

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES





Physicians, non-physician practitioners, and other Part B suppliers must enroll in the Medicare Program to be eligible to receive Medicare payment for covered services provided to Medicare beneficiaries. This fact sheet provides education on basic Medicare enrollment information and how to ensure physicians and certain Part B suppliers are qualified and eligible to enroll in the Medicare Program.

Please note, this fact sheet does not pertain to suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) that are organizations. Please refer to “The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers,” which can be found at http://www.cms.gov/MLNProducts/downloads/MedEnroll_PECOS_DMEPOS_FactSheet_ICN904283.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

The Medicare Enrollment Application

The Medicare enrollment application is used to collect a provider’s information and to secure the documentation necessary to ensure that he or she is qualified and eligible to enroll in the Medicare Program. Suppliers use three different CMS enrollment application forms to enroll or change their Medicare enrollment information. Their use is dependent upon the supplier type and enrollment scenario. The enrollment applications are:

- **Medicare Enrollment Application for Physicians and Non-Physician Practitioners (Form CMS-855I)** – This application is used by individual physicians or non-physician practitioners to initiate the Medicare enrollment process or to change their Medicare enrollment information.
- **Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers (Form CMS-855B)** – This application is used by group practices and other organizational suppliers, except DMEPOS suppliers, to initiate the Medicare enrollment process or to change their Medicare enrollment information.
- **Medicare Enrollment Application for Reassignment of Medicare Benefits (Form CMS-855R)** – This application is used to initiate a reassignment of a right to bill the Medicare Program and receive Medicare payments.

NOTE: Only individual physicians and non-physician practitioners can reassign the right to bill the Medicare Program.

Enrollment and the Requirement to Obtain a National Provider Identifier (NPI)

Physicians, non-physician practitioners, and other Part B suppliers must obtain a National Provider Identifier (NPI) prior to applying for enrollment in the



Medicare Program. Enrolling in Medicare authorizes you to bill and be paid for covered services furnished to Medicare beneficiaries.

If you do not already have an NPI, you may apply for an NPI at <https://nppes.cms.hhs.gov>, or by completing the CMS-10114 (NPI Application/Update Form) and mailing it to the NPI Enumerator (the mailing address is listed on the form). For assistance, please call the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

How to Enroll

Physicians, non-physician practitioners, and other Part B suppliers can apply for enrollment in the Medicare Program or make a change in their enrollment information by using either:

- The Internet-based Provider Enrollment, Chain and Ownership System (PECOS); or
- The paper enrollment application process (Form CMS-855).

For additional information about the Medicare enrollment process, including Internet-based PECOS, visit the Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.

How to Report Changes

Physicians, non-physician practitioners, physician and non-physician practitioner organizations, Independent Diagnostic Testing Facilities (IDTFs), and other Part B suppliers can submit a change of information using Internet-based PECOS or the paper application used to initiate the Medicare enrollment process. Physicians, non-physician practitioners, physician and non-physician practitioner organizations, and IDTFs must report a change of ownership or control, change in practice location, or final adverse action within 30 days of the reportable event. All other changes must be submitted within 90 days of the reportable event.

Definition and Benefits of Participation

In Medicare, “participation” means that a provider agrees to always accept assignment of claims for all services you furnish to Medicare beneficiaries. By agreeing to always accept assignment, you agree to always accept Medicare-allowed amounts as payment in full and not to collect more than the Medicare deductible and coinsurance or copayment from

the beneficiary. Unlike many private insurance plans, the Social Security Act requires you to submit claims for Medicare beneficiaries whether you participate or not.

If you decide to participate in the Medicare Program as a participating supplier, submit a participation agreement, using the Medicare Participating Physician or Supplier Agreement (Form CMS-460). It should be submitted simultaneously with the Medicare enrollment form. Although you have up to 90 days to submit the agreement, your physician benefits listed below will not start until the agreement is submitted. There is a CMS annual participation period, which is generally conducted in November. The benefits of Medicare participation include:

- Medicare reimbursement is 5 percent higher than it is for those who do not participate;
- Medicare payments are issued directly to the physician/supplier because the claims are always assigned; and
- Claim information is forwarded to Medigap (Medicare supplemental coverage) insurers.

