2015 CMS 855O REVISIONS

Section Number	Change	Reason
Entire 855O	All section symbols (§) were replaced with the word "section" or "sections."	This creates a uniform wording standard across the CMS 855 applications.
Entire 855O	Punctuation, grammar and spelling corrections were made throughout the CMS 855S as necessary (e.g., upper case/lower case corrections, apostrophe corrections, periods inserted in acronyms where necessary, etc.).	Error correction.
Entire 855O	1. Delete all references to "register" including "registered," "registering," "registration," and any other variations of the word "register" and replace with "enrollment" including "enrolled," "enrolling," and any other necessary variations of the word "enroll," including revision of prior or preceding modifier (e.g., "registering with" revised to "enrolling with"). 2. Delete all references to "refer" including "referred," "referring," and any other variations of the word "refer" and replace with "certify" including "certified," "certifying," "certification," and any other necessary variations of the word "certify," including revision of prior or preceding modifier (e.g., "referring with" revised to "certifying with").	1. Per 42 C.F.R. section 424.502, the definition of “enrollment” now includes the process that Medicare uses to establish eligibility to order or certify Medicare-covered items and services. For this reason, we must change the previously-used term “registration” to “enrollment.” 2. Section 424.507(b), uses the term “certify” as opposed to “refer.” “Certify” is the appropriate term to use when referring to such services. We are therefore utilizing this term (as opposed to “refer”) throughout this document.
TITLE PAGE	"Registration for Eligible Ordering and Referring Physicians and Non-Physician Practitioners" was revised to "Enrollment for Eligible Ordering, Certifying Physicians, and Other Eligible Professionals"	Language updated per 42 C.F.R. section 424.502 and 424.507(b) as stated above.
PAGE 1	1. Defined "eligible professionals" 2. Removed interns and fellows the list of physicians and eligible professionals who may enroll in Medicare solely for the purpose of ordering and certifying. 3. Defined "licensed residents" 4. Added "retired physicians who are licensed" to the list of physicians and eligible professionals who may enroll in Medicare solely for the purpose of ordering and certifying. 5. Changed "...placed on the Medicare Ordering and Referring Registry..." with "...listed on a CMS database…"	1. Defined 'eligible professionals" by providing site (42 C.F.R. section 413.75(b)) for better provider understanding. 2. Interns and fellows are not eligible to enroll in Medicare because they do not have Medical licenses. 3. Defined licensed residents by providing site (42 C.F.R. section 413.75(b)) for better provider understanding. 4. Retired physicians added due to their inclusion in section 1848(k)(3)(B) of the Social Security Act) allowing eligible professionals to order and certify. 5. The Medicare Ordering and Referring Registry will be replaced with a CMS database as the ordering and referring registry is no longer accurate as it does not include the new policies and regulations required by new health care law provisions. The new language of "listed on a CMS database" was supplied by OGC.

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Section Number	Change	Reason
SECTION 1	Section 1B - reformatted list and bolded instructions and removed inters and fellows. Added checkbox for "Retired physicians who are licensed"	Section 1B - Clarified format and instructions to clarify provider understanding. Interns and fellows are not eligible to enroll in Medicare because they do not have Medical licenses. Retired physicians added due to their inclusion in section 1848(k)(3)(B) of the Social Security Act) allowing eligible professionals to order and certify.
SECTION 2	No changes or updates.	n/a
SECTION 3	1. Section 3A - simplified "1. If you were, within the last 10 years preceding enrollment/registration, convicted of a Federal or State felony offense, you must report it in this section. Reportable offenses include, but are not limited to: • Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; • Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; • Any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and • Any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act." to "1. Any federal or state felony convictions (as defined in 42 C.F.R. section 1001.2) within the preceding 10 years." 2. Section 3B - added "…and/or Medicaid…" after the words "Medicare" to 5.	1. Section 3A - Language simplification is to align the language with CMS-6045 ("Medicare Program; Requirements for the Medicare Incentive Reward Program and Provider Enrollment"). 2. Section 3B - CMS can revoke Medicare enrollment under 424.535(a)(12) if the provider/supplier's Medicaid billing privileges are terminated or revoked by a State Medicaid Agency.

2015 CMS 855O REVISIONS

Section Number	Change	Reason
SECTION 4	1. Section 4A - Revised "Oral Surgery (Dentist only)" into two categories ("Oral Surgery" and "Dentist"). 2. Section 4A - Added new physician specialty "Interventional Cardiology". 3. Section 4B - Revised title of section from "B. Non-Physician Specialty" to "Eligible Professional or Other Non-Physician Specialty Type". 4. Section 4B - Replaced "...a non-physician practitioner,..." with "...an eligible professional (as defined in section 1848(k)(3)(B) of the Social Security Act),.." in line 1 of instructions. 5. Section 4B - replaced "...non-physician practitioner…" with "...individuals…" in line 2 of instructions. 6. Section 4B - added 5 Specialty Types - "Physical Therapist", Occupational Therapist", "Qualified Audiologist", "Qualified Speech-Language Pathologist", and "Registered Dietician or Nutrition Professional".	1. Section 4A - “Oral Surgery (Dentist only)” was split into two categories because CMS determined that some providers only provide oral surgery services, while other providers only provide dental services. The differences in physician specialties relate to provider enrollment requirements. 2. Section 4A - CR 8812 created a new specialty code C3 for Interventional Cardiology, effective January, 2015. 3. - 5. Section 4B - language updated per 42 C.F.R. section 424.502 and 424.507(b) and (4.) provided site for "eligible professionals" for provider clarification. 6. Section 4B - Error correction - this creates a uniform specialty type standards across the applicable CMS 855 applications.
SECTION 5	Minor text corrections were made to clarify instructions and delete redundancy.	Clarified instructions for better provider understanding.
SECTION 6	Indicated Section 6 was optional and made minor text corrections to clarify instructions and delete redundancy.	A portion of providers/suppliers did not want or need a contact person. Allowing it to be an optional field allows for MAC systems processing without the need for development of a contact person. Also, clarified instructions for better provider understanding.
SECTION 7	No changes or updates.	n/a
SECTION 8	1. Section 8A - replaced # 5 of Certification Statement with updated language from OGC. 2. Section 8B - removed requirement of signing with blue ink.	1. Section 8A - OGC updated certification statement language to include additional regulation references. 2. Section 8B - requirement was cumbersome and unnecessary for both providers and Medicare Administrative Contractors.
Medicare Supplier Enrollment Application Privacy Act Statement	Corrected website address in paragraph 4.	Error correction.