

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



News Flash – Has Medicare sent you a notice to revalidate your enrollment? If you are not sure, you can find lists of providers sent notices to revalidate their Medicare enrollment by scrolling to the "Downloads" section at http://www.CMS.gov/MedicareProviderSupEnroll/11_Revalidations.asp on the Centers for Medicare & Medicaid Services (CMS) website. That site currently contains links to lists of providers sent notices from September, 2011 through January, 2012. Information on revalidation letters sent in February will be posted in late March. For ease of reference, the lists are in order by National Provider Identifier and the date the notice was sent.

MLN Matters® Number: MM7723 **Revised** Related Change Request (CR) #: 7723
Related CR Release Date: March 2, 2012 Effective Date: June 4, 2012
Related CR Transmittal #: R410PI Implementation Date: June 4, 2012

Instructions for Processing Form CMS-855O Submissions

Note: This article was revised on January 26, 2015, to include a link to article SE1311, which includes important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries. All other information remains unchanged.

Provider Types Affected

This MLN Matters® Article is intended for physicians and non-physician practitioners who submit a Form CMS-855O for the sole purpose of ordering and referring items and/or services to beneficiaries in the Medicare program.

What You Need to Know

This article is based on Change Request (CR) 7723, which furnishes instructions to Medicare contractors (carriers and Medicare Administrative Contractors (A/B MACs))

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regarding the processing of Form CMS-855O submissions. Specific topics in CR 7723 include, but are not limited to: (1) initial applications, (2) changes of information, and (3) revocations. Model letters that Medicare contractors will use in communicating with providers on these issues are also provided in CR7723, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R410PI-.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Background

Generally, depending upon State law, the following physicians and non-physician practitioners are permitted to order or refer items or services for Medicare beneficiaries:

- Doctors of medicine or osteopathy;
- Doctors of dental surgery or dental medicine;
- Doctors of podiatry;
- Doctors of optometry;
- Physician assistants;
- Certified clinical nurse specialists;
- Nurse practitioners;
- Clinical psychologists;
- Certified nurse midwives; and
- Clinical social workers.

Most physicians and non-physician practitioners enroll in Medicare so they can receive reimbursement for covered services to Medicare beneficiaries. However, some physicians and non-physician practitioners who are not enrolled in Medicare via the Form CMS-855I may wish to order or refer items or services for Medicare beneficiaries. These individuals can become eligible to do so by completing the Form CMS-855O via paper or the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) process.

It is important to note that physicians and non-physician practitioners that complete the Form CMS-855O do not and will not send claims to a Medicare contractor for services they furnish. They are not afforded Medicare billing privileges for the purpose of submitting claims to Medicare directly for services that they furnish to beneficiaries.

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Key Points of CR7723

- Upon receipt of an initial Form CMS-8550 or a Form CMS-8550 change of information request (or a certification statement for PECOS submissions), the Medicare contractor shall pre-screen the form.
- Unless stated otherwise in another CMS directive, the contractor shall verify all of the information on an initial Form CMS-8550 submission.
- If, at any time during the pre-screening or verification process for an initial Form CMS-8550 submission or a Form CMS-8550 change of information request, the contractor needs additional or clarifying information from the supplier, it shall follow existing CMS instructions for obtaining this data.
- Upon completion of its review of an initial Form CMS-8550 submission or a Form CMS-8550 change of information request, the contractor shall approve, deny, or reject the submission.
- The contractor shall reject an initial Form CMS-8550 submission or a Form CMS-8550 change of information request, if the supplier fails to furnish all required information on the form within 30 calendar days of the contractor's request to do so.
- When denying or rejecting a Form CMS-8550 submission, the contractor shall: (1) switch the PECOS record to a "denied" or "rejected" status (as applicable), and (2) send a letter to the supplier notifying him or her of the denial or rejection and the reason(s) for it.
- For suppliers whose Form CMS-8550 submissions are approved, the contractor shall treat the supplier as a non-participating supplier.
- If the contractor approves an initial Form CMS-8550 submission, the contractor shall: (1) switch the PECOS record to an "approved" status, and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the approval.
- If the contractor determines that grounds exist for revoking a supplier's Form CMS-8550 enrollment, it shall: (1) switch the supplier's PECOS record to a "revoked" status, (2) end-date the PECOS record, and (3) send a letter to the supplier stating that his or her Form CMS-8550 enrollment has been revoked.

Additional Information

The official instruction, CR 7723 issued to your carrier or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R410PI-.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and->

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[Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html](http://www.cms.gov/MLNMonitoring-Programs/provider-compliance-interactive-map/index.html) on the CMS website.

See MLN Matters® Article SE1201

(<http://www.cms.gov/MLNMattersArticles/downloads/SE1201.pdf>) for additional information that relates to ordering/referring providers and to SE1208

(<http://www.cms.gov/MLNMattersArticles/downloads/SE1208.pdf>) for further information on the 8550 Medicare Enrollment Application, Ordering and Referring Physicians and Other Eligible Professionals.

Important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries is available in MLN Matters® Article SE1311 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf> on the CMS website.

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