national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Provider Enrollment: Opioid Treatment Program

2/20/2024

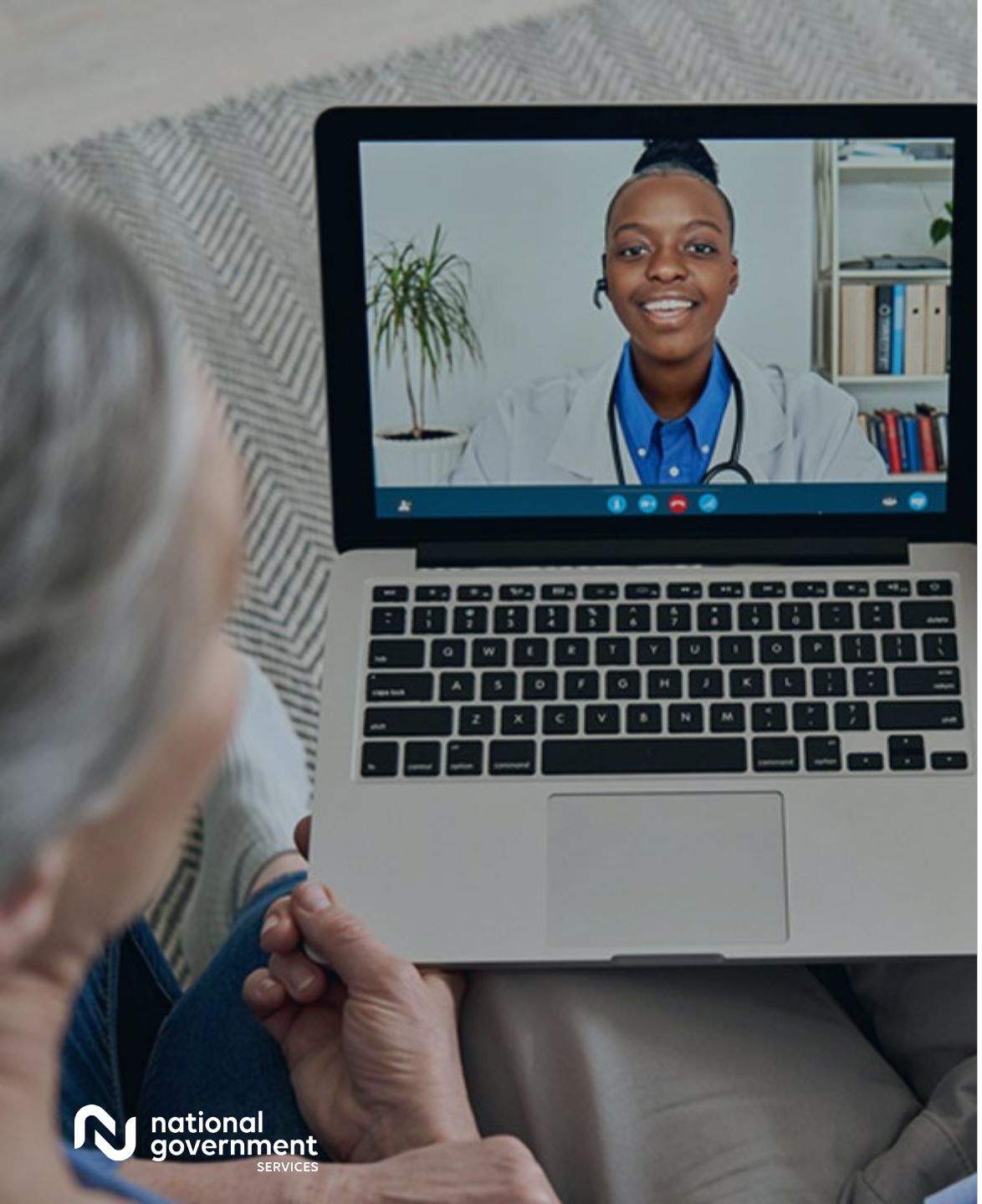
Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.



national government SERVICES

Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Today's Presenters

Provider Outreach and Education Consultants

- Laura Brown, CPC
- Susan Stafford PMP, COA, AMR

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

Agenda

- Overview
- Enroll in Medicare
- Supporting Documents
- Process after Submission
- Check Application Status
- Contact Information
- Resources

