



Consolidated CMS-855I/CMS-855R Enrollment Applications

What Has Changed?

Medicare has merged the CMS-855R into the CMS-855I paper enrollment application. Physicians and non-physician practitioners can reassign your right to bill the Medicare program and receive Medicare payments for some or all the services you render to Medicare beneficiaries terminate a current reassignment of Medicare benefits or make a change in their reassignment of Medicare benefit information using the CMS-855I. All data previously collected on CMS-855R and used to report reassignment information is now captured on the CMS-855I. The CMS-855R will no longer be used to report reassignment information.

Organizations/groups accepting a new reassignment of Medicare benefits terminating a currently established reassignment of benefits or making a change in reassignment of Medicare benefit information, should also submit the 855I to report these changes. The CMS-855B will be updated to include reassignment information in a future form update.

What Does It Mean to Reassign Your Benefits?

Reassigning your Medicare benefits allows an eligible organization/group to submit claims and receive payment for Medicare Part B services that you have provided as a member of the organization/group. Such an eligible organization/group may be an individual, a clinic/group practice or other health care organization.

How to Submit Reassignment of Benefits Using the Revised CMS-855I

Physicians and non-physician practitioners can enroll and report reassignments using either:

- *The Provider Enrollment, Chain and Ownership System (PECOS), or*
- *The Paper CMS-855I Application*

PECOS Submissions

There is no change in how physicians, non-physician practitioners or organizations/groups report reassignments in PECOS. Within the Reassignment Topic of your PECOS application, you can add a new reassignment, terminate an existing reassignment or make a change to your reassignment information. All existing signatures are required to be submitted. For step-by-step enrollment tutorials refer to: <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>.

Paper Submissions

Adding a Reassignment with Your Initial Enrollment

1. Check the "You are a new enrollee in Medicare" box in Section 1A.
2. Complete all applicable sections.
3. In Section 4F, check "Add", furnish the effective date and complete the appropriate fields in this section
4. If you reassign benefits to more than one organization/group, copy and complete the page.
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.

Adding a New Reassignment as a Change of Information

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1A.
2. In Section 1B select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F, check "Add", furnish the effective date, and complete the appropriate fields in this section
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.
6. The practitioner must sign Section 15B.
7. The Authorized or Delegated Official of the organization/group must sign Section 15C.

Changing Existing Reassignment Information (Primary/Secondary Location(s))

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F3, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

Terminating an Existing Reassignment

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F, check "Terminate", furnish the effective date, and complete the appropriate fields in this section
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

When are these Changes Effective?

Medicare Administrative Contractors (MACs) will begin to accept the revised version of the CMS-855I (05/23) on September 1, 2023. Refer to: <https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications> for the revised form.

MACs will continue to accept the 12/21 version of the CMS-855I and the 01/20 version of the CMS-855R through October 30, 2023. After November 1, 2023, MACs will return any newly submitted CMS-855I and CMS-855R applications on the previous versions to the provider/supplier with a letter explaining that the CMS-855I has been updated and the CMS-855R discontinued and the current version of the CMS-855I (05/23) must be submitted.

Identify Your MAC

MACs process all Medicare enrollment applications for Part A and B providers and suppliers. MACs serve as the primary avenue of communication between health care providers and the CMS Medicare Fee-For-Service program.

Find and contact your MAC (PDF).