Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by capturing Provider/Supplier information from the CMS-855 family of forms. The system manages, tracks, and validates enrollment data collected in both paper form and electronically via the Internet. This website allows registered users to securely and electronically submit and manage Medicare enrollment information. Use the links below to register for access to enroll in Medicare. Links to additional resources have been provided for both current and potential PECOS web users below.

WARNING: Only authorized registered users have rights to access PECOS. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system, users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

LOG IN TO PECOS OR REGISTER FOR A USER ACCOUNT

USER LOGIN

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

[LOG IN]

Forgot User ID or Password?

Manage/Update User Profile

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8059/ TTY 1-866-523-4759.

BECOME A REGISTERED USER

You may register for a user account if you are an: Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Ø **Register for a user account**

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

HELPFUL RESOURCES

Information For Providers/Suppliers

- **Pay.gov** - Pay your application fee online. **View the list of Providers and Suppliers** who are required to pay an application fee.

- **Application Status** - Self Service Kiosk to view the status of an application submitted within the last 90 days.

- **Ordering and Referring Information** - Learn about the Ordering & Referring enrollment process.

- **Ordering & Referring List** - View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.

- **Revalidation Notice Sent List** - Check to see if you have been sent a notice to revalidate your information on file with Medicare.

Enrollment Tutorials

- **Sole Proprietor Enrollment Tutorial** Description of the tutorial video goes here. This will be a two or three line textual description of the tutorial and what it demonstrates.

- **Sole Owner Enrollment Tutorial** Description of the tutorial video goes here. This will be a two or three line textual description of the tutorial and what it demonstrates.

- **Change of Information Application Tutorial** Description of the tutorial video goes here. This will be a two or three line textual description of the tutorial and what it demonstrates.

- **Reassignment of Benefits Application Tutorial** Description of the tutorial video goes here. This will be a two or three line textual description of the tutorial and what it demonstrates.

More Provider Enrollment Information

- **CMS.gov/Providers**

- **Medicare Learning Network® (MLN)** - Helpful articles and tutorials about changes in Medicare enrollment.

Enrollment Checklists

- **Sole Proprietor or Solely Owned Organizations (eg. LLC, PC)**

- **Individual Physician and Non-Physician Practitioners**

- **Provider or Supplier Organizations**

Web Policies & Important Links | **Department of Health & Human Services** | **CMS.gov** | **PECOS FAQs** | **Accessibility**

CENTERS FOR MEDICARE & MEDICAID SERVICES, 7500 SECURITY BOULEVARD, BALTIMORE, MD 21244

CMS

Topics | Topics for this Enrollment ▾ | **SELECT ▶**

My Application Progress ▭ 10%

| **Topic View** | *Fast Track View* | *Error Check* **20** |

Enrollment ID: O04192012000000
PacID: A000664455O04192012000000
Web Tracking ID: T041920120000000

Reason for Application

Supplier is Enrolling in Medicare for the First Time and is Not Completing a Reassignment of Benefits

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
—	**Organization Information** ➕ more information about Organization Information
—	**Supplier Type** ➕ more information about Supplier Type
—	**PAR Status Information** ➕ more information about PAR Status Information
—	**Physical Location and "Special Payments" Address** ➕ more information about Physical Location and "Special Payments" Address
—	**Vehicle Information** ➕ more information about Vehicle Information
— N/A	**Geographic Location** ➕ more information about Geographic Location
—	**Rendering Healthcare Services at a Patient's Home** ➕ more information about Rendering Healthcare Services at a Patient's Home
—	**Correspondence Address** ➕ more information about Correspondence Address
—	**License and Certification Information** ➕ more information about License and Certification Information
—	**Final Adverse Actions** ➕ more information about Final Adverse Actions
—	**Organization Control** ➕ more information about Organization Control
—	**Individual Control** ➕ more information about Individual Control
—	**Patient Records Storage Location** ➕ more information about Patient Records Storage Location
—	**Billing Agency** ➕ more information about Billing Agency
—	**IDTF Equipment and CPT-4/HCPCS Codes** ➕ more information about IDTF Equipment and CPT-4/HCPCS Codes
—	**IDTF Interpreting Physician** ➕ more information about IDTF Interpreting Physician

— Advanced Diagnostic Imaging Services ⊞ more information about Advanced Diagnostic Imaging Services

— Contact Person ⊞ more information about Contact Person

— Electronic Funds Transfer ⊞ more information about Electronic Funds Transfer

Note:
- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[VIEW AND PRINT ≫]   [BEGIN SUBMISSION ≫]

[NEXT PAGE ≫]

Supplier Type

(*) Red asterisk indicates a required field.

