

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Clarification of Certain Policies in Pub. 100-08, Chapter 15 Regarding the Processing of Form CMS-855R Applications

Provider Types Affected

This MLN Matters® Article is intended for individual suppliers who reassign their Medicare benefits to another supplier or provider.

What You Need to Know

Change Request (CR) 9552 clarifies policies in Chapter 15 (Medicare Enrollment) of the “Medicare Program Integrity Manual” concerning the processing of Form CMS-855R (Reassignment of Medicare Benefits) applications and adds a supplementary guide to this chapter that educates providers and suppliers on the preparation and submission of reassignment applications. A Form CMS-855R application must be completed for any individual who will: (1) reassign his/her benefits to an eligible entity, (2) terminate an existing reassignment, or (3) update the primary practice location listed on the Form CMS-855R. Separate Form CMS-855Rs must be completed for each transaction.

Make sure your billing staffs are aware of the clarifications and supplementary guide, which are discussed below.

Background

CR9552 does not involve any legislative or regulatory policies; it only clarifies existing policy. Key clarifications are:

- If a Form CMS-855R is accompanied by an initial Form CMS-855I or submitted as a “stand-alone” form (that is, a Form CMS-855R is submitted as a new reassignment, such as when an enrolled physician who is operating as a sole proprietor joins a

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group practice and reassigns his benefits to the group), the effective date of the enrollment and the reassignment shall be consistent with the 30-day rule (that is, the later of the date of filing or the date the reassignor first began furnishing services at the new location) specified in section 15.17 of Chapter 15.

- The Form CMS-855R application is not to be used to:
 - Report employment arrangements of physician assistants (PAs); employment arrangements for PAs must be reported on the Form CMS-855I.
 - Revalidate reassignments; the individual practitioner should only use the Form CMS-855I and list his or her active reassignment information in Section 4B thereof.

A comprehensive supplementary guide is also available that further assists providers/suppliers and MACs on the correct processing of the Form CMS-855R. That guide and the revised manual chapter are attachments to CR9552.

Additional Information

The official instruction, CR9552, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R676PI.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>.

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