

## July 2012 CMS 855R Application Revisions

#	New Section Number	Change	Reason
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



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.