



## Opioid Treatment Programs (OTPs) Medicare Enrollment



### What's Changed?

We added the updated Form CMS-855B enrollment application, including new Attachment 3: Opioid Treatment Program Personnel (page 29).

You'll find substantive content updates in dark red font.

## Table of Contents

|                                                                                        |          |
|----------------------------------------------------------------------------------------|----------|
| <b>Who Can Enroll</b>                                                                  | <b>4</b> |
| <b>How to Enroll</b>                                                                   | <b>4</b> |
| <b>OTP Enrollment Steps</b>                                                            | <b>4</b> |
| <b>Pre-Enrollment Steps</b>                                                            | <b>5</b> |
| Gather Necessary Information/Documentation                                             | 5        |
| Get an NPI                                                                             | 5        |
| Identify Your MACs                                                                     | 6        |
| Select a billing agency or agent (if applicable)                                       | 6        |
| <b>Submit Your Provider Enrollment Application</b>                                     | <b>7</b> |
| Apply Online or by Paper Form                                                          | 7        |
| Pay the Enrollment Fee                                                                 | 7        |
| <b>Complete the Form CMS-855A or Form CMS-855B Medicare Enrollment Application</b>     | <b>8</b> |
| Form CMS-855A                                                                          | 8        |
| Form CMS-855B                                                                          | 8        |
| <b>Instructions for the Form CMS-855A Medicare Enrollment Application</b>              | <b>9</b> |
| Section 1: Basic Information                                                           | 9        |
| Section 2: Identifying Information                                                     | 10       |
| Section 3: Final Adverse Legal Actions-Convictions                                     | 11       |
| Section 4: Practice Location Information                                               | 12       |
| Section 5: Ownership Interest Or Managing Control Information<br>(For Organizations)   | 14       |
| Section 6: Ownership Interest and/or Managing Control Information<br>(For Individuals) | 15       |
| Section 8: Billing Agency Information                                                  | 16       |
| Section 12: Special Requirements for Home Health Agencies                              | 16       |
| Section 13: Contact Person                                                             | 16       |
| Section 15: Certification Statement                                                    | 17       |
| Section 16: Delegated Official (Optional)                                              | 17       |
| Section 17: Supporting Documents                                                       | 18       |

|                                                                                        |           |
|----------------------------------------------------------------------------------------|-----------|
| <b>Instructions for the Form CMS-855B Medicare Enrollment Application</b>              | <b>19</b> |
| Section 1: Basic Information                                                           | 19        |
| Section 2: Identifying Information                                                     | 20        |
| Section 3: Final Adverse Legal Actions/Convictions                                     | 21        |
| Section 4: Practice Location Information                                               | 22        |
| Sections 5: Ownership Interest and/or Managing Control Information (For Organizations) | 24        |
| Section 6: Ownership Interesting and/or Managing Control Information (For Individuals) | 25        |
| Section 8: Billing Agency Information                                                  | 26        |
| Section 12: Supporting Documents                                                       | 27        |
| Help with Submitting                                                                   | 27        |
| Section 13: Contact Person                                                             | 28        |
| Section 15 Certification Statement                                                     | 28        |
| Section 15: Delegated Official (Optional)                                              | 28        |
| Attachment 3: Opioid Treatment Program Personnel                                       | 29        |
| <b>What to Expect After Submitting Your Enrollment Application</b>                     | <b>30</b> |
| Review of Enrollment Application by MAC                                                | 30        |
| Approval                                                                               | 30        |
| Denied Enrollment                                                                      | 31        |
| Changes to Your Application                                                            | 31        |
| Identify Your EDI Contractor                                                           | 31        |
| <b>OTP Enrollment Process Checklist</b>                                                | <b>32</b> |
| <b>Resources</b>                                                                       | <b>33</b> |

Medicare pays Medicare-enrolled Opioid Treatment Providers (OTPs) to deliver Opioid Use Disorder (OUD) treatment services, including hospital outpatient OTP services to Medicare patients. Medicare Part B also covers hospital outpatient OTP services. As an OTP, you can enroll as a Medicare Part **A** or a Medicare Part **B** provider. Visit the [CMS Opioid Treatment Programs Center webpage](#) for background on this **Part B benefit**. You can print the enrollment checklist at the end of this document.

