I. PURPOSE:

The department is mandated to bill Medicare for services provided by licensed professional staff non-incident to a doctor’s oversight. Both the state and federal governments mandate this type of billing. Qualified staff who are able to bill as non-incident to are:

- Physicians
- Psychiatrists
- Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Clinical Nurse Specialists (with a psych specialty)
- Physicians Assistants (with some limitations)

In the interest of maximizing revenue for the department, all staff providing billable or potentially billable services is to complete the application. The department can change employees’ work assignments and staff may move from positions that do not provide Medicare billable services to positions that do provide these services. Medicare billing can begin immediately for a staff person that already has a Personal Identification Number (PIN) when they move to an assignment providing Medicare billable services.

These procedures are to be followed with all new hires to ensure that the Medicare PIN numbers will be received timely and billing may begin as soon as the numbers are received.

Note: It takes the Medicare fiscal intermediary, currently National Heritage Insurance Company (NHIC)/ Centers for Medicare & Medicaid Services (CMS), up to three months to process Medicare PIN number applications. The more quickly the department submits the application, the more timely DBH can begin collecting revenue.

II. PROCEDURE:

A. Requirements for all applicants:
   1) Completed Medicare PIN Application Worksheet (see Attachment 1)
   2) Copy of medical school or college/university diploma(s)
   3) Copy of current license(s) to practice in California
B. Physicians and Psychiatrists

1. The secretary II to Medical Services coordinates the hiring of physicians and psychiatrists. The secretary is to request the new employee to bring copies of diploma(s) and current license(s) to the pre-employment meeting with the new hire. When the secretary meets with the new physician or psychiatrist, the secretary will have the employee complete a Medicare PIN application Worksheet. This is to be done prior to the new employee’s start date.

2. The completed worksheet, with copies of the diploma(s) and license(s) is then sent to the Business Office and an application is started. When the application package is ready for signature the Business Office will arrange with the employee to obtain the signatures. This is to be done prior to the new employee’s start date.

III. PhDs and LCSWs

At time of hire DBH Payroll will notify the Business Office of the new hire. When Payroll notifies the new employee to come in to sign background check paperwork they will request the employee bring copies of their diploma(s) and current license(s). When the new employee comes in, Payroll will direct them to take their copies to the Business Office and complete the Medicare PIN Application Worksheet. The Business Office will complete the application package and contact the employee to arrange for signatures. This is to be done prior to the new employee’s start date.
Medicare PIN Application Worksheet

PLEASE TYPE OR PRINT CLEARLY

NAME: ____________________________________________

GENDER (CIRCLE ONE) ________________________________

START DATE: ________________________________

SSN: ________________________________

ARE YOU CURRENTLY IN THE MEDICARE PROGRAM? (CIRCLE ONE) YES NO

IF YES, YOU MUST COMPLETE THE NEXT TWO ITEMS

CURRENT CARRIER NAME ____________________________________________

CURRENT MEDICARE PIN # ____________________________________________

DATE OF BIRTH: ________________________________

COUNTY OF BIRTH ____________________________________________

STATE OF BIRTH ____________________________________________

COUNTRY OF BIRTH ____________________________________________

MEDICAL SCHOOL/UNIVERSITY ATTENDED ____________________________________________

YEAR OF GRADUATION: ________________________________ DEGREE: ________________________________

PRACTICE LOCATION(S): (LIST ALL CLINICS ASSIGNED TO)

________________________________________

________________________________________

________________________________________

________________________________________

Please contact Linda Bagley, Bus Office, 387-7607, if you have any questions about this worksheet. Please answer ALL questions

MEDICARE APPLICATION APPOINTMENT:

DATE: ________________________________

TIME: ________________________________

Please attach a copy of the employee's current license and medical school/university diploma to this completed worksheet and forward to Linda Bagley. You will be contacted to arrange an application appointment.

LAB/Medicare worksheet/Rev 2/21/02 7/12/02