

## January 2013 CMS 855B Application Revisions

#	New Section Number	Change	Reason
1	Entire 855B	Reformatted and re-labeled all 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 855B	Punctuation corrections were made throughout the CMS 855B as necessary.	Error correction.
3	Entire 855B	Grammar corrections were made throughout the CMS 855B as necessary.	Error correction.
4	Entire 855B	Section references were updated to coincide with new section sequencing.	Error correction - formatting.
5	Entire 855B	Minor text corrections were made to clarify instructions and delete redundancy.	Error correction.
6	Entire 855B	All website links were reviewed and updated where necessary.	Error correction.
7	Entire 855B	All legal references were reviewed and updated where necessary.	Error correction.
8	Entire 855B	All acronyms were reviewed and updated where necessary.	Error correction.
9	Entire 855B	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.
10	Entire 855B	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 855B.	Error correction - formatting.
11	Entire 855B	All references for the supplier to furnish the their Medicaid Number were removed.	This information is no longer required for Medicare enrollment.
12	PAGE 1 - 2	Added a list of acronyms used throughout the 855B and edited instructions for clarity.	Added acronym information and clarified language for better physician/non-physician practitioner supplier understanding.
13	SECTION 1	No changes or updates.	n/a

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#	New Section Number	Change	Reason
14	SECTION 2	Formatting changes. Added "Centralized Flu Biller" supplier specialty and clarified instructions for reporting supplier specialty and deleted Advanced Diagnostic Imaging (ADI) information collection.	Section was reformatted to create a logical flow of information and reduce the reporting burden on the supplier. Added supplier specialty for transfer to correct contractor, eliminating the need to manually transfer supplier type to correct contractor. ADI information is no longer required for Medicare enrollment.
15	SECTION 3	Added checkbox indicating whether or not an organization is wholly owned or operated by a hospital.	Added question for ACA reporting compliance per CM.
16	SECTION 4	Compiled all address information (except business location/identity) in one section and added additional check boxes to inform Medicare to use a previously submitted address. Added a data collection for an address to mail the periodic request for the revalidation of enrollment information (only if it differs from other addresses currently collected) and information on, if applicable, where the supplier stores its patient records electronically.	These addresses were compiled to create a logical flow of information and boxes were added to reduce the reporting burden on the supplier. Added information collection to furnish a website, if applicable, where the supplier stores its patient records electronically, per the provisions of Section 3004(b)(1) of the Public Health Service Act (PHSA) which provides guidance for eligible professionals for the meaningful use of certified Electronic Health Records (EHR) technology.
17	SECTION 5	Editorial and formatting corrections only.	Created logical flow of information collection.
18	SECTION 6	Formatting changes and expanded instructions.	Created logical flow of information collection and clarified data field instruction for supplier understanding.
19	SECTION 7	Formatting changes and expanded instructions.	Created logical flow of information collection and clarified data field instruction for supplier understanding.
20	SECTION 8	No changes or updates.	n/a
21	SECTION 9	No changes or updates.	n/a
22	SECTION 10	Removed data field "State of Birth."	"State of Birth" information is no longer required for Medicare enrollment.
23	SECTION 11	Added summary of Ambulance Supplier enrollment requirements.	Clarified and expanded instruction for better supplier understanding.
24	SECTION 12	Formatting changes.	Created logical flow of information collection.
25	SECTION 13	No changes or updates.	n/a
26	SECTION 14	No changes or updates.	n/a
27	SECTION 15	Removed documents no longer required for Medicare enrollment.	Information technology has eliminated the need for certain physical documents to be provided as an enrollment requirement.
28	SECTION 16	No changes or updates.	n/a
29	SECTION 17	Formatting changes.	Created logical flow of information collection.
30	SECTION 18	Formatting changes.	Created logical flow of information collection.

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#	<u>New Section Number</u>	<u>Change</u>	<u>Reason</u>
31	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 a
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.

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

ation 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.