## Who Can Enroll

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OTPs fully-certified by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and accredited by a SAMHSA-approved accrediting body can enroll in Medicare.

**Note:** Your Medicare Administrative Contractor (MAC) will verify your SAMHSA certification on the [SAMHSA OTP directory](#). **MACs won't accept** applications without full SAMHSA certification and will deny applications for OTPs with Provisional SAMHSA Certification status. For information on SAMHSA certification visit [Apply for Opioid Treatment Program \(OTP\) Certification](#).

## How to Enroll

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OTPs enroll in Medicare with a Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers ([CMS-855B](#)) or through the Medicare Provider Enrollment, Chain and Ownership System ([PECOS](#)). After you enroll, you can submit claims electronically using the 837 Professional (837P) or the paper claim form [CMS-1500](#).

OTPs institutional providers use the Medicare Enrollment Application for Institutional Providers ([CMS-855A](#)) or through [PECOS](#) to enroll in Medicare. After you enroll, you can submit claims electronically using the 837 Institutional (837I) or the paper claim Form [CMS-1450](#). You can get instructions on where and how to find the paper Form CMS-1450 from your MAC. [Find your MAC's website](#).

## OTP Enrollment Steps

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1. Pre-Enrollment
  - Gather necessary information/documentation
  - Get an National Provider Identifier (NPI) (if you haven't already)
  - Identify your MAC(s)
  - Select a billing agency or agent (if applicable)
2. Submit Your Provider Enrollment Application(s) to Your MAC(s)
  - Choose electronic or paper application
  - Pay enrollment fee
  - Complete Form [CMS-855A](#) or [CMS-855B](#) or electronic equivalent
  - Submit supporting documentation

### 3. What to Expect After Submitting Your Enrollment Application

- Respond to any requests for additional information or documentation from your MAC(s) or CMS timely through PECOS or in hard copy to the MAC (if necessary)
- Get fingerprints (if necessary)
- Get approved

## Pre-Enrollment Steps

### 1 Gather Necessary Information/Documentation

Before you begin the application process, gather this information to help you complete your enrollment faster:

- A detailed organizational chart (like the one you used for your SAMHSA certification)
- Names, contact information, and Tax Identification Numbers (TINs) or SSNs for all individuals or organizations with ownership interest in the OTP
- Addresses and phone numbers for all practice locations of the OTP
- Copies of legal records for any adverse legal actions (such as, convictions, exclusions, revocations, and suspensions) **for any individual or entity with 5% or greater ownership or managing control** associated with the OTP

### 2 Get an NPI

Get your NPI **before** beginning Medicare enrollment. You must have an NPI and include it in multiple sections of the enrollment application. Some OTPs already have an NPI for billing Medicaid or other health plans. If your OTP already has an NPI, skip to step 3. Your OTP clinicians must also get NPIs for enrollment screening, claim submission, and monitoring purposes.

#### Things to know about NPIs:

- An NPI is a unique 10-digit identification number issued to health care providers
- [National Plan & Provider Enumeration System \(NPPES\)](#) is the fastest way to get an NPI
- Review the paper NPI application before using NPPES to understand the NPI application requirements
- Select a taxonomy code that best represents your organization when you apply
- The NPI Enumerator processes NPI applications and helps health care providers with related questions

Review page 8 of the [NPI: What You Need to Know](#) Booklet for 3 ways to apply for an NPI.

### 3 Identify Your MACs

[MACs](#) process Medicare Fee-for-Service (FFS) claims (also known as Medicare Part A and Part B claims) and enrollment applications by jurisdiction. As an OTP, you're a Part A or a Part B provider.

MACs also:

- Pay providers for Medicare FFS claims
- Answer providers inquiries
- Educate providers about Medicare FFS billing requirements

If your OTP offers services in more than 1 state and those states are in different MAC jurisdictions, complete a separate enrollment application ([CMS-855A](#) or [CMS-855B](#)) for each MAC jurisdiction. [Find your MAC's website.](#)

**Note:** Some MACs have separate Part A and Part B provider enrollment phone numbers and other contact information. Opioid Treatment Programs should use the Part A contact information if you filed a [Form CMS-855A](#) or Part B contact information if you filed a [Form CMS-855B](#).

