



**News Flash** – On June 9, 2009, the Centers for Medicare & Medicaid Services (CMS) conducted a national provider conference call on the HIPAA Versions 5010 and D.O. You can view the presentation, transcript and listen to the audiofile from that call by accessing [http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/6-9-2009\\_National\\_Provider\\_Call.pdf](http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/6-9-2009_National_Provider_Call.pdf) on the CMS website.

MLN Matters® Number: SE0924

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

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Implementation Date: N/A

**Note:** This article was updated on January 25, 2013, to reflect current Web addresses. All other information remains unchanged.

## Announcing the Release of the Revised CMS-855 Medicare Enrollment Applications

### Provider Types Affected

This article is for all Medicare physicians, non-physician practitioners, and other suppliers (excluding suppliers of durable medical equipment, prosthetics, orthotics, and supplies).

### Background

Based on the publication of the final rule with comment titled, "Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2009; Revisions to the Amendment of the E-Prescribing Exemption for Computer Generated Facsimile Transmissions; and the Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) (CMS-1403-FC/CMS-1270-F2," the Centers for Medicare & Medicaid Services (CMS) issued revised Medicare enrollment applications for physicians, non-physician practitioners and other suppliers (except DMEPOS suppliers) using the CMS-855B and/or the CMS-855I to enroll or make a change in their enrollment information.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2008 American Medical Association.

While Medicare contractors will continue to accept the 02/2008 version of the Medicare enrollment application through November 30, 2009, **physicians, non-physician practitioners, and other suppliers should begin to use the new Medicare enrollment applications (i.e., “(02/2008) (EF 07/2009)”) immediately.** Initially, these applications will be available only from the CMS provider enrollment website. The link for that CMS website is listed in the *Additional Information* section of this article. In the coming weeks, these forms will also be available from the Medicare carriers and A/B Medicare Administrative Contractors (MACs).

## Key Points

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This Special Edition outlines the significant revisions to the Medicare CMS-855B and CMS-855I enrollment applications and they are as follows:

### ***Application-Specific Changes for Physicians and Non-Physician Practitioners (CMS-855I)***

- Incorporated conforming regulatory changes throughout the application;
- Added Speech Language Pathologist to pages 1 and 9;
- Changed the term “adverse legal action” to “final adverse action” throughout the document;
- Removed the reference to the Healthcare Integrity and Protection Data Bank from page 12;
- Clarified that a “individual (type 1) NPI” should be provided on page 4;
- Revised and clarified #2 on the Certification Statement (page 25);
- Added the phrase “(blue preferred)” after “All signatures must be original and signed in ink” on page 26.

### ***Application-Specific Changes for Clinics/Group Practices and Certain Other Suppliers (CMS-855B)***

- Incorporated conforming regulatory changes throughout the application;
- Removed “Slide Preparation Facility” from pages 1 and 9;
- Removed “Public Health/Welfare Agency” from page 9;
- Removed the sentence “If you are a single specialty clinic/group practice, the specialty must be reported” from page 9;
- Changed the term “adverse legal action” to “final adverse action” throughout the document;
- Removed the reference to the Healthcare Integrity and Protection Data Bank from page 11;
- Revised and clarified #1 on the Certification Statement (page 30); and

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- Added the phrase “(blue preferred)” after “All signatures must be original and signed in ink” on pages 31, 32, 33, and 46.

In addition, and consistent with CMS’ Change Request 6499, the supporting documentation sections of the CMS-855I and CMS-855B applications have been revised to limit the amount of supporting documentation required when submitting the Medicare enrollment application.

## Additional Information

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For additional information regarding the Medicare enrollment process, including the mailing address and telephone number for the carrier or A/B MAC serving your area, visit the CMS provider enrollment website at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

Also, Special Edition article SE0612 contains helpful information about the Medicare enrollment process. You may review the article at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0612.pdf> on the CMS site.

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