

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



The Medicare Learning Network® has released a new CD-ROM titled “The Interactive Guide to the Medicare Learning Network.” This CD-ROM allows for a two-way flow of information between Fee-For-Service (FFS) providers and the Medicare Learning Network (MLN). Providers and other healthcare professionals can link directly from the products described on the CD-ROM to the MLN web pages and the MLN Catalog of Products. Once there, users can then confidently download and print copies of the most up-to-date and accurate MLN products. To order the CD-ROM through the MLN Product Ordering System, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> on the CMS website.

MLN Matters® Number: MM7097 **Revised** Related Change Request (CR) #: 7097
Related CR Release Date: September 1, 2011 Effective Date: October 18, 2010
Related CR Transmittal #: R387PI Implementation Date: October 18, 2010

Eligible Physicians and Non-Physician Practitioners who need to Enroll in the Medicare Program for the Sole Purpose of Ordering and Referring Items and Services for Medicare Beneficiaries

Note: This article updated on January 26, 2015, to add a reference to MLN Matters® article SE1311 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf>) that advises ordering and referring providers what information they must provide in a written affidavit to their Medicare contractor when they opt-out of Medicare. All other information remains the same.

Provider Types Affected

This article is intended for physicians and non-physician practitioners who are eligible to order and refer items and services for Medicare beneficiaries and who are enrolling in Medicare for the sole purpose of ordering or referring.

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What You Need to Know

CR 7097, from which this article is taken, announces that physicians and non-physician practitioners will need to enroll in the Medicare program so they can order and refer items and services for Medicare beneficiaries.

The enrollment requirement is applicable to those physician and non-physician practitioners of a profession eligible to order and refer who are:

- Employed by the Department of Veterans Affairs (DVA), Public Health Service (PHS), Department of Defense (DOD) TRICARE, or by Medicare enrolled Federally Qualified Health Centers (FQHC), Rural Health Clinics, (RHC), or Critical Access Hospitals (CAH);
- Physicians in a fellowship; or
- Dentists, including oral surgeons.
- Other employed eligible physicians and non-physician practitioners

Background

On May 5, 2010, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register an Interim Final Rule with Comment (IFC) regulation titled, “Medicare and Medicaid Programs; Changes in Provider and Supplier Enrollment, Ordering and Referring, and Documentation Requirements; and Changes in Provider Agreements.” This IFC proposed requirements to implement several of the provisions of the Patient Protection and Affordable Care Act (Affordable Care Act, or ACA) (Pub. L. 111-148) designed to support the Administration’s efforts to prevent and detect fraud, waste and abuse in the Medicare and Medicaid programs, and to ensure quality care for beneficiaries.

Specifically, this regulation proposed requirements to implement section 6405 of the ACA, which (effective July 6, 2010) requires home health agencies and certain Part B suppliers to include, on a claim, the legal name and National Provider Identifier (NPI) of the physician or non-physician practitioner who ordered or referred the billed items or services for the beneficiary.

This action means that Medicare will reimburse claims from providers and suppliers who furnished, ordered, or referred items or services to Medicare beneficiaries **only** when the ordering/referring provider identified in those claims is of an eligible discipline as noted in the following list, and is also enrolled in the Medicare program (has an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)) at the time of the service:

- Doctor of medicine or osteopathy;
- Doctor of dental medicine;
- Doctor of dental surgery;
- Doctor of podiatric medicine;
- Doctor of optometry;
- Physician assistant;
- Certified clinical nurse specialist;

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- Nurse practitioner;
- Clinical psychologist;
- Certified nurse midwife; and
- Clinical social worker.

Further, while most physicians and non-physician practitioners enroll in the Medicare program to furnish covered services to Medicare beneficiaries, in implementing this section of the ACA, the Centers for Medicare & Medicaid Services (CMS) has become aware of certain physicians and non-physician practitioners who only order or refer items and services for Medicare beneficiaries—the services they furnish to Medicare beneficiaries are not reimbursable by the Medicare program. CR 7097 announces that such physicians and non-physician practitioners will need to enroll in the Medicare program in order to be able to continue to order or refer items or services for Medicare beneficiaries.

