

# My Notes from the CMS Open Door Forum on May 19, 2010: PECOS, DMEPOS and Blue Ink on Paper Forms

CMS held a two-hour Open Door Forum today and there was so much good information shared that I thought I'd pass my notes from the call along to you.

## New EFT Form

The revised EFT (Electronic Funds Transfer) authorization form 588 is available [here](#) (pdf.) The old form will still work for a few months longer before it becomes invalid.

## Changes to the Medicare Program Integrity Manual

The Program Integrity Manual (publication 100-08) will have revisions related to the changes in provider enrollment. The online-only manual [here](#) will have content moved from Chapter 10 to Chapter 15 and the provider enrollment information will be easier to understand. □

## The Question on Everyone's Lips

How do I know if I'm listed in PECOS (Provider Enrollment and Chain/Ownership System) and how do I know if others are listed in PECOS? A new downloadable file is now available [here](#) (12,000 pages!) and everyone listed in this Ordering/Referring file has approved enrollment status. Anyone not appearing on this list is not in approved status, or has opted completely out of the Medicare program.

## Advanced Diagnostic Imaging

Beginning in January 2012, all diagnostic magnetic resonance

imaging (MRI), computed tomography (CT), and nuclear medicine imaging such as positron emission tomography (PET) must be performed in a facility accredited by the American College of Radiology (ACR), The Joint Commission (TJC) or the Intersocietal Accreditation Commission (IAC) for the technical component of the test to be reimbursed by Medicare. This rule does not apply to x-rays, ultrasound, fluoroscopy, mammography or DEXA scans and does not apply to any professional component.

### **Hospital Revalidations**

Hospitals not enrolled in PECOS or not receiving EFT (Electronic Funds Transfer) will be contacted by CMS in an attempt to get all hospitals revalidated.

### **PECOS (pronounced "pay-cose")**

CMS recommends that anyone with questions or just getting started in PECOS read the "Getting Started Guide", of which there are two versions, both available **here** in pdf form. One is for providers and one is for suppliers of DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.) You need to know your corporate structure before getting started because the business must enroll before the providers can assign benefits to the business. The 855I is for individual/solos providers and the 855B is for non-individuals (multiple owners) billing Medicare Part B and assigning benefits to a legal entity/corporation. Dentists and pediatricians who order or refer services for Medicare patients are required to have an enrollment record in the PECOS. Residents and interns are exempt from the enrollment requirement, but an attending physician needs to be identified on the claim when a service is ordered or referred. The main page for enrollment is <https://www.cms.gov/MedicareProviderSupEnroll/>

### **Two Ways to Get Into PECOS**

One is to complete the paper form **in BLUE INK (and if time is of the essence CMS suggests that you use the paper form)** and let the MAC enter it into PECOS for you. The other is to use the internet-PECOS system directly, and sign, date and mail the certification statement to complete the process. Submit the participation form or EFT form if required. The certification form for the paper process is NOT the same as the certification form for the internet-PECOS process.

### **What is the 30-day rule?**

The 30-day rule states that you can bill for services provided to Medicare patients up to 30 days prior to your filing date. The filing date is the date your enrollment is accepted, not the date you mailed it. Online it will say "Status Approved", and you will receive an email, and then a letter confirming it. You will appear on the Ordering/Referring file on the CMS website.

### **What happens to payments for patients that were referred by a provider not enrolled on PECOS?**

Even though you are enrolled, if the referring physician is not enrolled, you will not be paid for that patient's services. However, if that referrer becomes enrolled, you can resubmit the claim and it will be paid.

### **What happens on July 6, 2010? When does this happen?**

~~July 6, 2010~~ The compliance date for Part A providers (hospitals, skilled nursing homes and home health agencies) and Part B providers (physicians, ambulance) must be enrolled in PECOS as ordering/referring physicians for payments to be made **has been delayed indefinitely!**

### **What happens on July 13, 2010?**

~~DMEPOS (pronounced "demmy pos") providers must be enrolled in PECOS to receive Medicare payments.~~

**What should be done if a provider leaves a group?**

The provider or his Authorized Official (CEO, CFO, Manager) should file a 855R or make the change in PECOS as soon as possible.

**Why do provider offices still request UPINs from our office?**

Unclear. UPINs were no longer required as of May 23, 2008. The NPI is the only number accepted on Medicare claims.

**Should the information submitted on a 855 be the same information in PECOS?**

Yes, if it isn't, contact the Help Desk. Their toll-free number is 1-866-484-8049 and their e-mail address is eussupport@cgi.com.

For more information on the nuts and bolts of PECOS, see my post **here**.