

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



Official CMS Information for
Medicare Fee-For-Service Providers

Medicare Enrollment Guidelines for Ordering/Referring Providers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES





The Affordable Care Act requires physicians or other eligible professionals to be enrolled in the Medicare Program to order/refer items or services for Medicare beneficiaries. Some physicians or other eligible professionals do not and will not send claims to a Medicare Contractor for the services they furnish and therefore may not be enrolled in the Medicare Program. However, the Centers for Medicare & Medicaid Services (CMS) permits such physicians or other eligible professionals to enroll in the Medicare Program for the sole purpose of ordering/referring items or services for Medicare beneficiaries. The submission and approval of a completed Form CMS-855O or its Internet-based Provider Enrollment, Chain and Ownership System (PECOS) equivalent will enroll the physician or other eligible professionals in the Medicare Program for the sole purpose of ordering/referring specific services for Medicare beneficiaries. This fact sheet provides education for providers who file claims with ordering/referring provider information and the enrollment requirements for eligible ordering/referring providers.

NOTE: 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. CMS has used this term on its website and in educational products. The Final Rule uses 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 terms “ordered,” “referred,” and “certified” are often used interchangeably within the health care industry. Since it would be cumbersome to be technically correct, CMS will continue to use the term “ordered/referred” in materials directed to a broad provider audience.

Background

What Are the Requirements for Ordering/Referring?

There are three basic requirements for ordering/referring:

1. The physician or non-physician practitioner must be enrolled in Medicare in an approved or an opt-out status.
2. The ordering/referring National Provider Identifier (NPI) must be for an individual physician or non-physician practitioner (not an organizational NPI).
3. The physician or non-physician practitioner must be of a specialty type that is eligible to order and refer.

If you don't meet the three basic requirements above, refer to the section titled “Information for Ordering/Referring Providers” found on page 5.



Who May Order/Refer for Medicare Part B and DMEPOS Beneficiary Services?

Only Medicare-enrolled individual physicians and non-physician practitioners of a certain specialty type may order/refer for Part B (including Portable X-Ray services) and DMEPOS Medicare beneficiary services. These individuals include:

- Physician (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,
- Nurse Practitioner,
- Clinical Psychologist,
- Certified Nurse Midwife,
- Clinical Social Worker, and
- Interns, residents, and fellows.

NOTE: The Interim Final Rule with Comment Period (IFC) mandated that all interns and residents who order/refer specify the name and NPI of a teaching physician (i.e., the name and NPI of the teaching physician would have been required on the claim for service(s)). The IFC states that State-licensed residents may enroll to order/refer and may be listed on claims. Claims for covered items and services from un-licensed 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 will allow interns and residents to enroll to order/refer, consistent with State law.

Organizational providers **cannot** order and refer.

Who May Order and Refer for Medicare Part A Home Health Agency (HHA) Beneficiary Services?

Only Medicare-enrolled individual physicians of a certain specialty type may order/refer for Part A when a plan of treatment is needed and submitted from an HHA for beneficiary services. These individuals include:

- Doctor of Medicine or Osteopathy, and
- Doctor of Podiatric Medicine.

Who May File Claims with Ordering/Referring Information Contained on the Claim?

Any Medicare-enrolled Part B organizational provider, DMEPOS supplier, or Part A HHA provider may file claims.

Information for Providers who File Claims with Ordering/Referring Provider Information

How Should I Report Ordering/Referring Physicians or Non-Physicians on Claims?

For Medicare Part B and DMEPOS providers, the ordering/referring information should be reported on the line, “Name of Referring Provider or Other Source,” along with the referring provider’s NPI (lines 17 and 17b of Form CMS-1500). For Medicare Part A HHAs, the ordering/referring information should be reported on the line, “Attending,” along with the attending provider’s NPI (line 76 of Form CMS-1450). The ordering/referring provider’s name must match the name found in the provider’s PECOS enrollment record.

For more information, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1201.pdf> on the CMS website.

Why Do I Currently Receive Informational Messages when I Submit a Claim for Ordering/Referring?

Laboratories, imaging centers, DMEPOS suppliers, and HHAs receive this message if the ordering/referring or attending physician/non-physician practitioner reported on the claim does not meet the three basic requirements for ordering/referring.