Specifically, if you order or refer items or services for Medicare beneficiaries and (1) you are employed by the Department of Veterans Affairs (DVA), the Public Health Service (PHS), the Department of Defense (DOD) TRICARE; or by a Medicare enrolled Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Critical Access Hospital (CAH), (2) you are in a fellowship, or (3) you are a dentist or oral surgeon, you will need to enroll in Medicare using the modified enrollment process described below. (Any provider can enroll for the sole purpose of ordering or referring, regardless of who their employer is.)

Modified Enrollment Process for Physicians and Non-Physician Practitioners who are Enrolling Solely to Order and Refer

To enroll in Medicare for the sole purpose of ordering or referring items or services, you must do the following:

1. Complete the following sections paper of form CMS-855I (“Medicare Enrollment Application for Physicians and Non-Physician Practitioners”):
 - Section 1 – Basic Information (you 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; and
 - Section 15 - Certification Statement (must be signed and dated—blue ink recommended).
2. You must include a cover letter with this enrollment application stating that you are enrolling for the sole purpose of ordering and referring items or services for a Medicare beneficiary and cannot be reimbursed by the Medicare program for services that you may provide to Medicare beneficiaries.
3. Mail the completed enrollment application and cover letter to your designated Medicare enrollment contractor, which you can find at

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http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.

Your designated Medicare enrollment contractor will verify that the information you provided on the application meets the Medicare requirements for your profession (supplier type) and, if approved, will enter the data into PECOS. This will place you on the Ordering Referring File that is available on the Medicare provider/supplier enrollment web site (<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html>) and the information will be in the Medicare claims system so that claims for the items or services you ordered or referred can be paid. The designated Medicare contractor will send you a letter notifying you that you are enrolled in the Medicare program for the sole purpose of ordering and referring items or services for Medicare beneficiaries.

- Notes:**
- 1) When enrolling, you do not have to complete the CMS 460, Medicare Participating Physician or Supplier Agreement or the CMS 588, Electronic Funds Transfer (EFT) Authorization Agreement, in with the CMS-855I application. Also, license information received from a physician or practitioner employed by DVA or DOD may be active in a state other than the DVA or DVA location.
 - 2) Since the abbreviated application does not require you to complete section 4 and CMS is requiring a cover letter, the Medicare enrollment contractors will reject your application if section 4 is blank and a cover letter is not attached.
 - 3) You are not permitted to be reimbursed by Medicare for services you may furnish to Medicare beneficiaries.
 - 4) If, in the future, you wish to be reimbursed by Medicare for services performed, you must submit the full enrollment application via the paper application(s) (CMS-855) or Internet-based PECOS; the Medicare enrollment contractor will deactivate the current information.

Additional Information

You can find more information about enrolling in Medicare for the sole purposes of ordering and referring by going to CR 7097, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R387PI.pdf> on the CMS website. You will find the updated *Medicare Program Integrity Manual, Chapter 15* (Medicare Provider/Supplier Enrollment), Section 16.1 (Ordering/Referring Providers Who Are Not Enrolled in Medicare) as an attachment to that CR.

If you have any questions, please contact your carrier or Medicare Administrative Contractor (A/B MAC) at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Additional Article Updates

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The CR was revised to delete chiropractors from the list of providers who may order and/or refer. In addition, a reference to MLN Matters® Article SE1201 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1201.pdf>) was added to provide important reminders on the requirements for Ordering and Referring Physicians.

MM7723 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7723.pdf>) has updated information regarding the processing of Form CMS 8550, including initial applications for ordering/referring providers, change of information and revocations.

MLN Matters® article SE1311 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf>) that advises ordering and referring providers what information they must provide in a written affidavit to their Medicare contractor when they opt-out of Medicare.

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