## **Reformatting of CMS 8551 - Mapping Guide**

Current Section Location	Current Section Header/Subheader/Information	New Section Location	New Section Header/Subheader/Information
Intro. Pages	Who Should Complete This Application	stet	
Intro. Pages	Billing Number Information	stet	
Intro. Pages	Instructions For Completing And Submitting This Application	stet	
Intro. Pages	Avoid Delays In Your Enrollment	stet	
Intro. Pages	Additional Information	stet	
Intro. Pages	Mail Your Application	stet	
Intro. Pages			Acronyms Commonly Used In This Application (new)
1	Basic Information	stet	
1A	Check one box and complete the required sections.	1A	Reason For Submitting This Application
1B	Check all that apply and complete the required sections.	stet	
2	Identifying Information	2	Personal Identifying Information
2A	Personal Information	stet	
		12	Important Address Information (new section header)
2B	Correspondence Address	12A	Correspondence Mailing Address
		13B	Revalidation Request Package Mailing Address (new)
		2B	License/Certification Information (new sub-section 2B header, information previously collected in Section 2A)
		2B1	License Information
		2B2	Certification Information
2C	Resident/Fellow Status	stet	
2C1	Are you currently in an approved training program as?	stet	
2C2	Are the services that you render at the facility shown in Section 2C1 part of your requirements?	stet	
2C3	Do you also render services at other facilities or practice locations?	stet	
2C4	Are the services that you render in any of the practice locations you will be reporting?	stet	
		4	Medical Specialty Information (new section 4 header)
2D1	Physician Specialty	4A	Physician Specialty

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Current Section Location	Current Section Header/Subheader/Information	New Section Location	New Section Header/Subheader/Information
2D2	Non-Physician Specialty	4B	Non-Physician Specialty
2E	Physician Assistants: Establishing Employment Arrangement(s)	5A	Physician Assistants: Establishing Employment Arrangement(s)
2F	Physician Assistants: Terminating Employment Arrangement(s)	5B	Physician Assistants: Terminating Employment Arrangement(s)
2G	Employer Terminating Employment Arrangement with One or More Physician Assistants	5C	Employer Terminating Employment Arrangement With One Or More Physician Assistants
		6	Psychologist Information (new section 6 header)
2H	Clinical Psychologists	6A	Clinical Psychologists
21	Psychologists Billing Independently	6B	Psychologists Billing Independently
211 - 4	Billing/Private Practice questions (re: 21 above)	6B1-4	Billing/Private Practice questions (re: 6B above)
2J	Physical Therapists/Occupational Therapists in Private Practice (PT/OT)	7	Physical/Occupational Therapists Information
2J1-5	Individual Practice questions (re: 2J above)	7а-е	Individual Practice questions (re: sec. 7)
2К	Nurse Practitioners and Certified Clinical Nurse Specialists	8	Nurse/Nurse Practitioner Information
2L	Advanced Diagnostic Imaging (ADI) Suppliers Only	n/a	deleted
3	Final Adverse Legal Actions/Convictions	3	Final Adverse Legal Actions
4	Practice Location Information	9	Private Practice Location Information
4A	Establishing a Professional Corporation, Professional Association, Limited Liability Company, etc.	11A	Establishing A Professional Corporation, Professional Association, Limited Liability Company, etc.
4A1 - 2	Final Adverse Legal Action History (of 4A above)	11E	Final Adverse Legal Action History (re: 12A above)
4B	Individual Affiliations	15	Group/Clinic Affiliation Information
4B1 - 3	Reassignment/Payment Questions	15A-E	Reassignment/Payment Questions <i>(information previously collected in Section 4)</i>
4C	Practice Location Information	9A	Private Practice Location Identification
4D	Rendering Services In Patients' Homes	9C	Rendering Services In Patients' Homes
4E	Where Do You Want Remittance Notices or Special Payments Sent?	12C	Remittance Notices/Special Payments Mailing Address
4F	Employer ID Number Information	11B	Employer Identification Number Information

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		11C	Business Structure (information previously collected in Section 4A)
		11D	Internal Revenue Service Registration (information previously collected in Section 4A)
4G	Where Do You Keep Patients' Medical Records?	12D	Medicare Beneficiary Medical Records Storage Address
4H	Unique Circumstances	9B	Unique Circumstances
5	For Future Use	5	Physician Assistant Information
6	Individuals Having Managing Control	10	Managing Employee Information
6A	Managing Employee identifying information	10A	Managing Employee identifying information
6B	Final Adverse Legal Action History (of 6A above)	10B	Final Adverse Legal Action History (re: 11A above)
6B1 - 2	Final Adverse Legal Action questions (of 6A above)	10B1-2	Final Adverse Legal Action questions (re: 11A above)
7	For Future Use	n/a	delete
8	Billing Agency Information	13	Billing Agency Information
9	For Future Use	n/a	delete
10	For Future Use	n/a	delete
11	For Future Use	n/a	delete
12	For Future Use	11	Private Practice Business Information
13	Contact Person	14	Contact Person
14	Penalties For Falsifying Information	17	Penalties For Falsifying Information On This Enrollment Application
15	Certification Statement	18	Signature And Certification Statement
16	For Future Use	16	Supporting Documents
17	Supporting Documents	n/a	deleted
last page	Medicare Supplier Enrollment Privacy Act Statement	stet	