification numbers (PINs) are associated to the NPI in MCS, Medicare contractors will use the first active PIN with an eligible specialty to order and refer.

Therefore, upon Phase 2 implementation and thereafter, the claim that does not pass the edits described above the claim will not be paid.

All physician and non-physician practitioners who order and refer items or services for Medicare beneficiaries should verify their Medicare enrollment. They may do so by going to *http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp#TopOfPage* on the CMS website.

## Additional Information

You can find the official instruction, CR6417, issued to your carrier or B MAC by visiting *http://www.cms.hhs.gov/Transmittals/downloads/R470OTN.pdf* on the CMS website.

If you have any questions, please contact your carrier or B MAC at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

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