

Enrolling in Medicare as a Participating Provider

Step-by-Step Guide

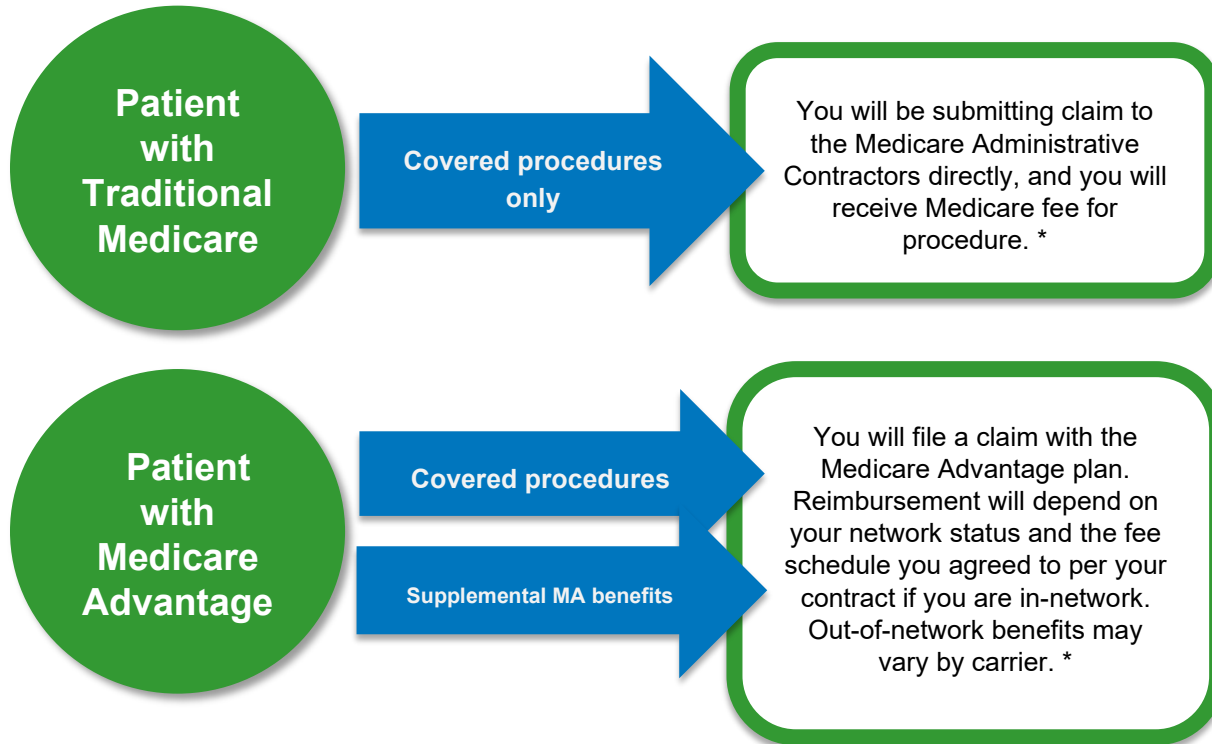


Figure: Scenarios of how billing occurs when enrolled as a Medicare Participating Provider

* * For “dual eligible” beneficiaries who are recipients of both Medicare & Medicaid benefits, Medicare will be the primary payer. The beneficiary cannot be balance billed due to Medicaid regulations. Because the Medicare program includes a 20 percent coinsurance provision, providers can be paid up to 20 percent less than the fee schedule amount when treating dual-eligible beneficiaries. Further, payments for dual eligible beneficiaries enrolled in Medicare Advantage plans may be impacted by providers network status and contractual terms.

How to Enroll in Medicare

The first step in the process to enroll in Medicare is to obtain a National Provider Identifier (NPI) number if you do not already have one. An NPI is a unique identification number that health care providers, health plans, and health care clearinghouses must use for administrative and financial transactions. You can obtain your NPI online



Enrolling in Medicare as a Participating Provider

Step-by-Step Guide

through the Department of Health & Human Services National Plan & Provider Enumeration System (NPPES), the system to apply for and manage NPIs. You should obtain a Type 1 NPI.¹

If you are unsure if you have an NPI, you can check by searching the [NPPES NPI Registry](#).

Once you have an NPI, you can enroll in Medicare through the Provider Enrollment, Chain, and Ownership System (PECOS), the system to electronically submit and manage Medicare enrollment information.

Create an account in the CMS [Identity & Access Management \(I&A\) System](#) as this single account can be used to access NPPES for your NPI and PECOS for Medicare enrollment.

Use your I&A system account to obtain your NPI, if needed, through [NPPES](#).

[You also have the option to obtain your NPI using a paper application. Complete, sign, and mail the [NPI Application/Update Form \(CMS-10114\)](#) to the address on the form.]

Once you have your NPI, use your I&A system account number to [access PECOS](#) and complete the CMS-855I form for physician and non-physician practitioners to enroll as a provider to bill Medicare for covered dental services.

If you are currently enrolled in Medicare for the sole purpose of ordering or referring Medicare-covered services such as durable medical equipment and supplies or DMEPOS (e.g. sleep apnea devices) and clinical laboratory services billed by another provider—having enrolled through the CMS-855O form, you should [use PECOS](#) to enroll using the CMS-855I form to be able to bill for covered dental services. You will not be able to treat Medicare beneficiaries without completing the CMS-855I form.

The CMS-855I form allows you to specify your specialties. In PECOS, you may select Dentistry, Oral and Maxillofacial Surgery, Dental Anesthesiology, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral Medicine, Orofacial Pain, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics. You may also select Unspecified Physician Specialty if one of the specialties above do not apply to your field of dentistry.

The CMS-855I also enables you to take other steps to facilitate billing and payment for services, including:

Submitting an Electronic Funds Transfer (EFT) Authorization Agreement, to receive electronic payment for services. [Visit ADA's guide to enrolling in Electronic Funds Transfer \(EFT\) if you have not used this before.](#)

¹ Type 1 NPI is for healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI. Type 2 are healthcare providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.



Enrolling in Medicare as a Participating Provider

Step-by-Step Guide

- “Reassigning your benefits” to an organization or group to submit claims and receive payment for services you furnish on your behalf.

Your Medicare Administrative Contractor (MAC) may request documentation to support or validate information reported on the CMS-855I form. Your MAC may also request documents other than those identified on the form as it determines necessary.

Choosing to “participate” in traditional Medicare after enrollment

If you want to be a participating provider, submit a completed [CMS-460 form](#), the Medicare Participating Physician or Supplier Agreement, as supporting documentation with your initial CMS- 855I enrollment application.

If you do not submit a CMS-460 form with your initial enrollment, you will be enrolled as a non-participating provider, which is the default status. You have 90 days from your initial enrollment to submit a CMS-640 form to become a participating provider. If you decide to participate within this 90-day timeframe, complete the CMS-460 and send it to your MAC.

You will be able to revisit your participation decision at the end of each calendar year with the decision effective the following year starting January 1. Your MAC manages participation status changes during this open enrollment period that generally runs from mid-November through December 31. This is the only period of time that providers who are currently enrolled in Medicare can change their current participation status. Contact your [MAC](#) with questions related to changing your participation status.

Are you unsure if you enrolled previously? [Check your status at CMS’s Physician and Provider Look Up Tool.](#)

Are you unsure if you opted-out previously? [Check your status at CMS’s Provider Opt-Out Affidavit Look Up Tool.](#)