

April 2010

RE: Medicare Provider Enrollment Chain and Ownership System (PECOS) –  
PECOS Phase II Implementation Date Delayed Until January 3, 2011

Dear Ordering/Referring Healthcare Provider:

As America's leading provider of physician-prescribed advanced home electrotherapy and rehabilitation products and services, RS Medical seeks to keep you informed and updated about important, time-sensitive regulatory and compliance requirements that may impact you and your eligible Medicare beneficiary patients. Our goal, like yours, is to ensure the optimal quality of care and uninterrupted access to the vital home Durable Medical Equipment (DME) products and services you have prescribed for your patients.

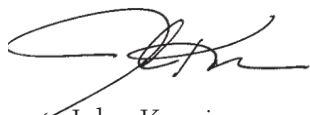
PECOS Phase II is a requirement that DME ordering and referring healthcare providers be registered with the Provider Enrollment Chain and Ownership System (PECOS). Under this new Medicare requirement, claims for DME will be rejected by Medicare if the ordering/referring healthcare provider is not registered on Internet-based PECOS by the Implementation Date. CMS has recently extended delay of the PECOS Phase II Implementation Date to January 3, 2011.

Enclosed is a PECOS backgrounder and detailed instructions on how to verify, register or update your PECOS information via the CMS website. (See also: [http://www.cms.hhs.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp))

RS Medical is committed to provide you with unparalleled service and support throughout this effort. For questions specific to PECOS as it pertains to your prescriber information at RS Medical, email [pecosinfo@rsmedical.com](mailto:pecosinfo@rsmedical.com). Your review and prompt action will make a difference for you and your patients.

If you have already enrolled and informed us of your enrollment, you have no further action. Thank you for helping us with this process.

Sincerely yours,



John Konsin  
President and CEO  
RS Medical



Pat Cougill  
Vice President of Legal, Quality and Regulatory Affairs  
RS Medical

*Please enroll or verify your enrollment in PECOS today.*

1. Enroll or verify your enrollment in PECOS at: <https://pecos.cms.hhs.gov/pecos/login.do> using the same user ID and password established with NPPES (the NPI contractor).
2. For questions about your NPPES user ID and password, contact the NPI Enumerator at **1-800-465-3203** or via email at: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com).
3. Please inform RS Medical once you have registered or verified your registration on PECOS by sending us a courtesy email at [pecosconfirm@rsmedical.com](mailto:pecosconfirm@rsmedical.com), indicating physician name, reference NPI number and “**PECOS CONFIRMED**” in the subject header or body.

While PECOS enrollment has, to-date, been efficient for individual practitioners, the PECOS enrollment process may take up to 60 days for organizational/group practices.

#### Instructions For Physician and Non-Physician Practitioner Medicare Providers: Why and How to Enroll in Internet-based PECOS.

As a referring or ordering healthcare provider for Medicare, you may have obtained a National Provider Identifier (NPI) through the NPPES system, but you may or may not have registered with the more recent Internet-based Provider Enrollment, Chain and Ownership System (PECOS). The need to enroll in PECOS is more likely if you have been a long-standing Medicare provider and have not updated your Medicare enrollment information since the year 2003.

#### Why should you enroll in the PECOS database?

- ➔ In addition to ensuring claims for DME will be processed, the PECOS database is used to populate the [www.medicare.gov](http://www.medicare.gov) website. If you are not currently enrolled in the PECOS database, patients that search for a provider on the [www.medicare.gov](http://www.medicare.gov) website will not be able to find you.
- ➔ Even if you have enrolled in the PECOS database, it is important that your individual NPI information be accurate and up-to-date.

#### Where do you find more information about PECOS?

- ➔ Refer to MLN Matters publication special edition SE0194 (page 3) for information on how to enroll in PECOS and the documentation you need to get started:  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0914.pdf>

PECOS information is also available on the CMS website at:

[http://www.cms.hhs.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp)

- ➔ Contact CMS External User Services (EUS) Help Desk for general questions about accessing and using the PECOS enrollment system. The Help Desk Toll Free number is **1-866-484-8049** or email: [eussupport@cgi.com](mailto:eussupport@cgi.com).