### 4 Select a billing agency or agent (if applicable)

Many providers use a billing agent to manage billing and claims processes on their behalf. If you use a billing agency or agent, you must include that information in Section 8 of the [Form CMS-855B](#) and [CMS-855A Enrollment Application](#). You must choose the billing agency/agent before you submit the application. If you don't use a billing agency/agent, you'll check the box to show that it doesn't apply and skip to the next section.

## Submit Your Provider Enrollment Application

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### Apply Online or by Paper Form

You must decide if you'll apply online or with a paper application. We recommend applying online for faster application processing. You can apply:

1. Online through [PECOS](#).

PECOS is a system that lets you complete most of your enrollment activities online, including submitting your enrollment application, changing existing Medicare enrollment record information, and other processes. PECOS captures the same information as the paper application, but it simplifies the enrollment process into short, easy-to-understand steps.

You must have Internet Explorer version 8.0 or higher and the most recent version of Adobe Acrobat Reader before using [PECOS](#).

PECOS advantages include:

- Faster enrollment
- A tailored application process in which you only give information relevant to YOUR application
- More control over your enrollment information, including reassignments
- Easier access to check and update your information
- Less staff time and administrative costs to complete and submit enrollment to Medicare

**OR**

2. By submitting a paper enrollment application to the MAC. Complete the paper-based applications using [Form CMS-855B](#) or Form [CMS-855A](#). [Find your MAC's website](#).

### Pay the Enrollment Fee

The Medicare enrollment [application fee](#) applies to OTP providers. You must pay the enrollment fee upon initial enrollment and revalidation (every 5 years for OTP providers). We consider [hardship exceptions](#) on a case-by-case basis.

You can pay online through PECOS as you complete the electronic application or at the [Medicare Enrollment for Providers and Suppliers](#) website if you're completing a paper application.

To pay the fee you must include:

- Your NPI
- OTP legal business name
- Type of TIN (choose SSN or EIN from the drop down box in PECOS or checkbox on the paper application)
- SSN or EIN (the actual number of the type indicated above)
- Provider/Supplier service and specialty type
- Your primary email address
- State or territory of the OTP (use the OTP primary practice location address)
- Identify your MAC Fee-for-Service contractor

## Complete the Form CMS-855A or Form CMS-855B Medicare Enrollment Application

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OTPs may enroll (and be enrolled) in Medicare via the Form CMS-855A or the Form CMS-855B **but not both**.

As an OTP provider, you only need to fill out sections **1-6, 8, 13, 15, 16 (optional) and 17** of the application.

OTPs changing their OTP enrollment from a Form CMS-855B to a Form CMS-855A (or vice versa) must successfully complete the limited level of categorical screening under [§ 424.518\(a\)](#) if the OTP has already completed, as applicable, the moderate or high level of categorical screening under [§ 424.518\(b\) or \(c\)](#), respectively

- If a Form CMS-855B-enrolled OTP changes to a Form CMS-855A enrollment (or vice versa) then the effective date of billing set up for the OTP's prior enrollment under [§ 424.520\(d\)](#) and [§ 424.521\(a\)](#) applies to the OTP's new enrollment
- The application fee requirements apply to OTPs changing their enrollment from a Form CMS-855B to a Form CMS-855A (or vice versa)

**Note:** Choose the enrollment application that applies to you from the icons below and you'll be automatically directed to the correct instructions. Many sections of both forms are the same but some sections of the CMS-855A have slightly different instructions.

## Instructions for the Form CMS-855A Medicare Enrollment Application

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### Section 1: Basic Information

In **subsection A**. Check one box and complete the required section, select the reason for the application, depending on your status.

In **subsection B**. Check all that apply and complete the required sections:

- Identifying Information
- Final Adverse Actions/Convictions
- Practice Location Information, Payment Address & Medicare Record Storage Information
- Ownership Interest and/or Managing Control Information (Organizations)
- Ownership Interest and/or Managing Control Information (Individuals)
- Billing Agency Information
- Authorized Official(s)

To view subsection A and B, click their corresponding buttons below.

## Section 2: Identifying Information

In **subsection A**. Type of Provider, check the box for Other and write Opioid Treatment Provider or OTP in the field for Specify.

