July 2012 CMS 855R Application Revisions

#	New Section Number	<u>Change</u>	<u>Reason</u>
1	Entire 855R	Reformatted and re-labeled appropriate 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 855R	Punctuation corrections were made throughout the CMS 855R as necessary.	Error correction.
3	Entire 855R	Grammar corrections were made throughout the CMS 855R as necessary.	Error correction.
4	Entire 855R	Section references were updated to coincide with new section sequencing.	Formatting correction.
5	Entire 855R	Minor text corrections were made to clarify instructions and delete redundancy.	Instruction clarification.
6	Entire 855R	All website links were reviewed and updated where necessary.	Update.
7	Entire 855R	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.
8	Entire 855R	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 855R.	Uniform formatting.
9	PAGE 1 - 2	Editorial corrections only.	Editorial correction to ensure the language specifically addressed reassignments.
10	SECTION 1	Formatting changes only.	Created logical flow of information collection.
11	SECTION 2	Grammar corrections only.	Error correction.
12	SECTION 3	Grammar corrections only.	Error correction.
13	SECTION 4	Added primary practice location data collection.	CMS is requesting this new information to help strengthen our efforts to identify and prevent fraudulent claims submission by large multi-practice location groups.
14	SECTION 5	Expanded instructions.	Clarified data field instruction for better physician/non-physician practitioner supplier understanding.
15	SECTION 6	Editorial corrections only.	Instruction clarification.
16	LAST PAGE	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 at
- 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.

iaries 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 ans 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.
ddress provided for both juivalent 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, <u>and</u>
otion Report. The following should be provided by the provider on the 855I:



