PUBLICATION

CMS Clarifies Its 855R Policies [Ober|Kaler]

2016

Recently CMS issued Change Request (CR) # 9552 [PDF] clarifying certain Medicare provider enrollment policies in Chapter 15 of the CMS *Program Integrity Manual* (Pub. 100-08). The clarifications relate to the function of the 855R application and CMS's processing of it. The CR also includes a guidance document related to the preparation of 855R for reassignment purposes. It becomes effective on December 19, 2016.

The 855R is most commonly known as the application to use for reassigning a provider's right to bill Medicare to another Medicare provider or supplier and/or for terminating such a reassignment. An 855R can function as a stand-alone submission, but only if the individual is already enrolled in Medicare in the same jurisdiction. Otherwise, it must be submitted with an 855I, the form for an initial enrollment. CR 9552 highlights a third core function of the 855R, which is to change the primary practice location of an enrolled individual. This is important, for example, if a physician wants to be identified as working at a particular location for potential patients searching on CMS's Physician Compare website.

On the other hand, the CMS guidance adds language to address what an 855R should not be used for, which includes reporting a physician assistant's employment arrangement or for revalidating a reassignment. Rather, both functions should be processed via an 855I.

CMS's guidance highlights the absence of the required signature of the reassigning physician as a basis upon which CMS may reject an 855R application, which is. While not a change articulated in this guidance, it is worth noting that the use of an outdated version of an 855R — or any 855 for that matter — is another basis for rejection of which providers are often unaware. Further, if CMS rejects an 855R, it can reject any accompanying 855I. Providers can mitigate this risk by simply checking the CMS website for the most current application prior to completing and submitting any 855.

Providers whose 855Rs or other 855s are rejected may get a second chance to resubmit an application using the correct form. The rejection starts a 30-day clock, during which time any and all requested information and supporting documentation needed to process the application must be submitted. Therefore, the resubmission needs to be complete and accurate, with all required supporting documentation enclosed.

Finally, this recent CMS guidance provides a “user guide” of sorts for completing the 855R. The guide is drafted in user-friendly language and addresses the core issues to consider when preparing an 855R.