In **subsection B**. Identification Information:

- Add the required information for item 1. Business Information.
- Add the SAMHSA certification information for the OTP in item 2. State License Information/Certification Information. Report the certification number, effective date, and expiration date in the same section.
- Your MAC will verify that you're fully certified with SAMHSA and that your information is entered correctly.

Include the correspondence address where we can contact you directly in subsection B.2.C. Correspondence Address. This address can't be a billing agency's address.

If you're new to Medicare, you don't have to fill-out subsections E. through H.

To view subsection A, B.1, B.2, or C, click their corresponding buttons below.

### Section 3: Final Adverse Legal Actions-Convictions

Add information about any final adverse legal actions to Section 3.

You must report all applicable final adverse legal actions, whether any records are expunged or appeals are pending.

If you report any adverse legal actions, send copies of related or supporting documentation including notifications, resolutions, and reinstatement.

#### What are Final Adverse Legal Actions?

Final adverse legal actions can include convictions, exclusions, revocations, and suspensions. Section 3 of the [CMS-855A](#) and [CMS-855B](#) applications includes more information about the specific actions that may constitute final adverse legal actions.

To view Section 3, click the button below.

## Section 4: Practice Location Information

If you see patients in more than 1 practice location, you will complete Section 4A for each location.

In **subsection A**. Practice Location Information, you must:

- Report all practice locations where you'll provide services
- List your primary location first
- List your Medicare legacy number/NPI combination for each practice location
- Leave the Medicare Identification Number blank (it's assigned after your enrollment application is approved)
- Check Other Hospital Practice Location and write in Opioid Treatment Program or OTP

If you're applying to Medicare for the first time, check Add for each location and include the following information specific to that location.

In **subsection B**. Where do you want remittance notices Or special payments sent?, you must:

- Acknowledge that your payment address is the same as your practice location address

**OR**

- Select Add to enter a location different from your practice location address
- Enter the address where we should send remittance notices and special payments

In **subsection C**. Where do you keep patients' medical records?, you must:

- Select Add
- Enter the effective date (the date you started seeing patients)
- Enter the address(es) of medical record storage facility(ies)

To view subsection A, B, or C, click their corresponding buttons below.

In **subsection D**. Base of Operations Address for Mobile or Portable Providers (Location of Business Office or Dispatcher/Scheduler), you must:

- Select Add
- Enter the effective date (date you started seeing patients)
- Enter the location (city/town, state, and ZIP code+4) for the Base of Operations if it's different from the practice location listed in section 4A
- Check the box and skip to Section 4E if the Base of Operations address is the same as the Practice Location listed in Section

In **subsection F**. Geographic Location For Mobile or Portable Providers where the Base of Operations or Vehicle Renders Services, give the geographic area where you provide services. You must enter the city/town, state, and ZIP code.

If you provide services in home for an entire state, check the box for Entire State of and enter the name of the state.

To view subsection D, or F, click their corresponding buttons below.

## Section 5: Ownership Interest Or Managing Control Information (For Organizations)

Add information about any organizational ownership in Section 5.

Report any organization with a 5% or greater direct or indirect ownership of, a partnership interest in, or managing control of the provider identified in Section 2. If there's more than one organization, copy and complete this section for each, report individuals in Section 6.

To view Section 5, click the button below.

## Section 6: Ownership Interest and/or Managing Control Information (For Individuals)

Add information about individual ownership to Section 6.

- In **subsection A. Identifying Information**, add the full name, date and place of birth, SSN, NPI, the type of ownership and/or managing control, effective date
- Add the officer, director, managing employer, effective date, and exact percentage of control for owners with 5% or greater direct or indirect ownership
- In **subsection B. Final Adverse Legal Action History**, add the final adverse legal action history if an individual fits this category

To view subsection A or B, click their corresponding buttons below.

## Section 8: Billing Agency Information

If you choose to use one, you must include information about your billing agency or billing agent (if an individual) including:

- Legal business or individual name as reported to the SSA or IRS
- Date of birth (if individual)
- “Doing Business As” (DBA) name (if applicable)
- TIN or SSN
- Street address, city/town, state, ZIP code +4
- Phone number, fax number (if applicable), and email address

If this section doesn’t apply, check the box and skip to Section 12.

