

REVISED CMS-855 FORMS PUBLISHED, NEW CMS-8550 TO ORDER AND REFER ITEMS

The US Office of Management and Budget has approved the revised Medicare Provider-Supplier Enrollment Applications, the CMS-855 forms. These updates to the 2008 versions include multiple changes to comply with enhanced disclosure requirements. Such changes include:

CMS-855A: Changes [discussed here](#);

CMS-855B, 855S, & 855I now require:

- 1) Identification of the supplier as proprietary or nonprofit.
- 2) Reporting of accreditation for independent diagnostic testing facility suppliers that will bill the Medicare program for advanced diagnostic imaging services.
- 3) Place and country of birth for individuals that have an ownership or managing control interest in the supplier.

On the CMS-855B, CMS has removed the enrollment distinction between single specialty and multi-specialty medical groups.

Additionally, a new form, CMS-8550, is used for the sole purpose of enrolling to order and refer items and/or services to Medicare beneficiaries.

Providers and suppliers enrolling for the sole purpose to order and refer are required to begin using the new CMS-8550 *immediately*; while those utilizing the other forms are encouraged to begin using the revised forms, but may continue to use the old forms through October 2011.

These revised forms are also part of the [revalidation requirements](#) and [enhanced screening](#) CMS has instituted for all [providers and suppliers](#) that must be completed by 2013. As previously [discussed](#), providers and suppliers are reminded to wait until they receive notice from their Medicare Administrative Contractor (MAC) before submitting for revalidation.

Should you have any questions, please contact:

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