Initial Medicare Certification Process

855B Enrollment Process

The ASC must obtain its National Provider Identification (NPI) number prior to submitting its 855B to CMS. It takes approximately ten (10) days to receive the NPI number. Use this link: https://nppes.cms.hhs.gov or call 1-800-465-3203 for instructions and forms for obtaining NPI numbers.

The ASC must complete the CMS 855B enrollment application form. Use this link to obtain the 855B enrollment application: http://www.cms.gov/CMSforms/downloads/cms855b.pdf or access CMS's Internet-based PECOS: https://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp

Within 10 days of receiving completed application, Medicare fee-for-service carrier will send copy to SA and RO.

Medicare fee-for-service contractor verifies the information on the 855B application.

IF RECOMMENDED FOR APPROVAL

Medicare fee-for-service contractor provides SA, RO, and ASC confirmation of application completion within sixty (60) calendar days of receipt of 855B.

ASC submits Application for Survey, and the AAAHC Physical Environment Checklist, to AAAHC requesting a Medicare deemed status survey.

ASC must provide evidence of Medicare fee-for-service contractor notice of application completion to AAAHC before a survey can be scheduled.

AAAHC surveys ASC to determine if it is compliant with Medicare Conditions for Coverage (CfC). If non-compliant with 1 or more conditions, AAAHC can neither recommend deemed status nor grant AAAHC accreditation.

AAAHC reports survey results to ASC and sends copy to RO.

If the ASC is in compliance with all of the CfC, the RO (not AAAHC) will issue an agreement, assign a CCN, and determine effective date of certification (not always survey date).

The ASC must apply for another initial MDS survey to determine compliance with CfC.

The ASC submits Application for Survey to AAAHC requesting a Medicare deemed status survey.

IF RECOMMENDED FOR DENIAL

Medicare fee-for-service contractor forwards recommendation for denial to the RO. The RO issues denial letter to the ASC.

AAAHC cannot conduct a deemed status survey.

The ASC submits appeal to RO within sixty (60) calendar days from date of denial letter.

Appeal forwarded to Medicare fee-for-service contractor for recommendation of approval or denial.

IF RECOMMENDED FOR APPROVAL

Medicare fee-for-service contractor recommends approval and provides RO and ASC written notice of completion of 855B.

IF RECOMMENDED FOR DENIAL

Medicare fee-for-service contractor determines ASC does not meet requirements. Medicare fee-for-service contractor notifies RO. The RO mails second denial letter.

The ASC submits second appeal to RO within sixty (60) calendar days from date of denial letter.

IF RECOMMENDED FOR APPROVAL

Medicare fee-for-service contractor issues an agreement, assigns a CCN, and determines effective date of certification.

AAAHC cannot conduct an accreditation survey.

If second appeal is denied, AAAHC may conduct accreditation survey only.