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

Medicare Enrollment Guidelines for Ordering/Referring Providers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES

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The Affordable Care Act requires physicians, or other eligible non-physician practitioners (NPPs), to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries. This includes those physicians and other eligible NPPs who **do not and will not** send claims to a Medicare Administrative Contractor (MAC) for their services.

Please Note

The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

The Centers for Medicare & Medicaid Services (CMS) permits such physicians and other eligible NPPs to enroll for the sole purpose of ordering/referring items or services for Medicare beneficiaries.

NOTE We use "you" in this publication to refer to physicians and other eligible NPPs.

This fact sheet outlines the requirements for ordering/referring items or services under Medicare. First, we describe the enrollment requirements for ordering/referring physicians and other eligible NPPs. Then, we explain how ordering/referring providers can enroll in Medicare for the sole purpose of ordering/referring items and services.

Ordering/Referring Terms

Medicare Part B claims use the term "ordering/referring provider" to denote the person who ordered, referred, or certified an item or service reported in that claim. To view the comments to the Final Rule, visit https://www.gpo.gov/fdsys/pkg/FR-2012-04-27/pdf/2012-9994.pdf on the Internet. Use the following technically correct terms:

1. A provider "**orders**" non-physician items or services for the beneficiary, such as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), clinical laboratory services, or imaging services; and
2. A provider "**certifies**" home health services for a beneficiary.

The health care industry uses the terms "ordered," "referred," and "certified" interchangeably. CMS uses the term "ordered/referred" on its website and in educational materials directed to a broad provider audience.

Ordering/Referring Requirements

Any Medicare-enrolled Part B organizational provider, DMEPOS supplier, or Part A Home Health Agency (HHA) provider may submit claims with ordering/referring information.

The **three basic requirements** for ordering/referring are:

1. The ordering/referring provider's National Provider Identifier (NPI) must belong to an individual physician/NPP.

   NOTE Organizational NPIs do not qualify and **cannot** order/refer.

2. The physician/NPP must be enrolled in Medicare in either an "approved" or an "opt-out" status.
3. The physician/NPP must be of a specialty type that is eligible to order/refer.

MACs deny the following claims if they lack a valid individual NPI:

- Claims from clinical laboratories for ordered tests;
- Claims from imaging centers for ordered imaging procedures;
- Claims from suppliers of DMEPOS for ordered DMEPOS; and
- Claims from Part A HHAs.

If a billed service requires an ordering/referring provider and one is not present on the claim, the MAC will deny the claim. In addition to a valid individual NPI, the claim must contain the ordering/referring provider's name as it appears in the Provider Enrollment, Chain, and Ownership System (PECOS).

Requirement 1: You Must Have an Individual NPI

There are two types of NPIs: Type 1 and Type 2. An individual's NPI is Type 1, and an organization's NPI is Type 2. **Medicare allows only Type 1 NPIs for ordering/referring purposes.**

You can apply for an NPI in one of three ways:

1. **Online Application:** Apply through the online application process. Visit the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/NPPES/Welcome.do on the Internet.
2. **Paper Application:** Complete, sign, and mail a paper application to the NPI Enumerator address listed on the form. For a copy of the application (Form CMS-10114, "NPI Application/Update Form"), refer to https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf on the CMS website. To request a hard copy application from the NPI Enumerator, call 1-800-465-3203 or TTY 1-800-692-2326, or email customerservice@npienumerator.com.
3. **Bulk Enumeration:** Give permission to have an Electronic File Interchange Organization (EFIO) submit your application through a bulk enumeration process. For more information on this option, visit https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/efi.html on the CMS website.

Not Sure If You Have an NPI?

Search for your NPI on the NPPES website at https://npiregistry.cms.hhs.gov on the Internet.

Requirement 2: You Must Be Enrolled in Medicare in an "Approved" or "Opt-Out" Status

Once you have an NPI, verify you have a current Medicare enrollment record, in an "approved" or "opt-out" status, in PECOS that **includes** your NPI. Table 1 details four options to verify that your current enrollment record exists in PECOS.