Topic Summary

The supplier type for this enrollment is listed below for your reference. This topic asks for your response to required questions regarding that supplier type. ⊞ (more information about Supplier Type)

Supplier Type Information

Supplier Type

INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)

Supplier Type Questionnaire:
[ADD ▸]   * Not complete

[≪ PREVIOUS TOPIC]   [GO TO ERROR CHECK ≫]   [NEXT TOPIC ≫]

Supplier Type

(*) Red asterisk indicates a required field.

IDTF Standards Qualifications

* Provide the date this Independent Diagnostic Testing Facility (IDTF) met all current CMS standards

mm/dd/yyyy

[   ]

SAVE ▶

◀◀ CANCEL

Patient Records Storage Location

Storage Location Address

Previously Entered Address Information

Select an address or enter a new address in the fields below:

[Select address ▾]   [APPLY ▸]

Note: Post Office and drop boxes are not acceptable addresses for records storage locations.

* Country

[United States ▾]   [SELECT ▸]

* Effective Date of Information

mm/dd/yyyy

[   ]

* Address Line 1

[   ]

Address Line 2

[   ]

* City

[   ]

* State/Territory

[Select State/Territory ▾]

* Zip Code +4

[   ] [   ]

[SAVE ▸]

[‹‹ CANCEL]

IDTF Equipment and CPT-4/HCPCS Codes

(*) Red asterisk indicates a required field.

IDTF Equipment Information

* Effective Date of Information
mm/dd/yyyy

[   ]

* Equipment

[   ]

* Model Number

[   ]

NEXT PAGE ▶

« CANCEL

IDTF Equipment and CPT-4/HCPCS Codes

(*) Red asterisk indicates a required field.

CPT-4 and HCPCS Codes Information

* Effective Date of Information mm/dd/yyyy	* CPT-4 and HCPCS Code	Modifier
[ ]	[ ]	[ ]

ADD MORE ▶

◀ PREVIOUS PAGE   **SAVE** ▶

« CANCEL

IDTF Interpreting Physician

Topic Summary

This topic requests information about physicians whose interpretations will be billed by the Independent Diagnostic Testing Facilities (IDTF). All interpreting physicians must be currently enrolled in the Medicare program. ➕ (more information about IDTF Interpreting Physician)

* Does the applicant have any Interpreting Physicians to report to the IDTF?

◉ Yes

◯ No

ADD INFORMATION ≫

IDTF Interpreting Physician Information

You have indicated that the applicant would like to report an IDTF Interpreting Physician. Please click the "Add Information" button or change the answer to the question above.

≪ PREVIOUS TOPIC   **GO TO ERROR CHECK ≫**   **NEXT TOPIC ≫**

IDTF Interpreting Physician

Physician Information

* Effective Date of Information
mm/dd/yyyy

[_____]

* First Name

[_____]

Middle Name

[_____]

* Last Name

[_____]

Suffix
[Select Suffix ▾]

* Date of Birth
mm/dd/yyyy

[_____]

* Social Security Number
123-45-6789

[_____]

National Provider Identifier (NPI)

[_____]

SAVE ▸

≪ CANCEL

IDTF Technician

Topic Summary

This topic requests information about the technicians (non-physician personnel) who perform tests at an Independent Diagnostic Testing Facility (IDTF). ⊞ (more information about IDTF Technician)

* Does the applicant have any technicians who perform tests at this IDTF?

○ Yes

○ No

ADD INFORMATION ≫

IDTF Technician Information

No IDTF Technicians have been listed. Please answer the question above.