## Section 12: Special Requirements for Home Health Agencies

All Home Health Agencies (HHAs) and HHA sub-units enrolling in Medicare must complete this section. If this section doesn’t apply to you, check the box and skip to Section 13.

## Section 13: Contact Person

Provide the Contact Person’s full name, phone number, and address in Section 13.

Note: Only those listed as a Contact Person on the application will get communication about application status from the MAC.

To view Section 8, 12, or 13, click their corresponding buttons below.

## Section 15: Certification Statement

An Authorized Official (AO) can:

- Enroll the organization in Medicare legally
- Commit the organization to abide by all Medicare statutes, regulations, and program instructions
- Appoint Delegated Official(s) (DOs) (optional)

**Add information for your selected AO(s) to Section 15. You must provide the full name, phone number, title/ position, address, and signature of the officials.**

## Section 16: Delegated Official (Optional)

A DO can't delegate their authority to another individual.

Add the information for your selected DO (optional). You must provide the full name, phone number, address, date, and signature of the officials.

To view Section 15 or 16, click their corresponding buttons below.

## Section 17: Supporting Documents

You must upload (in PECOS) or send (hard copy via mail with your application) the following supporting documentation:

- Licenses, certifications and registrations required by Medicare or state law. Federal, state, and/or local (city/county) business licenses, certifications and/or registrations required to operate a health care facility.
- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., IRS CP 575) provided in Section 2.
- Completed [Form CMS-588, Authorization Agreement for Electronic Funds Transfer](#). Note: If a provider already gets payments electronically and isn't making a change to its banking information, the CMS-588 isn't required.
- An organizational chart that shows the name and title of key OTP personnel and the name of any central administration or larger organizational structure where the program is responsible. The organizational chart must report all managing employees, including the medical director and program sponsor. This can be the same chart you used to get SAMHSA certification.
- A [Form CMS-1561 Provider Agreement](#) signed and dated by an authorized or delegated official of the OTP with a handwritten or digitally signed signature.
- Statement in writing from the bank. If a provider gets payment for services through a bank (or similar financial institution) with whom the provider has a lending relationship (that's, any type of loan), the provider must submit a written statement from the bank that the bank has agreed to waive its right of offset for Medicare receivables.
- Copy(s) of all final adverse action documentation (e.g., notifications, resolutions, and reinstatement letters).
- Copy of an attestation for government entities and tribal organizations.
- Copy of HRSA Notice of Grant Award if that is a qualifying document for FQHC status.
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity (for example, Form 8832). Note: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes.

To view Section 17, click the corresponding button below.

## Instructions for the Form CMS-855B Medicare Enrollment Application

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### Section 1: Basic Information

In **subsection A**, check one box and complete the required section, select the reason for the application, depending on your status (new Medicare enrollee, reactivating).

In **subsection B**, check all that apply and complete the required sections, which are:

- Identifying Information
- Final Adverse Actions/Convictions
- Practice Location Information, Payment Address & Medicare Record Storage Information
- Ownership Interest and/or Managing Control Information (Organizations)
- Ownership Interest and/or Managing Control Information (Individuals)
- Billing Agency Information
- Authorized Official(s)

To view subsection 1A or 1B, click their corresponding buttons below.

## Section 2: Identifying Information

In **subsection 2A**. Business Information, add the required information for Item 1. Business Information.

- In **subsection 2A.2a**. License/Certification/Registration Information Add the required information for Item 2.a Business Information
- Add the SAMHSA certification information for the OTP in item 2.b Active Certification information
  - Report the certification number, effective date, and expiration date in the same section

You must send documentation verifying certification status, including copies of a signed and dated SAMHSA renewal letter.

Include the correspondence address where we can contact you directly in **subsection 2A.3**. Correspondence Address. This address can't be a billing agency's address.

In **subsection 2B**. Type of Supplier, check the box for Other and write "Opioid Treatment Provider" or "OTP" in the field for Specify.

You don't have to fill out subsections C through F; they don't apply to OTPs.

To view subsection 2A-2A.2a, 2A.3, or 2B, click their corresponding buttons below.

### Section 3: Final Adverse Legal Actions/Convictions

Add information about any final adverse legal actions to Section 3C. You must report all applicable final adverse legal actions, regardless of whether any records are expunged or appeals are pending.