Table 1. Options to Verify Your Current Enrollment Record Exists in PECOS

Verification Option	Enrollment Record Is Current If:
Refer to the Medicare Ordering and Referring files available at https://data.cms.gov/Medicare/Order-and-Referring/qcn7-gc3g (for physicians/NPPs) and https://data.cms.gov/Medicare/Order-and-Referring-PMD/g6jg-y93m (for DMEPOS suppliers) on the Internet.	You are identified on the report.
Visit PECOS at https://pecos.cms.hhs.gov/pecos/login.do to locate your enrollment record.	Your enrollment record displays a status of "approved" or "opt-out."
Contact your Medicare enrollment contractor and ask if you have an enrollment record in PECOS. To identify your Medicare enrollment contractor, refer to the "Medicare Fee-For-Service Provider Enrollment Contact List" at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website.	Your Medicare enrollment contractor confirms your enrollment record.
If you submitted an enrollment application for ordering/referring purposes on paper (Form CMS-855O) or via PECOS and want to check the status, refer to the ordering/referring pending initial files at https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9 (for physicians) and https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck (for NPPs) on the Internet. Remember that these applications have not been fully processed and are awaiting contractor review.	Your enrollment application is pending contractor review if you are on the report.

If you do not have an enrollment record in PECOS, refer to the "How Do I Enroll in Medicare as an Ordering/Referring Provider?" section of this fact sheet.

Requirement 3: You Must Be Eligible to Order/Refer

Only Medicare-enrolled individual physician/NPPs of a certain specialty type may order/refer for **Medicare Part B and DMEPOS** beneficiary services. These individuals include:

- Certified Nurse-Midwives;
- Clinical Nurse Specialists;
- Clinical Psychologists;
- Clinical Social Workers;
- Interns, Residents, and Fellows;
- Nurse Practitioners;
- Optometrists (may order/refer only laboratory and X-ray services payable under Medicare Part B and DMEPOS products/services);
- Physician Assistants; and
- Physicians (Doctors of Medicine or Osteopathic Medicine, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, or Doctors of Optometry).

NOTE This includes providers and suppliers employed by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), the Department of Veterans Affairs (DVA), the Department of Defense (DoD), or the Public Health Service (PHS) that order/refer items or services for Medicare beneficiaries.

Medicare-enrolled individual physicians of a certain specialty type may order/refer for Part A.

These individuals include:

- Doctors of Medicine or Osteopathic Medicine; and
- Doctors of Podiatric Medicine.

Interns and Residents

For claims for items or services ordered/referred by interns and residents, the claims must specify the name and NPI of a teaching physician. State-licensed residents may enroll to order/refer and claims may list them. Claims for covered items and services from unlicensed interns and residents must still specify the name and NPI of the teaching physician. However, if States provide provisional licenses or otherwise permit residents to order/refer services, CMS allows interns and residents to enroll to order/refer, consistent with State law.

Requirements for Ordering/Referring

1 NPI

The ordering/referring provider's NPI must be for an individual physician/NPP

Apply or verify NPI online

https://nppes.cms.hhs.gov/NPPES/Welcome.do

2 ENROLL

The physician/NPP must be enrolled in Medicare in either an "approved" or an "opt-out" status

Apply or verify enrollment online

https://pecos.cms.hhs.gov/pecos/login.do

3

The physician or NPP must be of a specialty type that is eligible to order and refer

Part B and DMEPOS

- Certified Nurse-Midwives;
- Clinical Nurse Specialists;
- Clinical Psychologists;
- Clinical Social Workers;
- Interns, Residents, and Fellows;
- Nurse Practitioners;
- Optometrists (may order/refer only laboratory and X-ray services payable under Medicare Part B and DMEPOS products/services);
- Physician Assistants; and
- Physicians (Doctors of Medicine or Osteopathic Medicine, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, or Doctors of Optometry)

Part A HHA

- Doctors of Medicine or Osteopathic Medicine; and
- Doctors of Podiatric Medicine

Claims with Ordering/ Referring Information

MACs deny the following claims if they lack a valid individual NPI:

- ☑ Claims from clinical laboratories for ordered tests
- ☑ Claims from imaging centers for ordered imaging procedures
- ☑ Claims from suppliers of DMEPOS for ordered DMEPOS
- ☑ Claims from Part A HHAs

How Do I Enroll in Medicare as an Ordering/Referring Provider?

CMS allows certain physicians and other eligible NPPs to enroll in the Medicare Program for the sole purpose of ordering/referring specific items or services for Medicare beneficiaries.

