

From: 18 existing FFS provider listservs [mailto:ALL_FFS_PROVIDERS@LIST.NIH.GOV] **On Behalf Of** CMS CMSProviderResource
Sent: Wednesday, June 08, 2011 4:30 PM
To: ALL_FFS_PROVIDERS@LIST.NIH.GOV
Subject: Three Reminders to Medicare Providers for Billing Correctly for Ordered/Referred Services

Three Reminders to Medicare Providers for Billing Correctly for Ordered/Referred Services

Any Medicare-enrolled Part B organizational provider, DMEPOS supplier, or Part A Home Health Agency (HHA) provider may file claims with ordering or referring information.

1. There are three basic requirements for ordering and referring:
 - The physician or non-physician practitioner must be enrolled in Medicare or in an opt-out status.
 - The National Provider Identifier (NPI) used for ordering/referring must be for an individual physician or non-physician practitioner (cannot be an organizational NPI).
 - The physician or non-physician practitioner must be of a specialist type that is eligible to order and refer.

If you don't meet the three basic requirements listed above, refer to item #3 below on how to obtain an NPI and enroll in Medicare for ordering and referring purposes.

2. Only Medicare-enrolled individual physicians and non-physician providers of a certain specialist type are eligible to order/refer for Part B and DMEPOS Medicare beneficiary services. (Organizational providers cannot order and refer.) Eligible individual physicians and non-physician providers include:
 - Doctor of Medicine or Osteopathy
 - Doctor of Dental Medicine
 - Doctor of Dental Surgery
 - Doctor of Podiatric Medicine
 - Doctor of Optometry
 - Doctor of Chiropractic Medicine
 - Physician Assistant
 - Certified Clinical Nurse Specialist
 - Nurse Practitioner
 - Clinical Psychologist
 - Certified Nurse Midwife
 - Clinical Social Worker

Only Medicare-enrolled individual physicians of a certain specialist type are eligible to order/refer for Part A when a plan of treatment is needed and submitted from an HHA for beneficiary services. These individuals include:

- Doctor of Medicine or Osteopathy
 - Doctor of Podiatric Medicine
3. In order to order/refer, the provider must have an enrollment record in PECOS.

- Providers who order or refer should *verify their enrollment* in PECOS. Note that receiving payments from Medicare does not necessarily mean you have an enrollment record in PECOS. The easiest way to check on enrollment status is by visiting internet-based PECOS at <https://pecos.cms.hhs.gov> and navigating to the “My Enrollments” page; if no record is displayed, you do not have an enrollment record in PECOS. (More detailed instructions on accessing and navigating internet-based PECOS are available [here](#).) Another option is to check the [Ordering and Referring Report](#).
- If you believe an enrollment application has been submitted but no enrollment record exists in PECOS, check the list of *pending applications*, available at http://www.cms.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp (scroll to the “Initial Physician Applications Pending Contractor Review” in the Downloads section of the page).
- Providers with neither an enrollment record in PECOS nor an entry on the list of pending applications should make arrangements to submit their enrollment application. Internet-based PECOS is the fastest and most efficient way to do so. For instructions, review the [Basics of Internet-based PECOS for Physicians and Non-Physician Practitioners](#).

For additional information, review the Medicare Learning Network’s “Medicare Enrollment Guidelines for Ordering/Referring Providers” fact sheet at http://www.cms.gov/MLNProducts/downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf.