



Summer
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NSC News

The Quarterly Newsletter of the



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Licensure Changes

DMEPOS suppliers are reminded to verify licensure requirements with state agencies to provide the most updated information to the NSC for enrollment, revalidation, reactivation, or with changes of information as applicable. The licensure database housed on the NSC website is a tool for guidance. And while we work diligently to keep the database current, final requirements are determined by the state licensing authorities.

Effective January 1, 2013 all facilities issued a Non-Resident Durable Medical Equipment Supplier permit must obtain a permit for a facility located within the State of Mississippi. A permit is not required if a supplier only provides diabetic strips and testing supplies.

HOW THIS IMPACTS YOU.

DMEPOS suppliers must be prepared to submit valid proof of licensure or permit as applicable to the NSC in order to avoid disruption of billing privileges. For more information, or to view the rule(s), log on to <http://www.mbp.state.ms.us/mbop/pharmacy.nsf>.

Accreditation Attestation Information

Pharmacy suppliers should wait for a response from the NSC regarding submitted attestation agreements prior to allowing accreditation to lapse to verify the information submitted is acceptable and all criteria have been met to satisfy the attestation requirements. Pharmacies are exempt if they:

- Have been enrolled in Medicare as a DMEPOS supplier for at least 5 years;
- Have not had an un-rescinded final adverse action during the past five years;
- Medicare billing for DMEPOS, other than drugs and pharmaceuticals which are not subject to accreditation, is less than 5 percent of pharmacy sales for the previous 3 calendar or fiscal years.

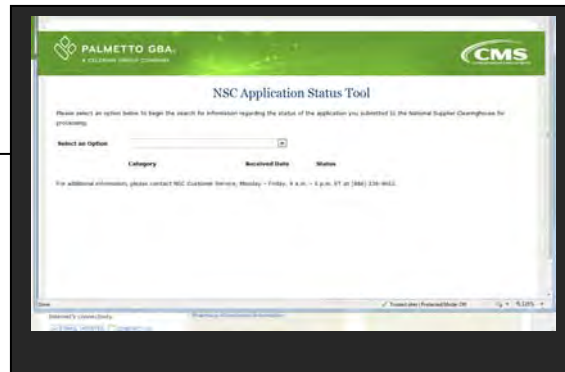
Reporting Supplier Standard Violations

Suppliers can complete and submit a Supplier Audit and Compliance Unit (SACU) referral form to report a suspected violation of the Medicare DMEPOS supplier standards. The Referral form may be downloaded from the NSC Web site. For security reasons, this form may not be submitted electronically at this time. The NSC is committed to ensure all DMEPOS suppliers remain in compliance and maintain standards of quality service to Medicare beneficiaries and ultimately protect the Medicare trust fund.

Should you have any questions or comments, contact NSC Customer Service – 866-238-9652 or email Medicare.NSC@PalmettoGBA.com.

NSC Online Application Status Tool

DMEPOS suppliers can now search the status of applications, reactivations, changes of information and revalidations via the online applications status tool housed on the NSC website. The status tool is searchable by NPI, PTAN, Tax ID, or Document Control Number, if applicable. The tool will provide the status such as “approved” or “closed” along with a remark indicating next steps. The application status tool has been added on the website as an additional method for suppliers to research in-house documents and will not replace the NSC Customer Service line. Suppliers may still call 866-238-9652 any time for automated information or 9:00 am-5:00 pm, ET M-F to speak with an NSC representative.



Medicare DMEPOS Beneficiary Statement

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (Insert supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

Up Close with Supplier Standard 11

In order to be in full compliance with Supplier Standard 11, the supplier agrees not to initiate telephone contact with the beneficiary unless the following conditions have been met: to coordinate service or delivery of a covered item, if an item has been furnished within the last 15 months to the beneficiary, or if the beneficiary has provided written expressed permission to be contacted by the supplier. It is important to note that a supplier or third party intermediary's capturing of a beneficiary's IP address is not considered expressed permission by the beneficiary.