[≪ PREVIOUS TOPIC]　　[GO TO ERROR CHECK ≫]　　[NEXT TOPIC ≫]

IDTF Technician

Personal Information

* Effective Date of Information
mm/dd/yyyy
[_____]

* First Name
[_____]

Middle Name
[_____]

* Last Name
[_____]

Suffix
[Select Suffix ▾]

* Date of Birth
mm/dd/yyyy
[_____]

* TIN Type
[Select TIN Type ▾]

* Tax Identification Number (TIN)
123-45-6789
[_____]

NEXT PAGE ▶

[≪ CANCEL]

IDTF Technician

Type of License/Certification or Credential Information

* What type(s) of license/certification or credential does this technician hold?

○ State Licensed or State Certified

○ Certified by a national credentialing organization

○ Both

○ Neither

[◄ PREVIOUS PAGE]   [NEXT PAGE ►]

[« CANCEL]

IDTF Technician

Employment Information

* Is this technician employed by a hospital?

○ Yes

○ No

* Name of the hospital

[_____]

[◄ PREVIOUS PAGE]   [SAVE ►]

[« CANCEL]

IDTF Supervising Physician

Supervising Physician Personal Information

* Effective Date of Information
mm/dd/yyyy

[   ]

* First Name

[   ]

Middle Name

[   ]

* Last Name

[   ]

Suffix

[Select Suffix ▾]

* Social Security Number (SSN)
123-45-6789

[   ]

* Date of Birth
mm/dd/yyyy

[   ]

* National Provider Identifier (NPI)

[   ]

NEXT PAGE ▶

◀◀ CANCEL

IDTF Supervising Physician

Supervising Physician Contact Information

* Telephone
(555) 555-5555   x Extension

[   ] x [   ]

Fax
(555) 555-5555

[   ]

E-mail Address

[   ]

◀ PREVIOUS PAGE   NEXT PAGE ▶

◀◀ CANCEL

IDTF Supervising Physician

Type of Supervision Provided

* What type of supervision does the physician provide?

○ Personal Supervision

○ Direct Supervision

◉ General Supervision

General Supervision Functions

☐ Assumes responsibility for the overall direction and control of the quality of testing performed.

☐ Assumes responsibility for assuring that the non-physician personnel who actually perform the diagnostic procedures are properly trained and meet required qualifications.

☐ Assumes responsibility for the proper maintenance and calibration of the equipment and supplies necessary to perform the diagnostic procedures.

[◄ PREVIOUS PAGE]   [NEXT PAGE ►]

[« CANCEL]

IDTF Supervising Physician

Previously Entered Address Information

Select an address or enter a new address in the fields below:

[Select address ▾] [APPLY ▶]

Other Supervision Sites

If this supervising physician also supervises other Independent Diagnostic Testing Facility (IDTF) sites, please provide information on their supervision sites there as well.

Note: If more than one site needs to be identified, you may add additional locations from the summary page of this topic.

* Does this physician supervise other Independent Diagnostic Testing Facility (IDTF) sites?

◉ Yes

○ No

* Name of Facility

[   ]

* Address Line 1

[   ]

Address Line 2

[   ]

* City

[   ]

* State

[Select State ▾]

* ZIP Code+4

[   ] [   ]

* Tax Identification Number (TIN)
12-3456789

[   ]

* Type of Supervision

○ Personal Supervision

○ Direct Supervision

○ General Supervision

[◀ PREVIOUS PAGE]   [NEXT PAGE ▶]

IDTF Supervising Physician

Excluded CPT-4 HCPCS Codes

The following table lists all of the CPT-4 and HCPCS Codes billed from this independent Diagnostic Testing Facility (IDTF).

Using the checkboxes, indicate which codes:

- The physician **does not** supervise by **checking** the box

Note: If this list is incorrect, it must be updated in the "IDTF Equipment and CPT-4/HCPCS Codes" Topic.

CPT-4 and HCPCS Codes
☐ 1234

[◄ PREVIOUS PAGE]   [SAVE ►]

[◄◄ CANCEL]