MEDICARE ENROLLMENT FOR PROVIDERS WHO SOLELY ORDER OR CERTIFY

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.
**Quick Start Guide**

**Step 1**
Get an NPI
- Check to see if you have one
- If not, apply online, via paper application, or through an EFI

**Step 2**
Enroll
- Online in PECOS
- Via paper application (CMS-855O)

**Step 3**
Respond to requests from your MAC for more information

**Step 4**
Keep enrollment information up to date (use PECOS or paper enrollment form)

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**New Final Rule for Part C and Part D Providers and Prescribers**

Final Rule CMS-4182-F removes the need for providers of Part C services and items and/or Part D prescribers of drugs to enroll in Medicare for Part C services or items or Part D drugs to be paid. The Centers for Medicare and Medicaid (CMS) is creating a “Preclusion List” in place of enrollment. Providers who are not on a “Preclusion List” may provide Part C services and items and/or prescribe drugs paid by Part D without enrolling in Medicare. Refer to 42 Code of Federal Regulations (CFR) §422.2 for the definition of “Preclusion List.”
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Recent legislation requires physicians and other eligible professionals to enroll in the Medicare Program or have a valid opt-out affidavit on file to solely order or certify items or services for Medicare beneficiaries.

Those physicians and other eligible professionals enrolled solely as ordering or certifying providers do not and will not send claims to a Medicare Administrative Contractor (MAC) for their services. Explore these booklets for information on Medicare enrollment for health care professionals that will submit claims for reimbursement:

- PECOS for DMEPOS Suppliers
- Medicare Enrollment for Institutional Providers
- Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers

NOTE: We use “you” and “eligible provider” to refer to physicians and other professionals eligible to solely order items or certify services.

This booklet outlines the requirements for providers who solely order or certify to enroll in Medicare. First, we describe who qualifies as eligible providers. Then, we explain how to enroll in Medicare as one of these eligible providers.

ORDERING AND CERTIFYING TERMS

Medicare Part B claims use the term “ordering/certifying provider” (formerly “ordering/referring provider”) to identify the person who orders or certifies an item or service reported in a claim. The following are technically correct terms:

- 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.
- A provider certifies home health services for a beneficiary.

The health care industry uses the terms “ordered,” “referred,” and “certified” interchangeably. To view comments about this terminology, read the Changes in Provider and Supplier Enrollment, Ordering and Referring (Certifying), and Documentation Requirements Final Rule.
WHO ARE ELIGIBLE ORDERING OR CERTIFYING PROVIDERS?

This booklet focuses on physicians or eligible professionals who order or certify Part A or Part B services but do not want to submit claims to Medicare.

Any individual already enrolled as a Medicare Part B provider, DMEPOS supplier, or Part A Home Health Agency (HHA) provider may submit claims with ordering or certifying information, and receive payment without re-enrolling using Form CMS-855O. Those who enroll as eligible providers using Form CMS-855O may not seek or receive reimbursement from Medicare for services they furnish. They do not have billing privileges to submit claims to Medicare for services to Medicare beneficiaries.

Eligible providers must meet these three basic requirements:

1. Have an individual National Provider Identifier (NPI)
   
   NOTE: Organizational NPIs do not qualify and cannot order or certify

2. Be enrolled in Medicare in either an “approved” or an “opt-out” status

3. Be of a specialty type that is eligible to order or certify

DENIAL OF ORDERING OR CERTIFYING CLAIMS

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 or Part B HHAs (services may only be ordered or certified by a Doctor of Medicine [M.D.], Doctor of Osteopathy [D.O.], or Doctor of Podiatric Medicine [DPM])

If a billed service requires an eligible provider and one is not present on the claim, the MAC will deny the claim. Along with a valid individual NPI, the claim must contain the eligible provider’s name as it appears in the Provider Enrollment, Chain, and Ownership System (PECOS).

Part D plans will deny claims for Part D covered drugs if the drug was prescribed by a provider who is on the Preclusion List. For more information about proper billing for Part D prescribers please refer to 42 CFR 423.120(c)(5)(i)-(6)(vi)(B).
Requirement 1: You Must Have an Individual NPI

There are two types of NPIs: Type 1 (individual) and Type 2 (organizational). Medicare allows only Type 1 NPIs for solely ordering items or certifying services. You can apply for an NPI in one of three ways:

1. **Online Application:** If you have not done so, register for an Identity & Access Management (I&A) System user account. Then apply for your NPI through the National Plan and Provider Enumeration System (NPPES).

