Table of Contents

Who Are Ordering/Referring Providers? ................................................................. 4

   Requirement 1: You Must Have an Individual NPI .............................................. 4

   Requirement 2: You Must Be Enrolled in Medicare in an “Approved”
   or “Opt-Out” Status .............................................................................................. 5

   Requirement 3: You Must Be Eligible to Order/Refer ........................................ 6

How Do I Enroll in Medicare as an Ordering/Referring Provider? ....................... 8

   Step 1: Obtain an NPI.......................................................................................... 9

   Step 2: Complete the Proper Medicare Enrollment Application .......................... 9

   Step 3: Await Application Processing ............................................................. 10

   Step 4: Keep Your Enrollment Information Up to Date ...................................... 10

Resources ............................................................................................................... 11

Please Note

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

Table 3. Hyperlink Table, at the end of this document, provides the complete URL
for each hyperlink.
The Affordable Care Act requires physicians and other eligible non-physician practitioners (NPPs) to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries.

Those physicians and other eligible NPPs enrolled solely as ordering/referring providers do not and will not send claims to a Medicare Administrative Contractor (MAC) for their services.

**NOTE** We use “you” in this publication to refer to physicians and other eligible NPPs.

This educational product outlines the requirements to enroll in Medicare as an ordering/referring provider. First, we describe who qualifies as an ordering/referring provider. Then, we explain how to enroll in Medicare as an ordering/referring provider for the sole purpose of ordering/referring items and services.

---

**Ordering/Referring Terms**

Medicare Part B claims use the term “ordering/referring provider” to identify the person who ordered, referred, or certified an item or service reported in that claim. The following are 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.

2. 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, and Documentation Requirements Final Rule.
**Who Are Ordering/Referring Providers?**

Any Medicare-enrolled Part B provider, DMEPOS supplier, or Part A Home Health Agency (HHA) provider may submit claims with ordering/referring information. The ordering/referring provider must meet these three basic requirements:

1. Have an individual National Provider Identifier (NPI)

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

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/refer

**Denial of Ordering/Referring 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 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 (individual) and Type 2 (organizational). Medicare allows only Type 1 NPIs for ordering/referring items or services.

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

1. **Online Application:** Apply through the online National Plan and Provider Enumeration System (NPPES) website.

2. **Paper Application:** Complete, sign, and mail the NPI Application/Update Form (Form CMS-10114) to the NPI Enumerator address listed on the form. To request a hard copy application from the NPI Enumerator, call 1-800-465-3203 or TTY 1-800-692-2326, or send an email to 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, refer to the EFI webpage.

**Not Sure If You Have an NPI?**

Search for it on the NPPES website.
Requirement 2: You Must Be Enrolled in Medicare in an “Approved” or “Opt-Out” Status

Once you have an NPI, verify in PECOS you have a current Medicare enrollment record that includes your NPI and that you are in an “approved” or “opt-out” status. Table 1 explains four options to verify 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>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to the Medicare Ordering and Referring files for physicians/NPPs and <strong>for power mobility device (PMD) suppliers.</strong></td>
<td>You are identified on one of these reports.</td>
</tr>
<tr>
<td>Visit <a href="https://www.pecos.cms.gov">PECOS</a> to locate your enrollment record.</td>
<td>Your enrollment record displays a status of “approved” or “opt-out.”</td>
</tr>
<tr>
<td>Contact your MAC and ask if you have an enrollment record in PECOS.</td>
<td>Your MAC confirms your enrollment record.</td>
</tr>
<tr>
<td>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 <a href="https://www.pecos.cms.gov/provider">Initial Physician Applications Pending Contractor Review</a> and <a href="https://www.pecos.cms.gov/provider">Initial Non-Physician Applications Pending Contractor Review</a> 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>
</tr>
</tbody>
</table>

* Certain claims for PMDs will be denied if the ordering/referring provider is not on Medicare’s list of providers eligible to order/refer these PMDs. 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](https://www.cms.gov/Medicare/Coverage/Denial-Reasons-Code/0250DenialReasons) for more information.

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 product.
Requirement 3: You Must Be Eligible to Order/Refer

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

- Certified Clinical Nurse Specialists
- Certified Nurse-Midwives
- Clinical Psychologists
- Clinical Social Workers
- Interns, Residents, and Fellows
- Nurse Practitioners
- Optometrists (may order only laboratory and X-ray services payable under Medicare Part B and DMEPOS products/services)
- Physician Assistants
- Physicians (Doctors of Medicine or Osteopathy, 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), Indian Health Service (IHS) or tribal organizations, 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 (certify) for Part A HHAs. These individuals include:

- Doctors of Medicine or Osteopathy
- Doctors of Podiatric Medicine

Interns and Residents

Claims for items or services ordered/referred by interns and residents 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, the Centers for Medicare & Medicaid Services (CMS) allows interns and residents to enroll to order/refer, consistent with State law.
Requirements for Ordering/Referring Providers

1. **NPI**
   - The ordering/referring provider’s NPI must be for an individual physician/NPP
   - Apply or verify NPI online
     - 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
     - PECOS.cms.hhs.gov/pecos/login.do

3. **Specialty Type**
   - The physician/NPP must be of a certain specialty type that is eligible to order and refer
     - **Part B and DMEPOS**
       - Certified Clinical Nurse Specialists
       - Certified Nurse-Midwives
       - Clinical Psychologists
       - Clinical Social Workers
       - Interns, Residents, and Fellows
       - Nurse Practitioners
       - Optometrists (may order only laboratory and X-ray services payable under Medicare Part B and DMEPOS products/services)
       - Physician Assistants
       - Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, or Doctors of Optometry)
     - **Part A HHA**
       - Doctors of Medicine or Osteopathy
       - Doctors of Podiatric Medicine
How Do I Enroll in Medicare as an Ordering/Referring Provider?

