

Medicare Enrollment Application (Part B)

This guide was specifically developed to assist dental offices wishing to treat individuals with Part B Medicare coverage (i.e., individuals with certain medical conditions who qualify for a medically necessary dental benefit in Part B).

To enroll in and/or access NPPES and PECOS, providers will be required to create an account through the [Identity & Access \(I&A\) Management System](#). When creating this account, only one account is needed to access multiple other systems, but providers will need make sure they include both NPPES and PECOS for it.

How to Enroll in Medicare to Provide Covered Services

STEP 1 – National Provider Identifier (NPI)

Skip to step 2 if you already have an NPI. Need an NPI? Visit the [National Plan and Provider Enumeration System](#) (NPPES) website. Not sure if you have an NPI? Visit [the NPI Registry](#).

STEP 2 – Enroll via the Provider Enrollment Chain and Ownership System (PECOS) or by Completing the Paper Form

Complete the [PECOS](#) online application or complete CMS Form [855i](#). Need help? View this [video](#). If you have trouble logging in, contact the External User Services Help Desk at **866-484-8049**.

STEP 3 – Locate your Medicare Administrative Contractor (MAC)

Locate your Medicare Administrative Contractor ([MAC](#)) (Part B contractor) based on your location. You can also contact your MAC for help in enrolling in Medicare.

Note: If you wish to provide covered dental services or to order or certify items and/or services for Medicare patients, you will need to enroll in Medicare as a Part B provider of covered services following the steps below. If you wish to only order or certify, you can enroll using CMS Form [855o](#) (a much shorter form).

[Participating vs. Non-Participating](#)

Medicare “participation” means you agree to accept claims assignment for all Medicare-covered services to your patients. By accepting assignment, you agree to accept Medicare-allowed amounts as payment in full. You may not collect more from the patient than the [Medicare deductible and coinsurance or copayment](#).¹

¹ [Annual Medicare Participation Announcement | CMS](#)

Participating Provider or Supplier	Non-Participating Provider or Supplier
<ul style="list-style-type: none"> • Medicare allows up to the full Medicare Physician Fee Schedule amount • Medicare pays you directly • Medicare forwards claim information to Medigap (Medicare supplement coverage) insurers 	<ul style="list-style-type: none"> • Medicare allows up to the full Medicare Physician Fee Schedule amount less 5% • You can't charge the patient more than the limiting charge, 115% of the Medicare Physician Fee Schedule amount • You may accept assignment on a case-by-case basis • You have limited appeal rights

Medicare Participating Physician or Supplier Agreement

To sign a participation agreement is to agree to accept assignment for all covered services that you provide to Medicare patients. If you bill for physicians' professional services, services and supplies provided incident to physicians' professional services, outpatient physical and occupational therapy services, diagnostic tests, or radiology services, your Medicare fee schedule amounts are 5% higher than the non-participant rate if you participate. Also, providers receive direct and timely reimbursement from Medicare.² You will need to complete [Form CMS-460](#) and send it to your MAC. Additional information and a robust Medicare FAQ is available on ADA.org [here](#).

What if you wish to provide covered services to beneficiaries but do not want to bill Medicare for your services and instead have your Medicare patients pay you out of pocket? In this case, you would need to [opt out of Medicare](#). Medicare coverage would still apply when you order or certify items and services. You can check your opt-out status on the [CMS Opt-Out Dataset](#).

STEP 1 – Submit an Opt-Out Affidavit to Medicare

You can use the attached [opt-out affidavit](#) to submit to your Medicare Administrative Contractor.

STEP 2 – Enter into Private Contracts with your Medicare Patients

You can then enter into a [private contract](#) with each of your Medicare patients. This contract will reflect the agreement between you and your patients, that they will pay out of pocket for services and that a

To Cancel your Opt-Out Status

To cancel your opt-out status, you'll need to mail a cancellation request to your MAC at least 30 days before your opt-out period is set to expire. If you don't submit your cancellation request before the 30-day period, your opt-out status will automatically renew for another two-year cycle.

² MEDICARE PARTICIPATING PHYSICIAN OR SUPPLIER AGREEMENT FORM CMS-460

Early Termination

You can terminate your opt-out status within the first 90 days of submitting an initial opt-out affidavit. Once an opt-out has been automatically renewed, you can no longer terminate early.

To Renew your Opt-Out Status

If you're currently opted out, your opt-out status will automatically renew every two years. If you submitted an opt-out affidavit before June 16, 2015 and never renewed it, you'll need to submit a new opt-out affidavit should you choose to renew your opt-out status.

Information accessed from CMS at [Become a Medicare Provider or Supplier | CMS](#)