

Psychiatry Coding & Reimbursement Alert

Clinical Billing Spotlight: Get Up-to-Date on Group Enrollment Using These Expert Tips

Learn the basics before submitting the CMS-855-B.

If you are enrolling your practice into Medicare or changing your enrollment data, you should be aware of the necessary forms that you need to use for this purpose and the specific rules that you need to follow when using them.

Let our experts walk you through the basics of the CMS-855-B form, so you can determine whether this form is right for your group and then get a jumpstart on completing your Medicare enrollment process.

Determine if 855-B Applies to Your Group

There are six CMS-855 forms, as follows:

- CMS-855-A □ Used by institutional providers (e.g. hospitals).
- CMS-855-B □ Used by clinics, group practices, and certain other suppliers.
- CMS-855-I □ Used by physicians and non-physician practitioners.
- CMS-855-O □ Used for eligible ordering/referring physicians and non-physician practitioners.
- CMS-855-R □ Used for reassignment of Medicare benefits.
- CMS-855-S □ Used for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers.

For this article, we will be reviewing the CMS-855-B, which is for clinics, group practices, or other organization suppliers except DMEPO Ssuppliers.

Other organization suppliers "are healthcare suppliers ... that will bill Medicare carriers which now ... have switched over to the Medicare administrative contractors, typically, medical clinics, group practices, things of that sort, but there are a lot of other suppliers out there," says **Duane C. Abbey, Ph.D.**, of Abbey and Abbey Consultants Inc., in Ames, Iowa in his Audioeducator.com audio conference titled "Understanding the CMS-855-B."

What CMS says on the CMS-855-B form: "Clinics and group practices who are enrolled in the Medicare program, but have not submitted the CMS-855-B since 2003, are required to submit a Medicare enrollment application (i.e., Internet-based PECOS or the CMS 855B) as an initial application when reporting a change for the first time."

On the CMS-855-B form, the Centers for Medicare & Medicaid Services (CMS) states that the following suppliers must complete the application to enroll in Medicare:

- Ambulance Service Supplier
- Mammography Center
- Ambulatory Surgical Center
- Mass Immunization (Roster Biller Only)
- Clinic/Group Practice
- Part B Drug Vendor
- Independent Clinical Laboratory
- Portable X-ray Supplier
- Independent Diagnostic Testing Facility (IDTF)
- Radiation Therapy Center
- Intensive Cardiac Rehabilitation Supplier

"If your supplier type is not listed above, contact your designated fee-for-service contractor before you submit this application," CMS adds.

Get to Know the Basics of 855-B

There are four reasons you might need to submit a CMS-855-B form, according to CMS:

1. If you are a medical practice or clinic that will bill for Medicare Part B services.
2. If you are a hospital or other medical practice or clinic that may bill for Medicare Part A services but will also bill for Medicare Part B practitioner services or provide purchased laboratory tests to other entities that bill Medicare Part B.
3. If you are currently enrolled with a Medicare fee-for-service contractor but need to enroll in another fee-for-service contractor's jurisdiction.
4. If you are currently enrolled in Medicare and need to make changes to your enrollment data.

The CMS-855-B form has 17 sections plus some additional sections that only apply to certain groups. There are 49 pages, with the possibility of special additional attachments. "The CMS-855-B is lengthy and requires careful consideration," Abbey says.

The details: So what is the purpose of the form? CMS wants details about your group. According to Abbey, CMS wants to know the following:

- Who are you?
- What are you?
- Where are you located?
- Who owns you?
- Who controls you?
- What is your financial situation?
- What is your management structure?
- Have you had any problems in the past?
- Are there associated organizations? (past and present)
- Is it appropriate for you to file claims and be paid by the Medicare program?

Important: "Whenever you sit down or anticipate filling out one of these forms, particularly if you're doing it on paper, be sure you have the latest form," Abbey says. "And sometimes CMS puts these forms out there, and they don't really announce that they're new."

Resource: You can find the latest form at www.cms.hhs.gov/CMSForms/CMSForms/list.asp.

"Keep in mind that we have specific time limits on when you are to update these forms," Abbey warns. "And some of them are pretty stringent. I would say to you all that ... if you have an 855-B or any of the 855s, always plan to update them within 30 days of a change to data previously submitted on the form. Do it within 30 days and then you'll be safe. Some of the items, you can wait for 90 days."

Determine Which Employee Handles the Form

Your clinic will need to decide who is going to be responsible for filling out the CMS-855-B form and submitting it.

"One thing that you need to determine in your organization, whether it's large or small, is □ who's filling out these forms?" Abbey stressed. "Because whoever is doing that needs to have a comprehensive understanding of a number of different aspects of the healthcare provider □ business structuring, National Provider Identifiers, Medicare billing. There are a whole bunch of things that whoever fills these things out needs to know about."

In a small clinic, this shouldn't be too difficult, Abbey explains; however, in a large clinic or hospital-based clinics, you



could be filing hundreds of CMS-855-B forms in a short amount of time. You may even have multiple people handling different parts of the form.

Additionally: You will also need to decide if your clinic will file the form electronically or on paper. Either way, Abbey suggests typing in the information, but you can file whichever way works best for your facility.