CMS allows certain physicians and other eligible NPPs to enroll in Medicare 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 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
Medicare Enrollment Guidelines for Ordering/Referring Providers

**Step 1: Obtain an NPI**

Ordering/referring providers must obtain an NPI prior to applying for enrollment in Medicare. 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. Complete these actions using either of the following options:

- **Online Application:** Register for an Identity and Access Management (I&A) System user account, and then visit the PECOS website
- **Paper Application:** Submit the Registration for Eligible Ordering and Referring Physicians and Non-Physician Practitioners (Form CMS-855O)

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.

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.

**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 supply only information relevant to your application and specialty
- More control over your enrollment information, including reassignments
- Easy to check and update your information for accuracy
- Less staff time and administrative costs to complete and submit enrollment to Medicare
Step 3: Await Application Processing

Your MAC prescreens and verifies all your information on the initial Form CMS-855O. During processing, you may be required to submit additional information. Respond to any requests from your MAC as soon as possible. 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: Keep Your Enrollment Information Up to Date

You can report 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, 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. Submit all other changes within 90 days of a reportable event.

Questions?

Refer to the PECOS FAQs publication.
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

<table>
<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
</tr>
</thead>
<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, including email address, telephone numbers, and live chat, at <a href="EUS.custhelp.com">EUS.custhelp.com</a></td>
</tr>
<tr>
<td>Identity &amp; Access Management (I&amp;A) System Account Registration</td>
<td><a href="NPPES.cms.hhs.gov/IAWeb/register/startRegistration.do">NPPES.cms.hhs.gov/IAWeb/register/startRegistration.do</a></td>
</tr>
<tr>
<td>Initial Non-Physician Applications Pending Contractor Review</td>
<td><a href="Data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck">Data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck</a></td>
</tr>
<tr>
<td>Initial Physician Applications Pending Contractor Review</td>
<td><a href="Data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9">Data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9</a></td>
</tr>
<tr>
<td>MAC</td>
<td>Contact your MAC with any additional questions about the Medicare enrollment process <a href="CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf">CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf</a></td>
</tr>
</tbody>
</table>
### Table 2. Resources (cont.)

<table>
<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>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”</td>
<td>CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7097.pdf</td>
</tr>
<tr>
<td>NPI</td>
<td>CMS.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand</td>
</tr>
</tbody>
</table>
Table 2. Resources (cont.)

<table>
<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering and Referring Data Files, Approved Physicians/ NPPs</td>
<td>Data.cms.gov/Medicare/Order-and-Referring/qcn7-gc3g</td>
</tr>
<tr>
<td>Ordering and Referring Data Files, Approved to Order/ Refer PMDs</td>
<td>Data.cms.gov/Medicare/Order-and-Referring-PMD/g6jg-y93m</td>
</tr>
<tr>
<td>PECOS</td>
<td>PECOS.cms.hhs.gov/pecos/login.do</td>
</tr>
<tr>
<td>PECOS Technical Assistance Contact Information</td>
<td>CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243418.html</td>
</tr>
<tr>
<td>Video Resources</td>
<td>YouTube.com/playlist?list=PLaV7m2-zFKpia1McB1WKKkw2esAdiZRem</td>
</tr>
</tbody>
</table>

Table 3. Embedded Hyperlink Table

<table>
<thead>
<tr>
<th>Embedded Hyperlink</th>
<th>Complete URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embedded Hyperlink</td>
<td>Complete URL</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>For Physicians/NPPs</td>
<td><a href="https://data.cms.gov/Medicare/Order-and-Referring/qcn7-gc3g">https://data.cms.gov/Medicare/Order-and-Referring/qcn7-gc3g</a></td>
</tr>
<tr>
<td>For Power Mobility Device (PMD) Suppliers</td>
<td><a href="https://data.cms.gov/Medicare/Order-and-Referring-PMD/g6jg-y93m">https://data.cms.gov/Medicare/Order-and-Referring-PMD/g6jg-y93m</a></td>
</tr>
<tr>
<td>Identity and Access Management (I&amp;A) System</td>
<td><a href="https://nppes.cms.hhs.gov/IAWeb/login.do">https://nppes.cms.hhs.gov/IAWeb/login.do</a></td>
</tr>
<tr>
<td>Initial Non-Physician Applications Pending Contractor Review</td>
<td><a href="https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck">https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Non-Physicians/n86y-dqck</a></td>
</tr>
<tr>
<td>Initial Physician Application Pending Contractor Review</td>
<td><a href="https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9">https://data.cms.gov/Medicare/Pending-Initial-L-and-Ts-Physicians/ip7y-ztn9</a></td>
</tr>
<tr>
<td>MAC</td>
<td><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf</a></td>
</tr>
<tr>
<td>Medicare Provider-Supplier Enrollment</td>
<td><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll</a></td>
</tr>
<tr>
<td>NPPES Website</td>
<td><a href="https://npiregistry.cms.hhs.gov/">https://npiregistry.cms.hhs.gov/</a></td>
</tr>
<tr>
<td>PECOS</td>
<td><a href="https://pecos.cms.gov/pecos/login.do">https://pecos.cms.gov/pecos/login.do</a></td>
</tr>
</tbody>
</table>