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## ***Medicaid and Medicare Delay PECOS Implementation***

April 06, 2010

Internet-based Provider Enrollment, Chain and Ownership System (PECOS) will allow physicians, non-physician practitioners, and provider and supplier organizations the option of enrolling, making a change in their Medicare enrollment information, viewing Medicare enrollment information, or tracking the status of their Medicare enrollment applications throughout the Internet submission process. More information on PECOS is available at the CMS Web site at <http://www.cms.hhs.gov>

The Centers for Medicaid and Medicare Services (CMS) announced a delay in the implementation of Phase 2 of the Ordering/Referring Provider edits until January 3, 2011. This means that Medicare will continue to send informational messages in the remittances going to laboratories, DMEPOS suppliers, specialists, imaging centers, and other providers who are billing Medicare for items or services that they furnished that were ordered or referred by physicians and certain non-physician practitioners who do not have enrollment records in the national Medicare enrollment system known as PECOS or who are of a specialty that is not eligible to order or refer in the Medicare program. Until Phase 2 begins, these claims will be paid even if the Ordering/Referring Providers identified in those claims do not pass the edits that require them to have an enrollment record in PECOS and be of a type/specialty that is eligible to order and refer in the Medicare program. This delay gives physicians and non-physician practitioners who are of a specialty that is eligible to order and refer in the Medicare program more time to enroll in Medicare (even if only for purposes of ordering and referring) or to update their enrollment information if they enrolled more than 6 years ago and have not updated their enrollment information in 6 or more years.

When Phase 2 begins on January 3, 2011 (Previously, Phase 2 was to begin on April 5, 2010.), if the Ordering/Referring Provider does not pass the edits, the claim from the provider who furnished the ordered or referred item or service will have its claim for that item/service rejected by Medicare.

To date, CMS has not finalized their process for the inclusion of physicians who are employed by the Department of Veterans Affairs, the Public Health Service, or the Department of Defense TRICARE program into PECOS. Once the guidance is published, military treatment providers who refer Medicare-eligible beneficiaries for durable medical equipment (DME) will be required to enroll in PECOS.

When implemented, PECOS policy will not affect TRICARE network providers because TRICARE health care support contractors do not process Medicare claims.