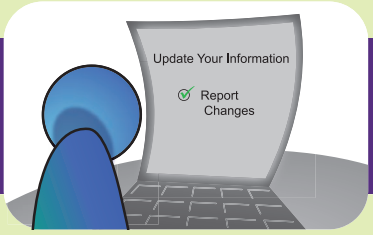
Those who enroll as ordering/referring providers only **may not seek or receive reimbursement** from Medicare for services they furnish. They do not have billing privileges for the purpose of submitting claims to Medicare directly for services provided to Medicare beneficiaries.

Take These Steps to Enroll in the Medicare Program

Step 1: Obtain a National Provider Identifier (NPI)

Step 2: Complete the Proper Medicare Enrollment Application

Step 3: Await Application Processing



Step 4: Keep Your Enrollment Information Up To Date

Step 1: Obtain an NPI

Ordering/referring providers must obtain an NPI prior to applying for enrollment in the Medicare Program. See the previous section, "Requirement 1: You Must Have an Individual NPI" for instructions on obtaining an NPI.

Step 2: Complete the Proper Medicare Enrollment Application

Once you have an NPI, you can apply for enrollment in the Medicare Program, revalidate your enrollment, or change your enrollment information. These actions can be completed via:

- **Online Application:** Visit PECOS, located at https://pecos.cms.hhs.gov/pecos/login.do on the Internet; or
- **Paper Application:** Submit Form CMS-855O, located at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf on the CMS website.

Submit All Enrollment Materials Electronically

You no longer need to mail paper copies of your supporting documentation. For more information, refer to the "Digital Document Repository (DDR) How To Guide" at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DigitalDocumentRepository-HowToGuide.pdf on the CMS website.

Form CMS-855O is the current application used to enroll solely to order/refer. However, if you submitted an abbreviated Form CMS-855I to enroll solely to order/refer prior to the implementation of Form CMS-855O, your enrollment is still valid and you are not required to reapply.

There is **no** application fee for physicians, NPPs, physician organizations, and non-physician organizations.

