

**1. Even before you can enroll with Medicare you will need to obtain a National Provider Identifier (NPI) number.**

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. You can fill out the online NPI application online. The application takes only about 20 minutes to complete. Once you have your NPI, you are ready to apply to become a Medicare provider.

- [Online NPI Application](#)

**2. Now that you have your NPI Application you can apply to become a Medicare provider.**

You can apply directly on the CMS website through the Internet-based Provider Enrollment, Chain and Ownership System (PECOS).

- [Online Medicare enrollment getting started guide](#)
- [Online Medicare enrollment application](#)

In addition, the CMS website contains provider enrollment forms that can be accessed and printed. When prompted, search for the 855 application. The Medicare Provider application forms are used by many individuals/groups including suppliers, physicians and non-physician practitioners.

- [Visit CMS Website to Download Form 855](#)

**Which Forms Should Be Used?**

- **Health Care Providers that will bill Medicare carriers (CMS 855B)**  
Used for suppliers who render medical services to Medicare beneficiaries and submit claims for the services rendered, and physician(s), non-physician practitioner(s) and other health care providers/suppliers who form a practice together and bill Medicare as a single supplier.
- **Individual Health Care Practitioners (CMS 855I)**  
Used for suppliers who render medical services to Medicare beneficiaries and submit claims for the services rendered, and physician(s), non-physician practitioner(s) and other health care providers/suppliers who form a practice together and bill Medicare as a single supplier.
- **Individual Reassignment of Benefits (CMS 855R)**  
Used to officially reassign your benefits to the organization (partnerships, groups, corporations) for services provided as part of that organization.

**Important Point:**

Depending on your practice setting and employment relationship, you may have as few as one

form to complete (CMS 855I), or more than three forms to complete (CMS 855B, CMS 855I, and a CMS 855R form for each employer whom you may reassign your benefits). For example, if a group of RDs form together as a practice, and the practice has not previously qualified for Medicare Part B services, the CMS 855B form may be required, in addition to the CMS 855I and CMS 855R.

### **3. Submit your application and supporting documents to Medicare.**

#### **Timeline for Processing:**

- Initial enrollments
  - Internet-based PECOS Applications: 45-90 calendar days from receipt
  - Paper Applications: 60-180 calendar days from receipt
- Reassignments/Change Requests
  - Internet-based PECOS Applications: 45-90 calendar days from receipt
  - Paper Applications: 60-180 calendar days from receipt

#### **Other Forms:**

In addition to the application form, you may need to submit other forms to your Medicare Administrative Contractor (MAC) including an [Electronic Claims Submission form](#), which is used if you want to submit your claims forms electronically; and [Authorization Agreement for Electronic Funds Transfer](#).

Some additional documents that RDs **may** need to send to the MAC could include:

- A copy of state licensure;
- A diploma of indicating completion of bachelor's degree coursework,
- A statement verifying completion of the supervised practice program, and/or
- For states without licensure; verification of registration from the Commission on Dietetic Registration.