

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Timely Reporting of Provider Enrollment Information Changes

Provider Types Affected

This MLN Matters® Article is intended for all providers and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed



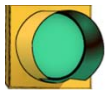
STOP – Impact to You

Failure to comply with the requirements to report changes in your Medicare enrollment information could result in the revocation of your Medicare billing privileges. This article does not establish any new or revised policy, but serves as a reminder to comply with existing policy.



CAUTION – What You Need to Know

MLN Matters® Article SE1617 reinforces the importance of the timely reporting of changes in your Medicare enrollment information.



GO – What You Need to Do

Comply with the reporting requirements for changes in your enrollment information and avoid disruption of your Medicare claims payments.

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Background

In accordance with 42 Code of Federal Regulations (CFR) Section 424.516(d), all physicians, non-physician practitioners (for example, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals) and physician and non-physician practitioner organizations must report the following changes in their enrollment information to your MAC via the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or the CMS 855 paper enrollment application within **30 days** of the change:

- A change in ownership
- An adverse legal action, or
- A change in practice location.

You must report all other changes to your MAC within **90 days** of the change.

If you are a supplier of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS), you must report any changes in information supplied on the enrollment application within 30 days of the change to the National Supplier Clearinghouse (NSC) (42 CFR §424.57(c)(2)).

Independent Diagnostic Testing Facilities must report changes in ownership, location, general supervision, and adverse legal actions to your MAC either online, or via the appropriate CMS-855 form, within 30 calendar days of the change. You must report all other changes to your enrollment information within 90 days of the change (42 CFR §410.33(g)(2)).

All providers and suppliers not previously identified must report any changes of ownership, including a change in an authorized or delegated official, within 30 days; and all other informational changes within 90 days (42 CFR §424.516(e)).

It is very important that you comply with these reporting requirements. Failure to do so could result in the revocation of your Medicare billing privileges.

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>.

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