If you report any adverse legal actions, send copies of related or supporting documentation including notifications, resolutions, and reinstatement.

#### What are Final Adverse Legal Actions?

Final adverse legal actions may include convictions, exclusions, revocations, and suspensions. Section 3 of the [Form CMS-855A](#) and [CMS-855B Application](#) includes more information about the specific actions that may constitute final adverse legal actions.

To view Section 3C, click the button below.

## Section 4: Practice Location Information

If you see patients in more than 1 practice location, you will complete Section 4A for each location.

In **subsection A.** Practice Location Information, you must:

- Add the Practice Location Name (“Doing Business As” name if different from Legal Business Name)
- Enter street address, phone number, and other applicable contact information of the practice location
- Enter your NPI
- Leave the Medicare Identification Number blank (the MAC assigns it after your enrollment application is approved)
- Check other health care facility and write in “Opioid Treatment Program” or “OTP”

In **subsection B.** Where do you want remittance notices or special payments sent?, you must:

- Select Add
- Enter the address where we should send remittance notices and special payments

In **subsection C.** Medicare Beneficiary Medical Records Storage Address, you must:

- Select Add
- Enter the effective date (this is the date you started seeing patients)
- Enter the address(es) of medical record storage facility(ies)

If applicable, in **subsection D.** Rendering Services in Patients’ Homes, provide information for all locations where you give health care services in patients’ homes. You must:

- Select Add
- Enter the effective date (the date you started seeing patients)
- Enter the city/town, state, and ZIP code for all locations

If you provide services in home for an entire state, check the box for Entire State of and enter the name of the state.

To view subsection 4A, 4B, 4C, or 4D, click their corresponding buttons below.

If applicable, in **subsection E**. Base of Operations address for Mobile or Portable Suppliers (Location of Business Office or Dispatcher/Scheduler), add information about the “Base of Operations” location from where personnel are dispatched, where mobile/portable equipment is stored, and when applicable, where vehicles are parked when not in use. You must:

- Select Add
- Enter the effective date (this is the date you started seeing patients)
- Add the address of the location

If the “Base of Operations” address is the same as the Practice Location listed in Section 4A, check the box to skip to section 4F.

If applicable, in **subsection F**. Vehicle Information, give information about any vehicles in which you provide mobile health care services. You must:

- Select Add
- Enter the effective date (the date you started seeing patients)
- Identify the type of vehicle
- Enter the Vehicle Identification Number (VIN)

If applicable, in **subsection G**. Geographic Location for Mobile or Portable Suppliers Where the Base of Operations and/or Vehicle Renders Services, provide the city/town, state, and ZIP code for all locations where you give mobile and/or portable services.

You must enter the city/town, state, and ZIP code for all locations.

If you provide services for an entire state, check the box for Entire State of and enter the name of the state.

To view subsection 4E, 4F, or 4G, click their corresponding buttons below.

## Sections 5: Ownership Interest and/or Managing Control Information (For Organizations)

Report all organizations with ownership and managing control of the OTP in Section 5.

- In **subsection A**. Organization with Ownership Interest and/or Managing Control – Identification Information, add the legal business name, address, phone number, TIN, NPI, and effective date.
- In **subsection B**. Final Adverse Legal Action History, add any final adverse legal action history if your organization fits this category

To view subsection 5A and 5B, click their corresponding buttons below.

## Section 6: Ownership Interesting and/or Managing Control Information (For Individuals)

Add information about individual ownership to Section 6

- In **subsection A.** Individuals with Ownership Interest and/or Managing Control – Identification Information:
  - Add the full name, date and place of birth, SSN, NPI
  - Add relationship with supplier, effective date
- In **subsection B.** Final Adverse Legal Action History, add final adverse legal action history if an individual fits this category.

To view subsection 6A and 6B, click their corresponding buttons below.

## Section 8: Billing Agency Information

If you choose to use a billing agency or billing agent, you must include information about your billing agency or billing agent (if an individual) including:

- Legal business/individual name as reported to the SSA or IRS
- Date of birth (if individual)
- “Doing Business As” (DBA) name (if applicable)
- TIN or SSN
- Street address, city/town, state, ZIP code +4
- Phone number, fax number (if applicable), and email address

If you don’t use a billing agency or agent, check the box to indicate that it doesn’t apply and skip to the next section.

