2015 CMS 8550 REVISIONS

| Section Number | <u>Change</u> | <u>Reason</u> |
|-------------------|---|---|
| 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 | "Registration for Eligible Ordering and Referring Physicians | 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." 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 | 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 | Defined "eligible professionals" Removed interns and fellows the list of physicians and eligible professionals who may enroll in Medicare solely for the purpose of ordering and certifying. Defined "licensed residents" 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. Changed "placed on the Medicare Ordering and Referring Registry" with "listed on a CMS database" | Defined 'eligible professionals" by providing site (42 C.F.R. section 413.75(b)) for better provider understanding. Interns and fellows are not eligible to enroll in Medicare because they do not have Medical licenses. Defined licensed residents by providing site (42 C.F.R. section 413.75(b)) for better provider understanding. 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. 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 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 | section 1001.2) within the preceding 10 years." 2. Section 3B - added "and/or Medicaid" after the | |

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| SECTION 4 | 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", | 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. Section 4A - CR 8812 created a new specialty code C3 for Interventional Cardiology, effective January, 2015. - 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. 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 | Section 8A - replaced # 5 of Certification Statement with updated language from OGC. Section 8B - removed requirement of signing with blue ink. | Section 8A - OGC updated certification statement language to include additional regulation references. 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. |