RE: Reimbursement during Credentialing of a New Physician
October 2, 2014

Maryland Commercial Payors **(Md. Code. Ann. Insurance § 15-112 (West 2014).)**

Services performed by non-credentialed physicians may be reimbursed as a participating provider or a non-participating provider.

As a participating provider:

A carrier will reimburse a group practice for services provided at *a participating provider rate* if the following requirements are met:

1. The provider is employed by the group practice;
2. The provider has already applied for acceptance to the carrier's provider panel;
3. The carrier has notified the provider of an intent to process the provider's application;
4. The provider has a valid state license to practice issued by a health occupations board;
5. The provider is credentialed by an accredited hospital in the state; and
6. The provider has professional liability insurance.

As a non-participating provider:

In the event that a carrier rejects the provider's application for participation in the carrier's panel, the provider will be reimbursed at *a non-participating provider rate* for covered services provided on or after the date on which the carrier sent a notice of rejection.

Medicare

To receive payments from Medicare, the provider must be enrolled in Medicare. Providers may only retrospectively bill for services performed at an enrolled practice up to 30 days prior to their Medicare enrollment effective date, *as long as circumstances did not allow the physician to enroll in advance of providing services.* There is an additional exception for Presidentially-declared emergency situations.

42 C.F.R. § 424.505 (2014); 42 C.F.R. § 424.521(a) (2014).

If the provider is already enrolled in Medicare, to maintain his or her billing privileges, he must report any change in enrollment information (i.e. change in practice) within 30 days of the event. However, some changes *require new enrollment*, such as a change in the type of services rendered or a change in location, as these changes would require new documentation. If the provider requires new enrollment, then the retrospective billing rule applies. To determine which changes require new enrollment, the physician would need to contact his or her Medicare Contractor.

42 C.F.R. § 424.516 (2014); 42 C.F.R. § 424.535 (2014); "How do I know when I need to create a new enrollment vs. when I need to update an existing enrollment," https://pecos.cms.hhs.gov/pecos/help-main/faq.jsp.