



Navigator[®] for Interventional Radiology/Procedures

Supplement

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Medicare Improvements to Teleradiology Requirements

The Centers for Medicare and Medicaid Services (CMS) has recently streamlined their processes regarding teleradiology services. In the past there were many steps to be taken when a physician or non-physician practitioner (NPP) was contracted to perform teleradiology services for an organization/group located in another state. Reassignment of the contracted physician or NPP's billing rights now takes place electronically, bringing more efficiency to the process.

The CMS-855R form that was previously used by a contracted physician or NPP to reassign their billing rights to an eligible organization/group, allowing that organization/group to submit claims and receive payment for their Medicare Part B services, has been discontinued. The separate CMS-855R reassignment form has been consolidated into the [CMS-855I](#) Medicare enrollment application for physicians and non-physician practitioners.

An organization/group that contracts physician's or NPP's for teleradiology services is required to regularly submit reassignment updates. Reassignment can now be accomplished electronically by updating the reassignment section of the CMS-855I enrollment application through the [Provider Enrollment, Chain and Ownership System \(PECOS\)](#). More information regarding this change in the reassignment process can be found in the [Consolidated CMS-855I/CMS-855R bulletin](#).

The [Medicare Program Integrity Manual, Chapter 10, Section 10.3.1.4.3](#) contains regulatory requirements for inter-jurisdictional reassignments. The manual states that a physician or NPP only needs to be licensed in the state where they are practicing and is not required to be licensed in the state where the image was generated (where the patient and the organization/group is located). This is different from the [ACR policy](#) that requires a physician or NPP to be licensed both in the state where they are practicing, and in the state where the image was generated.

Section 10.3.1.4.3 also states that the organization/group providing the service where the images are generated must enroll in both the jurisdiction where they are physically located, and in the jurisdiction where the physician or NPP providing interpretations is practicing. When submitting for enrollment in the jurisdiction where the physician or NPP providing interpretations is practicing, the organization/group providing the services where the images are generated is required to use the physician or NPP's practice location in the practice location information section of the [CMS-855B](#) Medicare enrollment application form for clinics/group practices and other suppliers. The organization/group does not have to be licensed to provide services in the state where the physician providing interpretations is practicing.