

Reformatting of CMS 855B - 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	Who Should Complete and Submit This Application
Intro. Pages	Billing Number Information	stet	Billing Number and National Provider Identifier Information
Intro. Pages	Instructions For Completing And Submitting This Application	stet	Instructions for Completing This Application
Intro. Pages	Avoid Delays In Your Enrollment	stet	Tips To Avoid Delays In Your Enrollment
Intro. Pages			Important Information About Individual Verses Organizational NPIs
Intro. Pages	Additional Information	stet	stet
Intro. Pages			Acronyms Commonly Used In This Application
Intro. Pages	Mail Your Application	stet	Where To Mail Your Application
1	Basic Information	stet	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.	1B	What Information Is Changing?
2	Identifying Information	stet	stet
2A	Type of Supplier	stet	stet
2B	Supplier Identification Information	2B	Business Identification Information
2B1	Business Information	2C	Business Structure Information
		2D	Internal Revenue Service Registration
2B2	State License Information/Certification Information	5A	License/Certification/Accreditation Information
		5A1	License Information
		5A2	Certification Information
2B3	Correspondence Address	4A	Correspondence Mailing Address
2C	Hospitals Only	5C	stet
2C1	Are you going to: (billing checkboxes)	n/a	<i>deleted</i>
2C2	List the hospital departments for which you plan to bill separately:	n/a	<i>deleted</i>
2D	Comments/Special Circumstances	5E	stet
2E	Physical Therapy (PT) and Occupational Therapy (OT) Groups Only	5B	stet
2F	Accreditation for Ambulatory Surgical Centers (ASCs) Only	5A3	stet

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2G	Termination of Physician Assistants (Only)	5D	Termination of Physician Assistants Only
2H	Advanced Diagnostic Imaging (ADI) Suppliers Only	<i>n/a</i>	<i>deleted</i>
3	Final Adverse Legal Actions/Convictions	8	Final Adverse Legal Actions
4	Practice Location Information	3	stet
4A	Practice Location Information	4	Important Address Information
		4B	Revalidation Request Package Mailing Address
4B	Where Do You Want Remittance Notices or Special Payments Sent?	4C	Remittance Notices/Special Payments Mailing Address
4C	Where Do You Keep Patients' Medical Records?	4D	Medicare Beneficiary Medical Records Storage Address
		4D1	Paper Storage
		4D2	Electronic Storage
		5	Supplier Specific Information
		5A4	Director of Independent Clinical Laboratories Only
4D	Rendering Services In Patients' Homes	6	In-Home Services Information
		7	Mobile and/or Portable Services Information
4E	Base of Operations Address for Mobile or Portable Suppliers (Location of Business Office or Dispatcher/Scheduler)	7A	Base of Operations Address for Mobile or Portable Suppliers
4F	Vehicle information	7B	stet
4G	Geographic Location for Mobile Or Portable Suppliers Where The Base Of Operations and/or Vehicle Renders Services	7C	Geographic Area Covered by the Mobile and/or Portable Service
5	Ownership Interest and/or Managing Control Information (Organizations)	9	stet
5A	Organization with Ownership Interest and/or Managing Control— Identification Information	9A	Organization Identification Information (Ownership and/or Managing Control)
5B	Final Adverse Legal Action History	9B	stet
6	Ownership Interest and/or Managing Control Information (Individuals)	10	stet

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6A	Individuals with Ownership Interest and/or Managing Control— Identification Information	10A	Individual Identification Information (Ownership and/or Managing Control)
6B	Final Adverse Legal Action History	10B	stet
7	For Future Use	n/a	<i>delete</i>
8	Billing Agency Information	13	stet
9	For Future Use	n/a	<i>delete</i>
10	For Future Use	n/a	<i>delete</i>
11	For Future Use	n/a	<i>delete</i>
12	For Future Use	n/a	<i>delete</i>
13	Contact Person	14	Contact Person Information
14	Penalties For Falsifying Information	16	Penalties For Falsifying Information On This Application
15	Certification Statement	18	Authorized Official Certification Statement And Signature
15A	Additional Requirements for Medicare Enrollment	18A	Certification Statement
15B	1st Authorized Official Signature	18B	Signature(s)
15C	2nd Authorized Official Signature	n/a	<i>deleted</i>
16	Delegated Official (Optional)	17	Assignment of Delegated Official(s) (Optional)
16A	1st Delegated Official Signature	n/a	<i>deleted</i>
16B	2nd Delegated Official Signature	n/a	<i>deleted</i>
17	Supporting Documents	15	Supporting Documentation Information
Attachment 1	Ambulance Service Suppliers	11	Ambulance Service Suppliers Only
		11A	Geographic Area
		11B	State License Information
		11C	Paramedic Intercept Services Information
		11D	Vehicle Information
Attachment 2	Independent Diagnostic Testing Facilities	12	Independent Diagnostic Testing Facilities (IDTFs) Only
		12A	Date IDTF Met Standards Qualifications
		12B	Comprehensive Liability Insurance Information

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		12C	CPT-4 and HCPCS Codes
		12D	Interpreting Physician Information
		12E	Technicians Who Perform Tests
		12F	Supervising Physicians
		12F 1-5	Supervising Physical Detail/Duties and Signature (re: 12F)
last page	Medicare Supplier Enrollment Privacy Act Statement	stet	Medicare Supplier Enrollment Application Privacy Act Statement