Let's Chat

Suppliers may use the NSC Interactive Web Chat service to ‘talk’ real time with a customer service representative. The web chat feature is used as a website navigation assistance tool. Although general enrollment questions may be answered via web chat, specific supplier information will only be provided through the NSC Customer Service Line. Suppliers may chat with operators M, W, and F between 1:00 pm-2:00 pm, ET.

2013 Enrollment Fees

Medicare Enrollment Fees for DMEPOS Suppliers are \$532 for CY 2013. Enrollment fees are non-refundable and may be paid by credit card, debit card, or electronic check. Fees are required for new applications, additional locations, revalidations, and reactivations. Applications are not processed until funds are cleared. To remit payment, log on to: <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>



ASK WENDELL

Q. How do I know if my business is fully operational?

A. Definition of Operational

Operational means the provider or supplier has a qualified physical practice location that remains open to the public and properly staffed during posted business hours for the purpose of providing health care related services. Further, the practice location must be prepared to submit valid Medicare claims, and equipped or stocked to furnish these items or services.

The Centers for Medicare and Medicaid Services (CMS) does not consider the business to be operational if no one is available at the place of business during routine deliveries or off-site maintenance of supplies or products to Medicare beneficiaries.

Q. I've been hearing a lot about Internet-based PECOS, but not sure what it is or how it helps me.

A. Internet-based PECOS is an electronic enrollment system used by DMEPOS suppliers to share information with the NSC. It is optional for suppliers' use, but reduces the administrative burden on the supplier and decreases development requests. For more information about Internet-based PECOS, log onto the CMS website and query PECOS.

Q. I have three operating locations. Is it okay for me to have only one billing number for my corporate office?

A. Each supplier location where Medicare beneficiaries are served must have billing privileges with the exception of warehouses or repair facilities. If beneficiaries are being served in ANY capacity at a warehouse or repair facility, including being fitted or picking up products, the location should be enrolled with billing privileges.

Q. Is it okay for my pharmacy and medical equipment company to share locations if they have individual PTANs?

A. Supplier Standard 29 prohibits the sharing of space of two dually enrolled Medicare providers/suppliers with the exception of physician or non-physician practitioners providing services to his or her own patients, physical or occupational therapists providing services to his or her own patients or if it's a wholly owned DME company by a Part A Provider such as a hospital or skilled nursing facility. Otherwise, the suppliers must be enrolled separately; each location must independently meet the full tenets of the supplier standards. Physical locations must be identified by the US Postal Service.

Got a question for Wendell??? Email Medicare.NSC@PalmettoGBA.com- subject line "Ask Wendell"

Revalidation across the Nation

All DMEPOS suppliers enrolled in the Medicare program are required to revalidate billing privileges with the NSC as mandated by 42 CFR 424.57. Revalidation allows for the most updated information to be on file for the supplier. Suppliers will be revalidated every 3 years. The NSC will mail revalidation notices in a yellow envelope to the supplier's correspondence or revalidation address as reported by the supplier. Suppliers must respond to the request within 60 days to avoid the deactivation of billing privileges. For more information regarding the revalidation process, contact NSC Customer Service- 866-238-9652. To check the status of a revalidation application that has been submitted, check the online application status tool on the homepage of the NSC website.

Reporting Information to the NSC

The legal business name as reported with the IRS must match what is listed in NPES when submitted to the NSC for processing.

Important Information from the DME MACs

Attention: Ordering/Referring Physician Checklist for Durable Medical Equipment, Prosthetic, Orthotic, and Supplies (DMEPOS) Suppliers

The Centers for Medicare & Medicaid Services (CMS) has delayed implementation of the Phase 2 denial edits due to technical issues. CMS will advise of a new implementation date in the near future.

