

OMB Approval No. 0938-0685

E. Medical Specialty

1. **Physician Specialty** - Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:
 - a) If you are a physician, please enter the appropriate letter (P = primary, S = secondary) to indicate your specialty(s). You may only enter one (1) primary specialty and unlimited secondary specialties. If you do not see your specialty listed, check "Undefined physician type" and report your specialty in the space provided.
 - b) Submit a copy of your State physician license and furnish the license number, issue date and renewal date in the space provided.

****NOTE: Diagnostic Radiology** – If you checked diagnostic radiology as your specialty, and you will bill for the technical component (tc) of the diagnostic tests, you must contact the Medicare carrier prior to your enrollment to determine if you will also need to complete a CMS 855B to enroll in Medicare as an Independent Diagnostic Testing Facility (IDTF).

NOTE: Physicians who Bill for Diagnostic Tests (other than clinical laboratory or pathology tests) – As a physician, you may bill for these diagnostic tests as long as you do not provide a substantial portion of the diagnostic tests to patients who **are not** your patients. Patients are considered your own patients if:

- They have a prior relationship with you and are receiving medical treatment from you for a specific medical condition, or
- You are also billing for patient evaluation and management codes (E & M).

A separate (additional) enrollment as an IDTF may be required if, as stated above, substantial portions of your diagnostic tests (other than clinical laboratory or pathology) are provided to patients who are not your patients. Enrollment as an IDTF will not affect your enrollment as a physician. If you only furnish diagnostic tests, claims must be submitted as an IDTF. To enroll as an IDTF, you must complete and submit a CMS 855B.

2. **Non-Physician Specialty** - Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:
 - a) If you are a non-physician practitioner, check the appropriate space to indicate your specialty. You may only check one non-physician specialty. If you want to enroll with more than one non-physician specialty you must submit a separate application for each. If you do not see your specialty listed, check "Undefined non-physician type" and report your specialty in the space provided.
 - b) All non-physician practitioners must meet specific licensing, educational (including any degrees and/or certificates), and work experience requirements. If you need information concerning the specific requirements for your specialty, contact the Medicare carrier. Submit copies of all necessary documentation to prove your eligibility to enroll in Medicare and furnish any license (or other) number, issue date and renewal date in the space provided.
- F. Physician Assistants (PA) Only** - Indicate if you are adding or deleting an employer. Provide the new information and the effective date of the addition or deletion. Provided that this is the only change in your information, you need to sign and date the certification statement. Otherwise:
- In order to determine who will be billing for your services, report all employers' names and Medicare billing numbers. This information will allow Medicare to appropriately associate you with each of your employers. All employers must be currently enrolled in the Medicare program.

NOTE: Physician Assistants – When completing this application, PAs should only complete Sections 1, 2, 3, 10, 13, 15 and 17. Also, PAs should not use or submit the CMS 855R form to report employers. The CMS 855R is only used to reassign benefits that would otherwise be paid directly to the practitioner.