In the future, Medicare Contractors (Part A/B Medicare Administrative Contractors [MACs], Durable Medical Equipment [DME] MACs, and Part A Regional Home Health Intermediaries [RHHIs]) will activate automatic edits to deny claims that do not meet the three basic requirements for ordering/referring providers. CMS will give providers at least 60 days notice before the ordering/referring provider claim edit is applied. Physicians and others who are eligible to order/refer items or services need to be enrolled in Medicare and must be of a specialty that is eligible to order and refer. If the billed service requires an ordering/referring provider and the ordering/referring provider is not on the claim, the claim will not be paid. If the ordering/referring provider is on the claim, but is not enrolled in Medicare, the claim will not be paid. In addition, if the ordering/referring provider is on the claim, but is not of a specialty that is eligible to order/refer, the claim will not be paid. CMS encourages laboratories, imaging centers, DMEPOS suppliers, and HHAs to work with their ordering/referring providers to ensure they are prepared for this change.

CMS will announce the date, via an update to the Medicare Learning Network® (MLN) Matters® Article below, when it authorizes Part A/B MACs, DME MACs, and Part A RHHIs to implement the automatic edits. For more information, refer to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1221.pdf> on the CMS website.



Information for Ordering/Referring Providers

What Do I Need to Do?

You need to ensure you have an NPI and a current Medicare enrollment record in Internet-based PECOS that includes your NPI. For more information, refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_Phys_Infreq_Reimb_FactSheet_ICN006881.pdf or <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1011.pdf> on the CMS website.

What Are the Types of NPIs? How Can I Verify which Type of NPI I Have?

There are two types of NPIs: Type 1 and Type 2. An individual's NPI is deemed a Type 1. An organization's NPI is deemed a Type 2.

NOTE: Only Type 1 NPIs can be used for ordering/referring purposes.

You may verify your NPI at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do> on the CMS website.

How Do I Obtain an NPI?

Providers may apply for an NPI in one of three ways:

1. Apply through the web-based application process. Visit the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> on the CMS website.
2. Complete, sign, and mail a paper application to the NPI Enumerator. For a copy of the application (Form CMS-10114), refer to <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf> on the CMS website. A hard copy application can be requested through the NPI Enumerator by calling 1-800-465-3203 or TTY 1-800-692-2326.

3. Give permission to have an Electronic File Interchange Organization (EFIO) submit the application data on behalf of the health care provider (i.e., through a bulk enumeration process), if requested. For more information on this option, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvidentStand/efi.html> on the CMS website.

Once I Have an NPI, How Do I Enroll in Medicare via Internet-based PECOS?

Ordering/referring providers should verify they have an enrollment record in Internet-based PECOS. There are five ways to verify that an enrollment record exists in PECOS:

1. Refer to the Ordering and Referring Report available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringFile-PDF.zip> on the CMS website. If you are listed on that report, you have a current enrollment record in Internet-based PECOS.
2. Use Internet-based PECOS to locate your PECOS enrollment record. For Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. If a record is displayed, you have a current enrollment record in PECOS.
NOTE: You must have an NPES User ID and password to access PECOS.
3. Contact your Medicare enrollment contractor and ask if you have an enrollment record in Internet-based PECOS. To identify your Medicare enrollment contractor, refer to the “Medicare Fee-For-Service Provider Enrollment Contact List” at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website.
4. If you submitted an enrollment application for ordering/referring purposes on paper or via Internet-based PECOS and would like to check the status, refer to <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialPhysicians.zip> or <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialNonPhysicians.zip> on the CMS website. Please remember that these applications have not been fully processed and are awaiting contractor review.
5. If you do not have an enrollment record in Internet-based PECOS, refer to “The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Physicians and Non-Physician Practitioners” at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf on the CMS website. This fact sheet contains instructions on creating an enrollment record in PECOS.



Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device.
- To report Internet-based PECOS navigation, access, or printing problems, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to EUSsupport@cgi.com.
- Contact your Medicare enrollment contractor about any additional questions regarding the Medicare enrollment process. For Medicare provider enrollment contact information for each State, visit http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website.
- For more information about the NPI, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand> on the CMS website.
- The Medicare Learning Network® (MLN) Educational Web Guides MLN Guided Pathways to Medicare Resources helps providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other “Guided Pathways” resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.





This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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