Suppliers will still receive the informational messages for claims if the ordering/referring physician is not identified, not in Medicare's enrollment records, or not of a specialty type that may order/ refer the service/item being billed.

To verify your ordering/referring physician or non-physician practitioner is eligible to order an refer and has a current enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS), or if you have received the following Remittance Advice Remark code (RARC), please follow the steps listed below:

- **N544** - Although this was paid, you have billed with a referring/ordering provider that does not match our system record. Unless corrected, this will not be paid in the future.
1. Check the "Ordering Referring Report" – This file contains the National Provider Identifiers (NPIs) and names of physicians and non-physician practitioners who have current enrollment records in PECOS and are of a type/specialty that is eligible to order and refer. CMS updates the report on a periodic basis, and each document includes a create date. This file is available on the CMS website at:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html>.
 2. If the physician or non-physician practitioner appears on the file, follow these tips for claim submission to avoid future denials for invalid format of ordering physician and non-physician practitioner names:
 - a. Use the name and NPI exactly as it appears on the "Ordering Referring Report" which comes directly from PECOS.
 - b. Do not use "nicknames" on the claim, as their use could cause the claim to fail the edits.
 - c. Do not enter a credential (e.g., "Dr.") in a name field.
 - d. Special characters, such as apostrophes (') or hyphens (-), appear in some names on the PECOS list and should be submitted on the claim as such. Spaces must also be present as depicted on the CMS PECOS list.
 - e. Make sure the last name is in the last name field and first name in the first name field.
 - i. On paper claims (CMS-1500), enter the ordering provider's first name first, and last name second (e.g., John Smith), in Item 17.
 - ii. On electronic claims, ensure that you are not submitting the last name in the first name field and vice versa.
 - f. Ensure that the name and the NPI you enter for the Ordering/Referring Provider belong to a physician or non-physician practitioner and not to an organization, such as a group practice that employs the physician or non-physician practitioner who generated the order or referral.
 - i. Make sure that the qualifier in the electronic claim (X12N 837P 4010A1) 2310A NM102 loop is a qualifier 1 (person). Qualifier 2 (organizations) cannot order and refer.
 3. If the physician does not appear on CMS' "Ordering Referring Report," contact the ordering/referring physician to find out if they are in the process of enrolling with Medicare. The CMS "Ordering Referring Report" will include a create date; any applications processed after the create date will not appear on the report until it is next updated. Services ordered by a physician who is not enrolled in Medicare will be denied in the near future. Check the "Ordering Referring Report" weekly for newly enrolled providers.
 4. The four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have several resources available to assist DMEPOS suppliers for the requirements to order/refer Medicare patients for DMEPOS items. These resources are available on all four DME MACs Websites:

- Jurisdiction A – NHIC, Corp.: <http://www.medicarenhic.com>
- Jurisdiction B – National Government Services: <http://www.ngsmedicare.com>
- Jurisdiction C – CGS: <http://www.cgsmedicare.com>
- Jurisdiction D – Noridian Administrative Services LLC: <https://www.noridianmedicare.com/dme>

Note: Billing providers should be aware that claims that deny due to the failing the Ordering/Referring Provider edits will not expose the Medicare beneficiary to liability. Therefore, an Advance Beneficiary Notice will not be appropriate.

Chiropractors are not eligible to order or refer supplies or services for Medicare beneficiaries. All services ordered or referred by a chiropractor will be denied.

Opt-Out Physicians and Non-Physician Practitioners: A physician who has opted out of Medicare may order items or services for Medicare beneficiaries by submitting an opt-out affidavit to a Medicare contractor within the physician’s specific jurisdiction. Opt-out physicians who are able to order or refer Medicare services will appear on the “Ordering Referring Report.”

Department of Veterans Affairs (DVA), Public Health Service (PHS), or the Department of Defense (DOD)/Tricare: These physicians and non-physician practitioners will need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries. DVA, PHS or DoD/Tricare physicians who are able to order or refer Medicare services will appear on the “Ordering Referring Report.”

