



July 6, 2010 Medicare enrollment deadline for ordering/referring physicians

WHAT: New Medicare enrollment deadline for referring/ordering physicians. This includes any physician who has not submitted an updated enrollment application to Medicare in the past 6 years or has had a change to their enrollment information (i.e., change of address) during this time but has not reported the change. All physicians must list the legal name and NPI of the physician or provider who referred/ordered to them on their claims. If the referring/ordering physician is not enrolled in PECOS, the physician or provider who accepted the referral to could see their claims rejected. This change stems from Section 6405 of the new health system reform law known as Patient Protection and Affordable Care Act (PPACA).

WHEN: Compliance deadline is July 6, 2010.

WHO: Physicians or health care providers who refer or order the following services for Medicare patients to other physicians or health care providers:

- 1) Durable medical equipment, prosthetics, and supplies (DMEPOS);
- 2) Home health;
- 3) Specialist services (not defined by CMS);
- 4) Laboratory; or
- 5) Imaging services.

- **INCLUDES:** Any physician/provider including those who do not traditionally bill Medicare (i.e., dentists, pediatricians, and physicians employed by VA/DOD/Public Health Service)
- **EXCLUDES:** Physicians who have opted-out of Medicare. Physicians are encouraged to call their Medicare contractor to determine whether the contractor has them officially listed as opted out.

WHY: Prior to the passage of the new health system reform law, the Centers for Medicare and Medicaid Services (CMS) announced that all physicians / providers who order and refer services to other health care providers must be enrolled by January 3, 2011. CMS originally was going to require these same physicians / providers to be enrolled by the end of 2009, however, the AMA was successful in securing an extra year to become enrolled.

But, the new law required physicians who order and refer DMEPOS and home health to be enrolled by July 2010. The law does permit CMS to allow physicians who order/refer other Part B services to be enrolled later but CMS decided instead to require them all to be enrolled in PECOS by July 6.

Due to the significant number of problems physicians have had with enrollment over the past few years and the lack of appropriate contractor resources to handle the volume of enrollment applications, the AMA continues to communicate our strong objections to this requirement to CMS in letters, meetings, and phone calls with senior agency officials.

CMS has told us that the July 6 date will stand, however, they are exploring ways to mitigate the impact on physicians. **We recommend physicians affected by this requirement to begin the enrollment process immediately and check our website regularly for further updates and information on how navigate the enrollment process.**

WHERE TO GO FOR MORE INFORMATION:

- **AMA website:** www.ama-assn.org/go/regrelief (select Medicare enrollment)
- **Medicare contractor phone numbers:** www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf
- **CMS Medicare enrollment website:** www.cms.gov/MedicareProviderSupEnroll/