

Medicare Part B Claim Denial Alert !!!



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Belinda Holmes specializes in medical compliance and operational products including chart audits and coding, OIG compliance, appeals, audit defense, credentialing, contracting, billing and A/R, as well as building efficient healthcare operations. Her areas of expertise include all physician specialties, hospitals, radiology and imaging centers, ambulatory surgery centers, and other healthcare facilities.

New July deadline for getting ordering, referring providers in PECOS

You now must get your provider enrollment information fully updated in the Provider Enrollment, Chain, and Ownership System (PECOS) by July 6 to avoid claims rejections when performing services ordered or referred by another provider, according to a CMS interim final rule published in the May 5 *Federal Register*. This requirement was already slated to take effect Jan. 3, 2011 but this final rule pushes the date forward to July 6th.

The ordering/referring rule: Providers are NOT eligible to order/refer when they were enrolled more than six years ago and have not completed the revalidation process to update enrollment since. Therefore, if you perform services ordered or referred by a provider that has not been updated in PECOS, your claims could be denied.

What you should do:

1. Check to see if physicians and other providers at your practice are in PECOS by checking CMS's ordering/referring provider report.
2. If necessary, complete a Medicare revalidation application (online and paper applications available).
3. Speak to your referral sources and assure that they have updated their enrollment with PECOS.

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