Suppliers should refer to Medicare Learning Network Matters Article SE1305 “*Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)*” for complete information.

DME MAC Face-to-Face Education

Jurisdiction B

Ypsilanti, MI, June 12 – 13
Indianapolis, IN, June 25–26
Milwaukee, WI, July 9–10

Jurisdiction C

Nashville, TN, June 18

Jurisdiction A

Rochester, NY, June 20

Jurisdiction D

Los Angeles, CA, July 23
San Diego, CA, July 25

REMEMBER -- Standard 2 requires all changes of information are reported within 30 days. Changes may be reported via the 855S application or via Internet-based PECOS. Changes including but not limited to owners, authorized and delegated officials, address, and/or products and services should be reported.

What is the NSC?

The National Supplier Clearinghouse (NSC) was developed by CMS in 1993 to accommodate the specialized enrollment process for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers.

Contacting the DME MACs

Jurisdiction A – NHIC, Corp

CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT

Supplier Customer Service: (866) 590-6731

Interactive Voice Response Unit: (866) 419-9458

Jurisdiction B – National Government Services

IL, IN, KY, MI, MN, OH, WI

Supplier Customer Service: (866) 590-6727

Interactive Voice Response Unit: (877) 299-7900

Jurisdiction C – CGS Administrators

AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VI, VA, WV

Supplier Customer Service: (866) 270-4909

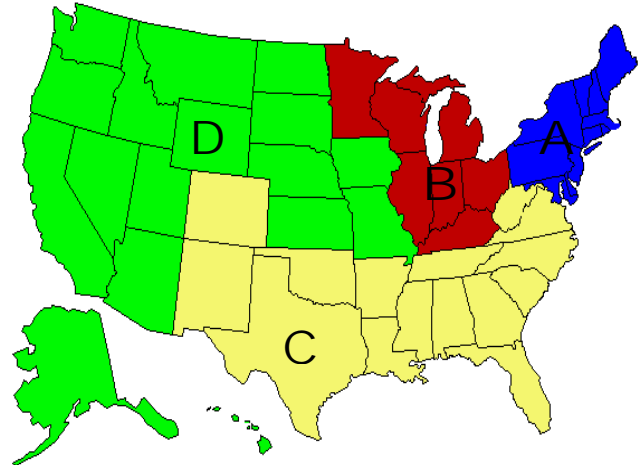
Interactive Voice Response Unit: (866) 238-9650

Jurisdiction D – Noridian Administrative Services

AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MP, MT, ND, NE, NV, OR, SD, UT, WA, WY

Supplier Customer Service: (877) 320-0390

Interactive Voice Response Unit: (877) 320-0390



**Common Electronic Data Interchange (CEDI)
All Billing Jurisdictions
1-866-311-9184**

Who Ya' Gonna Call?

Contact the NSC with questions regarding:	Contact your DME MAC with questions regarding:
<ul style="list-style-type: none"> The CMS 855S application form The application process Site visits Licensure requirements The Medicare DMEPOS supplier standards NSC education opportunities Changes in supplier information 'DNF' (do not forward) issues Reactivation of billing privileges Supplier fraud Appeal process (for denied/revoked billing privileges) Voluntary termination of billing privileges 	<ul style="list-style-type: none"> Claims processing Payment questions and issues EDI / electronic claims processing Electronic funds transfers Documentation requirements Pricing Appeals process of claims payments Fraud and abuse <p style="color: red; margin-top: 10px;">Contact the EUS Helpdesk with questions regarding:</p> <ul style="list-style-type: none"> To report an application navigation or access problem with Internet-based PECOS

ARE YOU REGISTERED?

Log on to www.palmettoqba.com/nsc and subscribe to the NSC listserv to receive timely information and updates regarding Medicare enrollment procedures and guidelines. Don't be left behind, register now!



Scan the QR Code to register for timely updates through the NSC Listserv