

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



Medicare Enrollment Guidelines for Ordering/Referring Providers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES





As a result of the Affordable Care Act, providers will need to enroll in the Medicare Program for the sole purpose of ordering or referring services to Medicare beneficiaries. This fact sheet provides education on the enrollment requirements for eligible ordering/referring providers.

What are the requirements for ordering and referring?

There are three basic requirements for ordering and referring:

1. The physician or non-physician practitioner must be enrolled in Medicare or in an opt-out status.
2. The ordering/referring National Provider Identifier (NPI) must be for an individual physician or non-physician practitioner (not an organizational NPI).
3. The physician or non-physician practitioner must be of a specialist type that is eligible to order and refer.

If you don't meet the three basic requirements above, refer to the "How do I obtain an NPI?" section below.

Who may order and refer for Medicare Part B and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) beneficiary services?*

Only Medicare-enrolled individual physicians and non-physician practitioners of a certain specialist type are eligible to order/refer for Part B and DMEPOS Medicare beneficiary services. These individuals include:

- Doctor of Medicine or Osteopathy,
- Doctor of Dental Medicine,
- Doctor of Dental Surgery,
- Doctor of Podiatric Medicine,
- Doctor of Optometry,
- Physician Assistant,
- Certified Clinical Nurse Specialist,
- Nurse Practitioner,
- Clinical Psychologist,
- Certified Nurse Midwife, and
- Clinical Social Worker.

Organizational providers cannot order and refer.

*A previous version of this fact sheet listed Doctors of Chiropractic Medicine as eligible to order/refer for Part B and DMEPOS Medicare beneficiary services.



On August 12, 2011, the Centers for Medicare & Medicaid Services (CMS) provided technical direction to Medicare Contractors that Doctors of Chiropractic Medicine are **not eligible** to order/refer. Medicare coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation. All other services furnished or ordered by Doctors of Chiropractic Medicine are not covered. CMS will soon re-issue the related policies. For more information, visit <http://www.cms.gov/Transmittals> on the CMS website.

Who may order and refer for Medicare Part A Home Health Agency (HHA) beneficiary services?

Only Medicare-enrolled individual physicians of a certain specialist type are eligible to order/refer for Part A when a plan of treatment is needed and submitted from an HHA for beneficiary services. These individuals include:

- Doctor of Medicine or Osteopathy, and
- Doctor of Podiatric Medicine.

Who may file claims with ordering or referring information contained on the claim?

Any Medicare-enrolled Part B organizational provider, DMEPOS supplier, or Part A HHA provider may file claims.

How should ordering and referring physicians or non-physicians be reported on claims?

For Medicare Part B and DMEPOS providers, the ordering/referring information should be reported on the line for the name of referring provider or other source along with the associated NPI (lines 17 and 17b). For Medicare Part A HHAs, the ordering/referring information should be reported on the line for attending providers along with the associated NPI (line 76).

What are the types of NPI? How can I verify which type of NPI I have?

There are two types of NPI: Type 1 and Type 2. An organization's NPI is deemed a Type 2. An individual's NPI is deemed a Type 1. NPIs for both types may be verified at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do> on the CMS website.

Only Type 1 NPIs can be used for ordering/referring purposes.

Why do I currently receive informational messages when I submit a claim for ordering/referring?

Laboratories, imaging centers, DMEPOS suppliers, and HHAs will receive this message if the ordering/referring or attending physician/non-physician practitioner reported on the claim does not meet the three basic requirements for ordering and referring.

Laboratories, imaging centers, DMEPOS suppliers, and HHAs can work with their ordering/referring or attending physicians/non-physician practitioners to ensure that claims will not be rejected once the automatic edits are activated to reject the claims, instead of only providing informational messages.

Did you know?

While much of the focus on ordering/referring has been ensuring that ordering/referring physicians and non-physician practitioners are enrolled in the Provider Enrollment, Chain and Ownership System (PECOS), CMS has found that many of the informational messages are for orders that do not meet the basic ordering/referring requirements mentioned above. Here are some statistics:

- 11% of informational messages are generated for organizational NPIs. Orders must be written by eligible individual physicians or non-physician practitioners. Organizations are **not** eligible to order and refer. Some eligible professionals have both a Type 1 (individual) and Type 2 (organizational) NPI. You must use a Type 1 NPI for ordering and referring.
- 10% of the informational messages are generated for individual providers who are of a specialty that is not eligible to order and refer.
- 79% of the informational messages are generated for individual providers who are eligible to order and refer but are not yet enrolled in PECOS.

How do I obtain an NPI?

Providers may apply for an NPI in one of three ways:

1. Apply through a web-based application process. Visit the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> on the CMS website.
2. Complete, sign, and mail a paper application to the NPI Enumerator. For a copy of the application (Form CMS-10114), refer to <http://www.cms.gov/cmsforms/downloads/CMS10114.pdf> on the CMS website. A hard copy application can be requested through the NPI Enumerator by calling 1-800-465-3203 or TTY 1-800-692-2326.
3. Give permission to have an Electronic File Interchange Organization (EFIO) submit the application data on behalf of the health care provider (i.e., through a bulk enumeration process), if requested. For more



information on this option, visit http://www.cms.gov/NationalProvIdentStand/04_education.asp on the CMS website.

Resources

Ordering/referring providers must be enrolled in Medicare via PECOS

Ordering/referring providers should verify that they have an enrollment record contained in PECOS. There are five ways to verify that an enrollment record exists in PECOS:

1. Refer to the Ordering and Referring Report available at <http://www.cms.gov/MedicareProviderSupEnroll/downloads/OrderingReferringReport.pdf> on the CMS website. If you are listed on that report, you have a current enrollment record in PECOS.
2. Use Internet-based PECOS to locate your PECOS enrollment record. If no record is displayed, you do not have an enrollment record in PECOS. For Internet-based PECOS, visit http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp on the CMS website.

NOTE: You must have an NPPES User ID and password.

3. Contact your designated Medicare enrollment contractor and ask if you have an enrollment record in PECOS. In order to identify your Medicare enrollment contractor, refer to the “Medicare Fee-For-Service Provider Enrollment Contact List” at http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.
4. If you have submitted an enrollment application on paper or via the Internet to your Medicare Contractor for ordering and referring purposes and would like to check the status, refer to <http://www.cms.gov/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialPhysicians.zip> or <http://www.cms.gov/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialNonPhysicians.zip> on the CMS website. Please keep in mind that these applications have not been fully processed and are awaiting contractor review.
5. If you do not have an enrollment record in PECOS, refer to “The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for

Physicians and Non-Physician Practitioners” at http://www.cms.gov/MLNProducts/downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf on the CMS website. This fact sheet contains instructions on creating an enrollment record in PECOS.

For more information about enrolling in Medicare, refer to the following resources:

- For more information about the Medicare enrollment process, visit <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.
- To access Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. To report an Internet-based PECOS navigation, access, or printing problem, contact the External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to EUSSupport@cgi.com for an electronic response.
- Please contact the designated Medicare Contractor for your State about any additional questions regarding the Medicare enrollment process. Medicare provider enrollment contact information for each State can be found at http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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