



4050 NW 126<sup>th</sup> Ave, Ste 110  
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### **NORIDIAN ADMINISTRATIVE SERVICES HAS CORRECTED B 7 DENIALS**

Jurisdiction D has identified and corrected all claims processed between July 5 and July 15 which were denied with a “B7” denial on their remittance advice.

*B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.*

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### **Medicare Providers Must Begin to Revalidate Enrollment by March 2013** (CMS Message 201108-19)

All providers and suppliers who enrolled in the Medicare program prior to Friday, March 25, 2011, will be required to revalidate their enrollment under new risk screening criteria required by the Affordable Care Act (section 6401a). (Providers/suppliers who enrolled on or after Friday, March 25, 2011 have already been subject to this screening, and need not revalidate at this time.)

In the continued effort to reduce fraud, waste, and abuse, CMS implemented new screening criteria to the Medicare provider/supplier enrollment process beginning in March 2011. Newly-enrolling and revalidating providers and suppliers are placed in one of three screening categories - limited, moderate, or high - each representing the level of risk to the Medicare program for the particular category of provider/supplier, and determining the degree of screening to be performed by the Medicare Administrative Contractor (MAC) processing the enrollment application.

Between now and March 2013, MACs will be sending notices to individual providers/suppliers; please begin the revalidation process as soon as you hear from your MAC. Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges. The easiest and quickest way to revalidate your enrollment information is by using Internet-based PECOS (Provider Enrollment, Chain, and Ownership System), at <https://pecos.CMS.hhs.gov>.

Section 6401a of the Affordable Care Act requires institutional providers and suppliers to pay an application fee when enrolling or revalidating (“institutional provider” includes any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A; CMS-855B, not including physician and non-physician practitioner organizations; CMS-855S; or associated Internet-based PECOS enrollment applications); these fees may be paid via [www.Pay.gov](http://www.Pay.gov).

In order to reduce the burden on the provider, CMS is working to develop innovative technologies and streamlined enrollment processes - including [Internet-based PECOS](#). Updates will continue to be shared with the provider community as these efforts progress.

For more information about provider revalidation, review the Medicare Learning Network’s [Special Edition Article #SE1126](#), titled “Further Details on the Revalidation of Provider Enrollment Information.

**Please call 800-298-6050 for assistance in completing the CMS 855S application.**