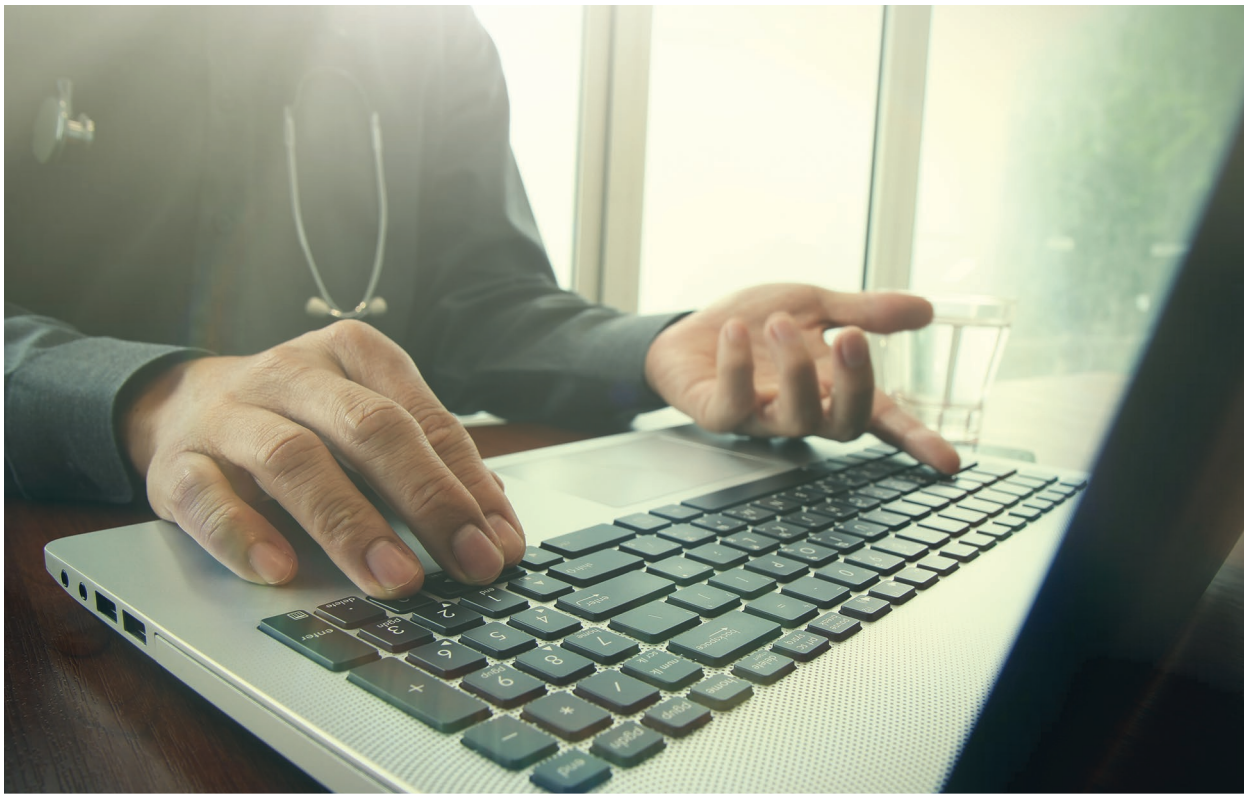
Step 3: Await Application Processing

Your Medicare enrollment contractor pre-screens and verifies all your information on the initial Form CMS-855O. Once your Medicare enrollment contractor approves the application, it will switch the PECOS record to an "approved" status and send you an approval letter.

PECOS is Easy!

We encourage you to use PECOS instead of the paper Medicare enrollment application. Advantages of using Internet-based PECOS include:

- Completely paperless process, including electronic signature and digital document feature;
- Faster than paper-based enrollment;
- Tailored application process means you supply only information relevant to your application;
- More control over your enrollment information, including reassignments;
- Ease in checking and updating your information for accuracy; and
- Less staff time and administrative costs to complete and submit enrollment to Medicare.



Step 4: Keep Your Enrollment Information Up to Date

You can submit a change of information, including a change of address, using PECOS or the paper enrollment application. You must report a change of ownership or control including changes in authorized official(s) or delegated official(s), changes in final adverse legal actions, and any revocation or suspension of a Federal or State license within 30 days of a reportable event. Submit all other changes within 90 days of a reportable event.

Questions?

Refer to "PECOS FAQs" at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909015.html on the CMS website.

Resources

For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll on the CMS website. For further information, refer to the resources in Table 2.

Table 2. Resources

For More Information About…	Resource
CMS External User Services (EUS) Help Desk	To report PECOS navigation, access, or printing problems, contact the CMS EUS Help Desk. Find contact information, including email address, telephone numbers, and live chat, at https://eus.custhelp.com
Identity & Access Management (I&A) System Account Registration	https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do
Initial Non-Physician Applications Pending Contractor Review	https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck
Initial Physician Applications Pending Contractor Review	https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9
Medicare Enrollment Contractor	Contact your Medicare enrollment contractor with any additional questions about the Medicare enrollment process https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Medicare Learning Network® (MLN) Guided Pathways (GPs)	Provider Specific Medicare Resources https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf All Other GP Resources https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html
MLN Connects® National Provider Call "Streamlined Access to PECOS, EHR, and NPPES"	https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-11-15-NPC.html

Table 2. Resources (cont.)

For More Information About…	Resource
MLN Matters® Article MM7097, "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"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7097.pdf
MLN Matters® Article MM7723, "Instructions for Processing Form CMS-855O Submissions"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7723.pdf
MLN Matters® Article MM8239,"Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8239.pdf
MLN Matters® Special Edition Article SE1305, "Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1305.pdf
MLN Matters® Special Edition Article SE1311, "Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf
NPI	https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand
Ordering and Referring Data Files, Approved Physicians/NPPs	https://data.cms.gov/Medicare/Order-and-Referring/qcn7-gc3g

Table 2. Resources (cont.)

For More Information About…	Resource
Ordering and Referring Data Files, Approved to Order/Refer PMDs	https://data.cms.gov/Medicare/Order-and-Referring-PMD/g6jg-y93m
PECOS	https://pecos.cms.hhs.gov/pecos/login.do
PECOS Technical Assistance Contact Information	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243418.html
Video Resources	https://www.youtube.com/playlist?list=PLaV7m2-zFKpia1McB1WKKkw2esAdiZRem

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