

AUGUST 5, 2008

CMS MEDLEARN ARTICLES

CMS has issued 3 MedLearn Articles –the links are below.

- 1. CMS issued a Medlearn article (SE0829) emphasizing that stamped signatures are not acceptable on any medical record.**

The article is here:

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0829.pdf>

The article is based on the information in Change Request 5971, a Medicare transmittal dated March 28, 2008:

<http://www.cms.hhs.gov/Transmittals/downloads/R248PI.pdf>

The transmittal indicates the following change (in red) in Medicare requirements:

“Medicare requires a legible identifier for services provided/ordered. The method used *shall* be hand written or an electronic signature (*stamp signatures are not acceptable*) to sign an order or other medical record documentation for medical review purposes.”

- 2. CMS issued a Medlearn article (MM6036) emphasizing that UPINs are no longer available. The online UPIN registry was closed May 23, since the NPI is the key identifier now. A physician’s UPIN can still be found by sending a written request to CMS.**

The article is here:

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6036.pdf>

The article is based on the information in Change Request 6036, a Medicare transmittal dated July 25, 2008:

<http://www.cms.hhs.gov/Transmittals/downloads/R263PI.pdf>

- 3. CMS issued a Medlearn article (MM5683) outlining the procedure when a beneficiary submits a claim that the provider/supplier refused to submit. Medicare will pay the claim if the necessary information is submitted and the beneficiary notifies the contractor that the provider/supplier refused to submit the claim. Providers/suppliers are supposed to enroll and submit the claims, so CMS tells the contractors to keep track of “the top 50 violators” of the mandatory claim submission requirement.**

The article is here:

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM5683.pdf>

It says all providers and suppliers (usually physicians fall under the term “supplier” when they enroll as a physician) are required to enroll in the Medicare program in order to receive payment. In addition, the Social Security Act (Section 1848 (g)(4)(A); http://www.ssa.gov/OP_Home/ssact/title18/1848.htm) requires all providers and suppliers to submit claims for services rendered to Medicare beneficiaries.

The article is based on the information in Change Request 5683, a Medicare transmittal dated July 18, 2008:

<http://www.cms.hhs.gov/Transmittals/downloads/R1557CP.pdf>

The transmittal indicates the following change (in red, with my emphasis in bold) in Medicare requirements:

If a beneficiary receives services from a provider or supplier that refuses to submit a claim to the A/B MAC or carrier, on the beneficiary's behalf, (for services that would otherwise be payable by Medicare), the beneficiary should:

- (1) Notify the contractor in writing that the provider or supplier refused to submit a claim to Medicare, and*
- (2) Submit a complete Form CMS-1490S with all supporting documentation.*

*Upon receipt of both the beneficiary's complaint that the provider/supplier refused to submit the claim, and the submission of Form CMS-1490S and all supporting documentation, the contractor shall process and pay the beneficiary's claim if it is for a service that would be payable by Medicare were it not for the provider's or supplier's refusal to submit the claim and/or enroll in Medicare. **Contractors shall maintain documentation of beneficiary complaints involving violations of the mandatory claims submission policy and a list of the top 50 violators, by State, of the mandatory claim submission policy.***

Contractors are encouraged to educate providers and suppliers that they must be enrolled in the Medicare program before they submit claims for services furnished or supplied to any Medicare beneficiary.