2. **Paper Application:** Complete, sign, and submit the NPI Application/Update Form (Form CMS-10114) paper application to the NPI Enumerator address on the form. To request a hard copy application, call 1-800-465-3203 or TTY 1-800-692-2326, or email customerservice@npienumerator.com.

3. **Bulk Enumeration:** Apply for Electronic File Interchange (EFI) access and upload your own comma-separated values (CSV) files.

**ONE ACCOUNT, MULTIPLE SYSTEMS**

The I&A System allows you to:

- Apply for and manage your NPIs in the NPPES
- Use PECOS to enroll in Medicare or update your current enrollment information

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

Once you have an NPI, use PECOS to verify you have a current Medicare enrollment record that includes your NPI and that you are in an “approved” or “opt-out” status. Effective June 15, 2018, CMS no longer requires Part C and Part D providers to be enrolled in Medicare in an “approved” or “opt-out” status. Table 1 explains options to verify whether your current enrollment record exists in PECOS.
Table 1. Options to Verify Your Current Enrollment Record Exists in PECOS

<table>
<thead>
<tr>
<th>Verification Option</th>
<th>Enrollment Record Is Current If:</th>
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<tbody>
<tr>
<td>Refer to the Medicare Ordering and Referring files for physicians/non-physician practitioners (NPPs) and for power mobility device (PMD) suppliers.*</td>
<td>You are identified on one of these reports.</td>
</tr>
<tr>
<td>Visit PECOS to locate your enrollment record.</td>
<td>Your enrollment record displays a status of “approved” or “opt-out.”</td>
</tr>
<tr>
<td>If you submitted an enrollment application as one of the eligible provider types on paper (Form CMS-855O) or via PECOS and want to check the status, refer to the Initial Physician Applications Pending Contractor Review and Initial Non-Physician Applications Pending Contractor Review datasets. Remember that these applications are not fully processed and are awaiting contractor review.</td>
<td>Your enrollment application is pending contractor review if you are on one of these reports.</td>
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</table>

* Certain claims for PMDs will be denied if the ordering provider is not on Medicare’s list of providers eligible to order them. Read 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 for more information.

If you do not have an enrollment record in PECOS, refer to the “How Do I Enroll in Medicare as an Eligible Provider?” section of this booklet.

**Requirement 3: You Must Be Eligible to Order or Certify**

The physicians and eligible professionals who may enroll in Medicare solely for the purpose of ordering or certifying include, but are not limited to, those physicians and eligible professionals who are:

- Employed by the Department of Veterans Affairs (DVA)
- Employed by the Public Health Service (PHS)
- Employed by the Department of Defense (DOD)/TRICARE
- Employed by the Indian Health Service (IHS) or a Tribal Organization
- Employed by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Critical Access Hospitals (CAHs)
- Licensed Residents (as defined in 42 Code of Federal Regulations [C.F.R.] Section 413.75(b)) in an approved medical residency program
- Dentists, including oral surgeons
- Pediatricians
- Retired physicians who are licensed
If you are not sure your specific provider specialty qualifies to enroll as an ordering or certifying provider, refer to Section 4 of Form CMS-855O or contact your MAC before submitting a Medicare enrollment application. Refer to the Medicare Fee-For-Service Provider Enrollment Contact List for MAC contact information for each State.

**INTERNS AND RESIDENTS**

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

**HOW DO I ENROLL IN MEDICARE AS AN ELIGIBLE PROVIDER?**

CMS allows certain physicians and other eligible professionals to enroll in Medicare for the sole purpose of ordering or certifying specific items or services for Medicare beneficiaries.

**STEP 1: OBTAIN AN INDIVIDUAL NPI**

Providers must obtain an NPI before enrolling in the Medicare Program. See the earlier section, “Requirement 1: You Must Have an Individual NPI,” for instructions on obtaining an individual NPI.