To view Section 8, click the button below.

## Section 12: Supporting Documents

You must upload (in PECOS) or send (hard copy via mail with your application) the following supporting documentation:

- Written confirmation from the IRS confirming your TIN with the Legal Business Name (e.g., IRS form CP 575) provided in Section 2. (Note: This information is necessary if the applicant is enrolling their professional corporation, professional association, or limited liability corporation with this application or enrolling as a sole proprietor using an Employer Identification Number.)
- A completed [Form CMS-588, for Electronic Funds Transfer Authorization Agreement](#). (Note: If a supplier already receives payments electronically and isn't making a change to its banking information, the CMS-588 isn't required.)
- An organizational chart that shows the name and title of key OTP personnel and the name of any central administration or larger organizational structure where the program is responsible. The organizational chart must report all managing employees, including the medical director and program sponsor. This can be the same chart you used to get SAMHSA certification.
- A [Form CMS-1561 Provider Agreement](#) signed and dated by an authorized or delegated official of the OTP. **The signature must be handwritten or digitally signed.**
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes.)
- Statement in writing from the bank. If the provider has Medicare payment for services sent to a bank (or similar financial institution) with whom the provider has a lending relationship (that's, any type of loan), then the provider must provide a written statement from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.
- Copy(s) of all final adverse action documentation (e.g., notifications, resolutions, and reinstatement letters).
- Copy of an attestation for government entities and tribal organizations.

## Help with Submitting

CMS has an External User Services (EUS) help desk (visit the [EUS Customer Portal](#)). This resource supports people with PECOS, NPPES and other system questions. Keep in mind, the help desk may not be able to give specific information about the Opioid Treatment Program.

To view Section 12, click the button below.

### Section 13: Contact Person

Provide the Contact Person's full name, phone number, and address in Section 13.

**Note:** Only those listed as a Contact Person on the application will get communication regarding application status from the MAC.

### Section 15 Certification Statement

An **Authorized Official (AO)** can:

- Enroll the organization in Medicare legally
- Commit the organization to abide by all Medicare statutes, regulations, and program instructions
- Can appoint **Delegated Official(s) (DOs)** (optional)

Add information for your selected AO(s) to Section 15. You must provide the full name, phone number, title/position, address, and signature of the officials.

### Section 15: Delegated Official (Optional)

D. Delegated Official Signature(s)

A DO can't delegate their authority to another individual.

Add the information for your selected DO (optional). You must provide the full name, phone number, address, date, and signature of the officials.

To view Sections 13, 15B, and 15B, click their corresponding buttons below.

### Attachment 3: Opioid Treatment Program Personnel

All OTPs enrolling in Medicare must complete this attachment.

In **subsection A**. Ordering Personnel Identification:

- Check add, change, or remove (where applicable)
- Add the full name, date and place of birth, SSN, NPI, license number, and practitioner type

In **subsection B**. Dispensing Personnel Identification:

- Check add, change, or remove (where applicable)
- Add the full name, date and place of birth, SSN, NPI, license number, and practitioner type

To view subsection 3A or 3B, click their corresponding buttons below.

## What to Expect After Submitting Your Enrollment Application

### Review of Enrollment Application by MAC

MACs take approximately 45 days to review submitted applications, but it may take longer if you use the paper application. Additionally, MACs send development requests when they need more information or need you to take action. **MACs may ask you to submit fingerprints for individuals who have a 5% or greater direct or indirect ownership**, as a partner of an OTP provider when:

- Initially enrolling
- The OTP became Substance Abuse and Mental Health Services Administration (SAMHSA) certified after October 23, 2018

Reply quickly to avoid enrollment delay or denial. To avoid these development requests and additional delays, make sure you complete all information and requirements before you submit your application.

We'll initiate an observational site visit for initial enrollment, revalidation, and when you add a practice location.

### Approval

Your MAC will notify you when it approves or denies your application. The MAC will send you a copy of the provider agreement (also signed by CMS), along with the enrollment approval letter.

Once your MAC approves your enrollment application, your billing effective date is the later of:

- The date the MAC got your application

OR

- The date you begin providing services at a new practice location

You can get a retrospective billing date for up to 30 days before the effective date.

