

DENTIST REGISTRATION REQUIRED FOR CONTINUED PAYMENT FOR PATIENT SERVICES

Dear Dr.

Medicare has released a new rule that states that, as of May 1, 2013, claims for diagnostic services, such as radiologic studies or pathologic analysis, will not be paid if the test ordered or specimen submitted is submitted by a practitioner who is not “registered” with Medicare’s new enrollment system the Provider Enrollment, Chain of Ownership System (PECOS). **PECOS enrollment is separate and different from having an NPI number or being a current Medicare participant.** This new rule applies for the submission of specimens to ANY laboratory and referrals to ANY diagnostic radiology center in the USA.

Medicare has made it clear that this new rule applies to dentists and dental specialists. In order to make sure that all diagnostic services (pathologic and radiologic) for patients 65 years and older are paid for by Medicare, all dentists and dental specialists **MUST** register with **PECOS** as soon as possible since the review of registration applications is backlogged and takes months for processing. **Even if, as a dentist, all or most of your services are not covered by Medicare, you still need to register with PECOS so that any diagnostic services you may in the future order or perform for patients 65 years old or older will be covered.** Lack of enrollment may affect coverage for prescriptions that you might write for Medicare patients. This registration does not require you to become a Medicare participant.

Medicare has made it clear that without exception, when the rule goes into affect, if you are not registered with Medicare, payment for any diagnostic services for your patients 65 years or older, including any laboratory services or diagnostic imaging, will be denied.

Registration for **PECOS**, which is free, can be done in several ways:

1 – Register with Medicare as a provider

Dentists, including oral surgeons must enroll in the Medicare as either a participating or non-participating provider if they want to receive reimbursement for their services furnished to Medicare beneficiaries or to order covered items, tests or services for these patients. You can apply by downloading CMS Form 855i, fill out the appropriate portion (which is actually a small percentage of a long form), attach the required documents and complete and sign the certification and mail it to the given address.

CMS Form 855i can be downloaded at:

<https://www.cms.gov/cmsforms/downloads/cms855i.pdf>

After going to this link, scroll down to “Downloads” and click on CMS 855i

Oral and Maxillofacial Diagnostic Services (OMDS) can also supply you with a copy of Form 855i at your request.

Registration can also be completed online at:

https://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp

In our opinion, registration using the downloaded paper form is much simpler and less time consuming than doing the online registration.

However, if you choose this option, you will be unable to identify the school or college of dentistry you attended (since no dental schools are listed). On the school drop down menu you should choose “Other” which is located alphabetically in section “O”.

2 - Opt Out of Medicare

Opting out of Medicare will automatically register you in PECOS and the laboratory component of a biopsy will be paid for by Medicare. Imaging studies ordered by you will also continue to be paid for by Medicare. Opting out requires you to have all Medicare patients sign a contract acknowledging your opt out status. A sample contract can be found at:

https://www.ada.org/members/sections/professionalResources/medicare_optout_contract.pdf

In addition you will have to submit an affidavit to your region’s Medicare carrier. A sample affidavit can be found at:

https://www.ada.org/members/sections/professionalResources/medicare_optout_affidavit.pdf

3 – Enroll as a “Order/Refer” provider only

This is a new option and may be suitable for dentists who rarely see Medicare patients and do not want to participate with or opt out of Medicare. If you choose this option you will need to complete an abbreviated portion of the paper enrollment application CMS 855i. (available online at <https://www.cms.gov/cmsforms/downloads/cms855i.pdf> or from OMDS). By doing this, you would not be enrolled in Medicare for the purpose of providing services to Medicare beneficiaries or be able to accept reimbursement from Medicare. You will still be able to refer for services.

To enroll as an “Order/Refer” provider you would need to use the **paper enrollment** application and do the following:

1 – Complete the following sections of the paper CMS 855i “Medicare Enrollment Application for Physicians and Non-Physician Practitioners”:

Section 1 – Basic Information (you should select “New Enrollee”)

Section 2 – Identifying Information (Sections 2A, 2B and 2D)

Section 3 – Final Adverse Actions/Convictions

Section 13 – Contact Person

Section 15 – Certification Statement (must be signed and dated – blue ink recommended)

2 – Include a cover letter with the application form stating the practitioner is enrolling for the sole purpose of ordering and referring items or services for a Medicare beneficiary to other providers and suppliers and cannot be reimbursed for services performed, and

3 – Mail the completed form to your designated Medicare enrollment contractor. You may look up your carrier at:

http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

Please feel free to call us at 901-448-5876 or 901-448-2569 if you have any questions about the new Medicare regulations. We will contact you immediately with any changes or updates to the new Medicare ruling.

Please look for further updates in the ADA News.