**DISCLAIMER:** This information is provided as an educational service to RS Medical healthcare provider-prescribers and is not intended to grant rights or impose obligations. This document may contain references or links to statutes, regulations, or other policy materials. The information provided is intended as a general summary prepared using publicly available reference information as of the indicated date, is time-sensitive and may be subject to change without notice. It is not intended to take the place of the written law or regulations, or to constitute professional or legal advice. It is recommended that all recipients review the specific statutes, regulations and other interpretive materials for a full, accurate statement of their contents and to determine individual applicability.

Please take a moment to inform us of your PECOS enrollment status by faxing this sheet to RS Medical at 1-800-929-1930, or sending us an email at [pecosconfirm@rsmedical.com](mailto:pecosconfirm@rsmedical.com) with the information indicated below.

To: RS Medical  
FAX Number: 1-800-929-1930  
Subject: PECOS Confirmation

Date: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
NPI # \_\_\_\_\_ State License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Thank you for this courtesy and for helping RS Medical better serve you and your patients.

## BACKGROUNDER: What is PECOS and How Can You Prevent Rejections of Medicare Claims?

In order to receive payments for covered services provided to eligible Medicare beneficiaries, physicians and non-physician practitioners must enroll and maintain their Medicare enrollment in the Medicare program. Claims for Medicare services, devices, and items resulting from an order or a referral must contain the National Provider Identifier (NPI) and the name of the ordering or referring provider. The ordering/referring provider must be in the online **Medicare Provider Enrollment, Chain and Ownership System (PECOS)**.

Enrollment in the Medicare program, or if there has been a change in your practice, needs to be accomplished by completing an application or providing updated practice information using either Internet-based **PECOS** or via a paper enrollment application process (e.g., CMS-855I or the CMS-855R).

**If you are a Fee-For-Service provider enrolled in the Medicare Program, you have reporting responsibilities in updating your information to CMS.** As per Medicare rules and regulations, all physicians and non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This ensures Medicare claims regarding services, devices, and items provided to your Medicare patients will be processed correctly and timely. Failure to do so may affect processing of Medicare claims, monies paid, or a physician's eligibility to participate in the Medicare Program.

Medicare requires physicians to report the following reportable events no later than 30 days after the reportable event occurs:

- Change in Practice Location
- Change in Final Adverse Action
- Change of Business Structure
- Change in Organization Legal Business Name/Tax Identification Number
- Change in Practice Status
- Change in Reassignment of Benefits
- Change in Banking Arrangements or any Payment Information – Medicare anticipates this will be reported immediately to the Medicare contractor.

**On October 5, 2009 CMS launched Phase I of an expansion of the claims editing process for all Medicare claims contractors, (AB MACs, DME MACs), as a new defense in identifying claims containing missing, improper or potentially fraudulent physician orders.** This is being implemented in response to the OIG work plan for Fiscal Year 2010, (October 1, 2009 to September 30, 2010). These new edits require the verification of an ordering or referring physician or non-physician provider's Medicare enrollment. These edits are also designed to ensure that durable medical equipment and orthotics are ordered only by providers authorized to do so.

**During Phase I, suppliers are being notified by the DME MAC with informational messages when an ordering physician's NPI on the claim fails to match the physician/practitioner's NPIs in the PECOS database. At this time the claim is still being processed, but effective January 3, 2011 such claims will be rejected and not paid as Phase II is implemented.** Also effective January 3, 2011, providers will not be able or permitted to use their own NPI in place of an ordering physician/practitioner's NPI on the claim. This applies to all ordering physician/practitioners, well as suppliers considered eligible to submit claims for payment under Medicare.

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