Note: If you're switching your enrollment from a [CMS-855B](#) enrollment to a [CMS-855A](#) enrollment, or vice versa, the effective date of billing privileges set up for your prior enrollment applies to your new enrollment. You're not allowed to duplicate billing. Deactivate your old enrollment and verify claim submission. If you submitted claims with your initial enrollment, your new enrollment will be effective the day after you filed your last claim for the old enrollment.

Your MAC will also issue your OTP a Provider Transaction Access Number (PTAN). A PTAN is a Medicare-only number MACs issue to providers when they enroll in Medicare. You should generally only use your PTAN with your MAC.

The NPI and the PTAN are related to each other for Medicare purposes. If you have relationships with 1 or more medical groups or practices or with multiple Medicare contractors, MACs usually assign separate PTANS. Together, the NPI and PTAN identify your OTP in Medicare. CMS maintains both the NPI and PTAN in PECOS, the national provider and supplier enrollment system.

You must use your NPI to bill Medicare and your PTAN to confirm your OTP to use your MAC's self-help tools such as the Interactive Voice Response (IVR) phone system, web portal, and on-line application status.

## Denied Enrollment

- If your MAC denies your enrollment due to non-compliance, you can submit a corrective action plan (CAP) within 30 days
- MACs determine if the CAP sufficiently addresses the issue

## Changes to Your Application

- You must update any changes in ownership or adverse legal action history within 30 days of the change
- You must make all other changes within 90 days of the change

## Identify Your EDI Contractor

Before you bill, you must identify the contractor responsible for your [Electronic Data Interchange \(EDI\)](#) connectivity. EDI is the automated transfer of data in a specific format following specific data content rules between a health care provider and Medicare, or between Medicare and another health care plan. In some cases, that transfer may take place with the help of a clearinghouse or billing service that represents a provider of health care or another payer. For more information contact your [Medicare Parts A/B and DME EDI Help Line](#).

## OTP Enrollment Process Checklist

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**STOP!** Before beginning the enrollment process, make sure your OTP has full certification with SAMHSA. MACs will deny Medicare provider enrollment applications for OTPs with provisional SAMHSA certification or in the process of getting certified.

### Pre-Enrollment Steps:

- Gather necessary information/documentation
- Get an NPI (unless OTP already uses NPI for Medicaid billing)
- Identify your MAC(s)
- Select a billing agency or agent (if applicable)

### Submitting Your Provider Enrollment Application:

- Choose electronic (recommended) or paper-based enrollment
- Pay the enrollment fee
- Complete the Form CMS-855A or Form CMS-855B electronic equivalent via PECOS, or the form in hard copy for all appropriate MAC jurisdictions
- Send supporting documentation

### What to Expect After Submitting Your Enrollment Application:

- Allow at least 45 days for your MAC(s) to review the application(s)
- Reply quickly to any requests for additional information or documentation
- If approved, begin providing and billing OTP services starting on the billing effective date. The billing effective date is the later of: the date the MAC receives your application or the date you begin providing services at new location
- If you're switching your enrollment from a CMS-855B enrollment to a CMS-855A enrollment, or vice versa, the effective date of billing privileges set up for your prior enrollment applies to your new enrollment. You're not allowed to duplicate billing. Deactivate your old enrollment and verify claim submission. If you submitted claims with your initial enrollment, your new enrollment will be effective the day after you filed your last claim for the old enrollment
- If denied, submit a corrective action plan within 30 days
- Update any changes in ownership and/or adverse legal action history within 30 days, and all other changes within 90 days
- Identify your EDI contractor

## Resources

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- [CMS Opioid Treatment Programs Center](#)
- [A/B MAC Jurisdictions](#)
- [CMS Fingerprinting Instruction Website](#)
- [Electronic File Interchange \(EFI\)](#)
- [External User Services \(EUS\) for Medicare Providers](#)
- [CMS Forms](#)
- [Medicare Enrollment Application Fee](#)
- [National Provider Identifier \(NPI\) Application/Update Form](#)
- [National Plan & Provider Enumeration System \(NPPES\)](#)
- [NPPES FAQs](#)
- [PECOS FAQs](#)
- [“Who Should I Call?” CMS Provider/supplier Enrollment Assistance Guide](#)

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