

July 2012 CMS 855I Application Revisions

#	New Section Number	Change	Reason
1	Entire 855I	Reformatted and re-labeled all sections, subsections and data fields within the subsections.	This creates a more logical and uniform sequence to the data collected within the application and eliminates redundancy.
2	Entire 855I	Punctuation corrections were made throughout the CMS 855I as necessary.	Error correction.
3	Entire 855I	Grammar corrections were made throughout the CMS 855I as necessary.	Error correction.
4	Entire 855I	Section references were updated to coincide with new section sequencing.	Error correction - formatting.
5	Entire 855I	Minor text corrections were made to clarify instructions and delete redundancy.	Error correction.
6	Entire 855I	All website links were reviewed and updated where necessary.	Error correction.
7	Entire 855I	All legal references were reviewed and updated where necessary.	Error correction.
8	Entire 855I	All acronyms were reviewed and updated where necessary.	Error correction.
9	Entire 855I	Obsolete general text was removed. Significant changes to text will be specifically noted under the section number.	Text that was no longer in sync with policy caused confusion for the physician/non-physician practitioner supplier.
10	Entire 855I	All Section and sub-section headers were made to a standard (Numbering, Bold, Upper and Lower Case, etc.) to create a uniform format throughout the 855I.	Error correction - formatting.
11	Entire 855I	All references for the supplier to furnish the their Medicaid Number were removed.	This information is no longer required for Medicare enrollment.
12	PAGE 1 - 2	Added a list of acronyms used throughout the 855I and edited instructions for clarity.	Added acronym information and clarified language for better physician/non-physician practitioner supplier understanding.
13	SECTION 1	Added more choices to simplify reporting changes of information and deleted redundant questions.	Clarified information for physician/non-physician practitioner supplier understanding, created logical flow of information collection and deleted redundancy.

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#	New Section Number	Change	Reason
14	SECTION 2	Formatting changes and deleted Advanced Diagnostic Imaging (ADI) information collection.	Section was reformatted to create a logical flow of information and reduce the reporting burden on the physician/non-physician practitioner supplier. ADI information is no longer required for Medicare enrollment.
15	SECTION 3	Editorial corrections only.	Clarified data field instruction for physician/non-physician practitioner supplier understanding.
16	SECTION 4	Compiled all specialty information in one section and added new specialty (Sleep Medicine).	Specialties were compiled to create a logical flow of information and reduce the reporting burden on the physician/non-physician practitioner supplier.
17	SECTION 5	Editorial corrections only.	Error correction.
18	SECTION 6	No changes or updates.	n/a
19	SECTION 7	No changes or updates.	n/a
20	SECTION 8	No changes or updates.	n/a
21	SECTION 9	Expanded instructions.	Clarified data field instruction for physician/non-physician practitioner supplier understanding.
22	SECTION 10	Editorial corrections only.	Created logical flow of information collection.
23	SECTION 11	Expanded instructions.	Clarified data field instruction for better physician/non-physician practitioner supplier understanding.
24	SECTION 12	Compiled all address information (except business location/identity) in one section and added additional check boxes to inform Medicare to use a previously submitted address.	These addresses were compiled to create a logical flow of information and boxes were added to reduce the reporting burden on the physician/non-physician practitioner supplier.
25	SECTION 13	No changes or updates.	n/a
26	SECTION 14	No changes or updates.	n/a
27	SECTION 15	Expanded instructions and added group contact person data collection.	Clarified instruction information for better physician/non-physician practitioner supplier understanding and collecting group contact will help supplier/MAC communications.
28	SECTION 16	Editorial corrections only.	Spelling/grammar corrections and deleted redundancy.
29	SECTION 17	No changes or updates.	n/a
30	SECTION 18	Editorial corrections only.	Editorial correction to ensure the language specifically addressed individual practitioners.
31	PAGE 20	No changes or updates.	n/a

JSM 10353 issued last week needs additional clarification. A change request is forth coming.

As you know most physicians only enroll in the Medicare program to furnish covered services to Medicare benefic

CMS has abbreviated the enrollment process for physicians and practitioners who need to enroll for the sole purp

- Complete the following sections of the paper CMS-855I, "Medicare Enrollment Application for Physicia
 - Section 1 – Basic Information (they would be a new enrollee)
 - Section 2 – Identifying Information (section 2A, 2B, 2D and if appropriate 2H and 2K)
 - Section 3 – Final Adverse Actions/Convictions
 - Section 13 – Contact Person
 - Section 15 - Certification Statement (must be signed and dated—blue ink recommended)

- Include a cover letter with the application form stating the physician or practitioner is enrolling for the

- Mail the completed form to the designated Medicare enrollment contractor

These physician and other practitioners will be entered into PECOS as individuals only. To enter the abbreviated a

1. NPI
2. License Information
3. Place of Birth
4. Practitioner Graduation Date
5. Practitioner Medical School
6. Primary Specialty
7. Correspondence address
8. Final Adverse Action
9. Signature

A cover letter with the application form stating the physician is enrolling for the sole
CMS is not requiring a CMS 460 or 588 to be sent in.

Contractors shall complete PECOS using the following:

1. Medicare ID: Medicare contractor assigns
2. All effective dates will be the date of receipt
3. Certification Information: Contractor selects NA
4. PAR Status: Contractor selects "no" for non-par.
5. Practice and Special Payment Address: Contractor enters the correspondence a
6. Reassignment Information: Contractors selects 'None'
7. Any additional information that may be needed; the contractor can select the ec

Until further notice please hold all physician assistant application using the abbreviated application.

If you have any questions please contact you DPSE liaison or BFL.

aries. . However, with the implementation of Section 6405 of the Affordable Care Act, CMS has become aware of cert
ose of certifying or ordering services for Medicare beneficiaries. These unique providers must use the [paper enrollme](#)
ns and Non-Physician Practitioners;”

sole purpose of ordering and referring items or services for a Medicare beneficiary and cannot be reimbursed for serv

pplication into PECOS, we are providing the following using the action required field from the PECOS Enrollment Excep

purpose of ordering and referring.

dress provided for both

quivalent to 'no', n/a, 'none'.

ain physicians or practitioners and other practitioners who have unique enrollment issues and will need to enroll in the
nt application process and do the following:

ices performed, and

otion Report. The following should be provided by the provider on the 855I:

are Medicare program for the sole purpose of certifying or ordering items or services for Medicare beneficiaries. These |

physicians and practitioner do not and will not send claims to a Medicare contractor for the services they furnish.