**PROTECT YOUR INFORMATION**

Your NPI and Tax ID are publicly available information. Use extra caution to monitor and protect your professional and personal information to help prevent fraud and abuse. You must also ensure your patients’ personal health information is secure. CMS provides the following resources to help:

- Medicare Fraud & Abuse: Prevention, Detection, and Reporting
- Office of Inspector General
- Help Fight Medicare Fraud for patients
STEP 2: COMPLETE THE PROPER MEDICARE ENROLLMENT APPLICATION

Once you have an NPI, you can apply to enroll in the Medicare Program, revalidate your enrollment, or change your enrollment information. Make sure you have the information you need to enroll before starting. Complete these actions using either PECOS or the paper enrollment form.

A. Online PECOS Application

This is CMS’ preferred method for Medicare enrollment. You must log in to PECOS with your I&A System credentials to initiate and complete the application process.

PECOS is a scenario-driven application—it presents a series of questions to retrieve only the information needed to process your specific enrollment scenario. You can submit all supporting documentation through PECOS.

PECOS IS EASY!

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

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

B. Paper Medicare Enrollment Application (Form CMS-855O)

The paper Medicare Enrollment Application: Enrollment for Eligible Ordering, Certifying, and Prescribing Physicians and Other Eligible Professionals (Form CMS-855O) is the application for enrolling solely to order or certify. Carefully complete and submit the paper enrollment application. Even if you submit your application on a paper form, a record is still created in PECOS.

NOTE: If you submitted an abbreviated Form CMS-855I to enroll solely to order or certify prior to the implementation of Form CMS-855O, your enrollment is still valid and you are not required to reapply.
Application Fee

Physicians, NPPs, physician organizations, and non-physician organizations do not have an application fee. For more information about the provider types subject to an application fee, refer to the Application Fee Requirements Matrix.

STEP 3: RESPOND TO REQUESTS FROM YOUR MAC FOR MORE INFORMATION

Your MAC pre-screens and verifies all information on the enrollment application. During processing, you may need to submit additional information. Respond to any requests from your MAC as soon as possible, but within 30 days of the request. Failure to do so may delay enrollment or result in the rejection of the submitted application (deactivation). Once your MAC approves the application, it will switch the PECOS record to an “approved” status and send you an approval letter.

STEP 4: USE PECOS TO KEEP ENROLLMENT INFORMATION UP TO DATE

You can report a change in your Medicare enrollment information using PECOS. You must report a change of ownership or control, a change in practice location, and any final adverse legal actions (such as revocation or suspension of a Federal or State license) within 30 days of a reportable event (see the PECOS FAQs section on reportable events for a definition). Submit all other changes within 90 days of a reportable event.
RESOURCES

For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment webpage, which provides information about:

- PECOS, including how to update your records using PECOS
- Paper Medicare enrollment application forms
- Frequently asked questions
- Contact information for all MACs
- CMS updates on provider enrollment

Table 2. Resources

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<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
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<tbody>
<tr>
<td>CMS External User Services (EUS) Help Desk</td>
<td>To report PECOS navigation, access, or printing problems, contact the CMS EUS Help Desk. Find contact information at <a href="http://EUS.custhelp.com">EUS.custhelp.com</a>.</td>
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<td>I&amp;A System Account Registration</td>
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<td>MAC Website List <a href="http://Go.CMS.gov/MAC-website-list">Go.CMS.gov/MAC-website-list</a></td>
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<td><a href="https://data.cms.gov/Medicare-Enrollment/Order-and-Referring/qcn7-gc3g">Data.CMS.gov/Medicare-Enrollment/Order-and-Referring/qcn7-gc3g</a></td>
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<td>Order and Referring PMD Data Files, Eligible Physicians/NPPs</td>
<td><a href="https://www.data.cms.gov/Medicare-Durable-Medical-Equipment-DME-/Order-and-Referring-PMD/g6jg-y93m">Data.CMS.gov/Medicare-Durable-Medical-Equipment-DME-/Order-and-Referring-PMD/g6jg-y93m</a></td>
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<td>PECOS System <a href="https://pecos.cms.hhs.gov">PECOS.CMS.HHS.gov</a></td>
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<td>About PECOS</td>
<td>[CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Internet basedPECOS.html](<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Internet">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Internet</a> basedPECOS.html)</td>
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<td>Video Resources</td>
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<td>For Physicians/Non-Physician Practitioners (NPPs)</td>
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