Enrollment Process

When you are ready to enroll or make changes to your enrollment information, visit the Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> to access and download a paper Medicare enrollment application, access and learn about Internet-based PECOS, find responses to frequently asked questions, and find telephone and mailing address information for the Medicare enrollment contractor (i.e., carrier or A/B Medicare Administrative Contractor) serving your area.

To initiate the enrollment process, physicians and the following non-physician practitioners must complete Form CMS-855I and, if they reassign their benefits to another entity, Form CMS-855R.

Non-physician practitioner suppliers include:

- Anesthesiology Assistants;
- Audiologists;
- Certified Nurse Midwives;
- Certified Registered Nurse Anesthetists;

Enrollment Process Enhancements

Filing and tracking Medicare enrollment records and specialty status in Internet-based PECOS has never been easier!

Recent enhancements provide an improved submission process, simpler directions for signing up, a clearer process for follow-up, and a **15-day submission** time frame to submit signed paperwork (instead of 7 days).

A **new application status module** has been added for checking whether enrollment applications have been:

- Received by the Medicare enrollment contractor;
- Reviewed by the Medicare enrollment contractor;
- Returned for additional information; or
- Approved or rejected.



- Clinical Nurse Specialists;
- Clinical Social Workers;
- Nurse Practitioners;
- Occupational Therapists in private practice;
- Physical Therapists in private practice;
- Physician Assistants;
- Psychologists billing independently;
- Psychologists, Clinical; and
- Registered Dietitians or Nutrition Professionals.

The following Part B suppliers must complete the CMS-855B:

- Advanced Diagnostic Imaging Facilities,
- Ambulance Service Suppliers,
- Ambulatory Surgical Centers (ASCs),
- Competitive Acquisition Program (CAP)/Part B Drug Vendors,
- Hospital Departments,
- IDTFs,
- Independent Clinical Laboratories,
- Mammography Centers,
- Mass Immunization (Roster Biller Only),
- Multi-Specialty Clinics,
- Pharmacies,
- Physical/Occupational Therapy Groups in private practice,
- Portable X-ray Facilities,
- Public Health/Welfare Agencies,
- Radiation Therapy Centers, and
- Single Specialty Clinics.

If your supplier type is not listed above, please contact your designated Medicare enrollment contractor before you complete and submit a Medicare enrollment application.

There is no application fee for physicians, non-physician practitioners, physician organizations, and non-physician organizations. **Effective March 25, 2011**, all institutional providers of medical or other items or services or suppliers must pay an application fee. (“Institutional provider” includes any provider or supplier that submits a paper Medicare enrollment application using Form CMS-855A, Form CMS-855B [not including physician and non-physician practitioner organizations], Form CMS-855S, or the associated Internet-based PECOS enrollment applications.) The application fee will vary from year to year.

NOTE: CMS and its contractors will not be able to process any applications without the proper application fee having been paid and credited to the United States Treasury or an approved hardship exception. If the fee or the hardship exception is not submitted with the CMS enrollment, the application will be rejected or billing privileges revoked (as applicable). The provider or supplier must pay the application fee electronically through <http://www.pay.gov> on the Internet, via credit card or debit card. CMS will provide to Medicare enrollment contractors, on a regular basis, a listing of providers and suppliers that have paid an application fee. However, providers and suppliers are strongly encouraged to submit a copy of their <http://www.pay.gov> receipt of payment with their application. Requests for hardship exceptions should be submitted to the Medicare enrollment contractor. CMS will make a determination on whether to grant the request on a case-by-case basis.

Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.
- To access Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. To report an Internet-based PECOS navigation, access, or printing problem, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to EUSsupport@cgi.com.
- Please contact the designated Medicare enrollment contractor for your State about any additional questions regarding the Medicare enrollment process. Medicare provider enrollment contact information for each State can be found at http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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