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

Overview

Overview Part B

- Part B OTP provider
  - Beginning 1/1/2020, Part B benefit for Medicare beneficiaries with OUD
  - Submit claims via 837P transaction to transmit health care electronically, or CMS-1500 form
  - HCPCS Codes G1028, range G2067–G2080 and G2215 to G2216
  - Place of Service 58 – Nonresidential Opioid Treatment Facility
  - CMS pays OTPs through bundled payments for OUD treatment services in an episode of care provided to people with Medicare Part B (Medical Insurance)
  - Opioid Treatment Programs (OTPs) Medicare Billing and Payment
  - NGS Coding and Billing for OTP Services Web Page

Overview Part A

- Part A OTP provider
  - Beginning 1/1/2021, Medicare Part B covers hospital outpatient OTP services
  - Submit claims via 837I transaction to transmit health care electronically or CMS-1450 form
  - HCPCS codes G1028, range G2067 – G2080 and G2215 to G2216
  - Type of bill code Freestanding Nonresidential Opioid Treatment Programs (087x)
  - Hospital-based providers bill OTP services on TOB 013X and 085X
  - Condition code for a provider-based OTP (89) CMS pays OTPs through bundled payments for OUD treatment services in an episode of care provided to people with Medicare Part B (Medical Insurance)
  - Opioid Treatment Programs (OTPs) Medicare Billing and Payment
  - NGS Coding and Billing for OTP Services Web Page

Overview Requirements

- Certified by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- State Operation License
- Registration through the local Drug Enforcement Administration office
- CMS-1561 Provider Agreement signed by an authorized official

Overview

- NPI
  - Separate NPI for OTP services (optional)
- Select “OTP” specialty or “Other,” type “Opioid Treatment Provider”
- Application fee required
- Revalidate every five years
- Opioid Treatment Programs (OTPs) Medicare Enrollment
- Part A enrollments for provider-based billing, after the OTP enrollment is approved the OTP then must add the OTP location on the Hospital’s enrollment record by submitting a change of information application to add the OTP practice locations with the OTP NPI and PTAN for proper billing

Enroll In Medicare

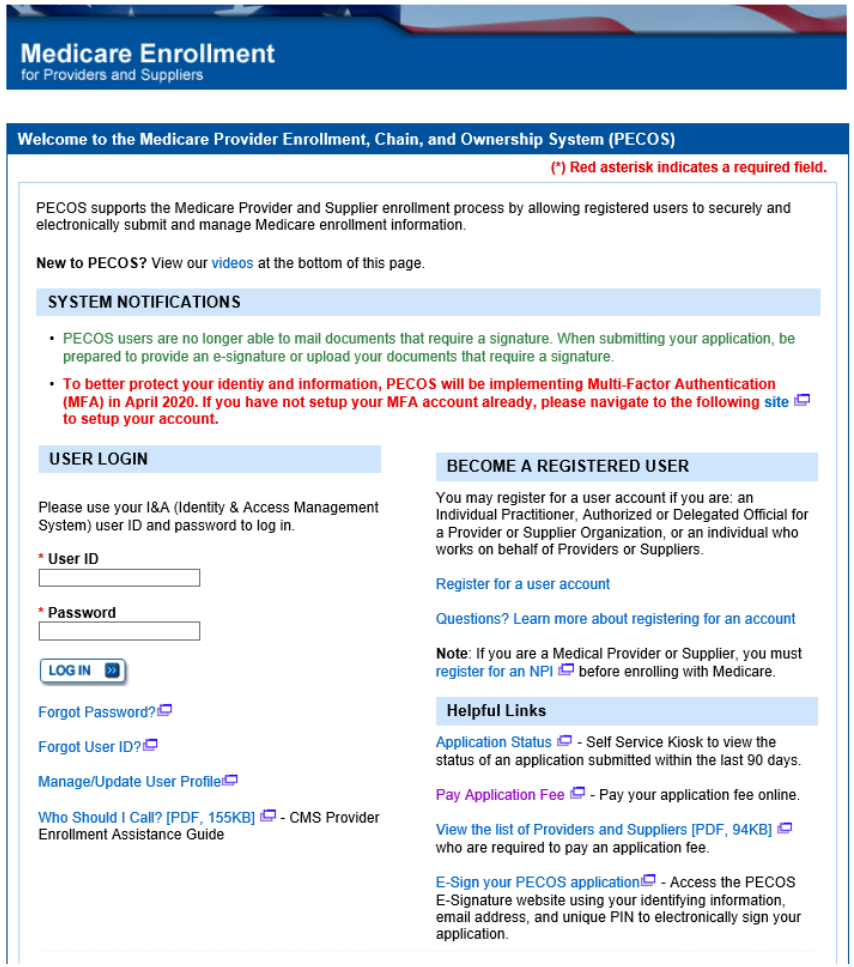
Enroll In Medicare Paper

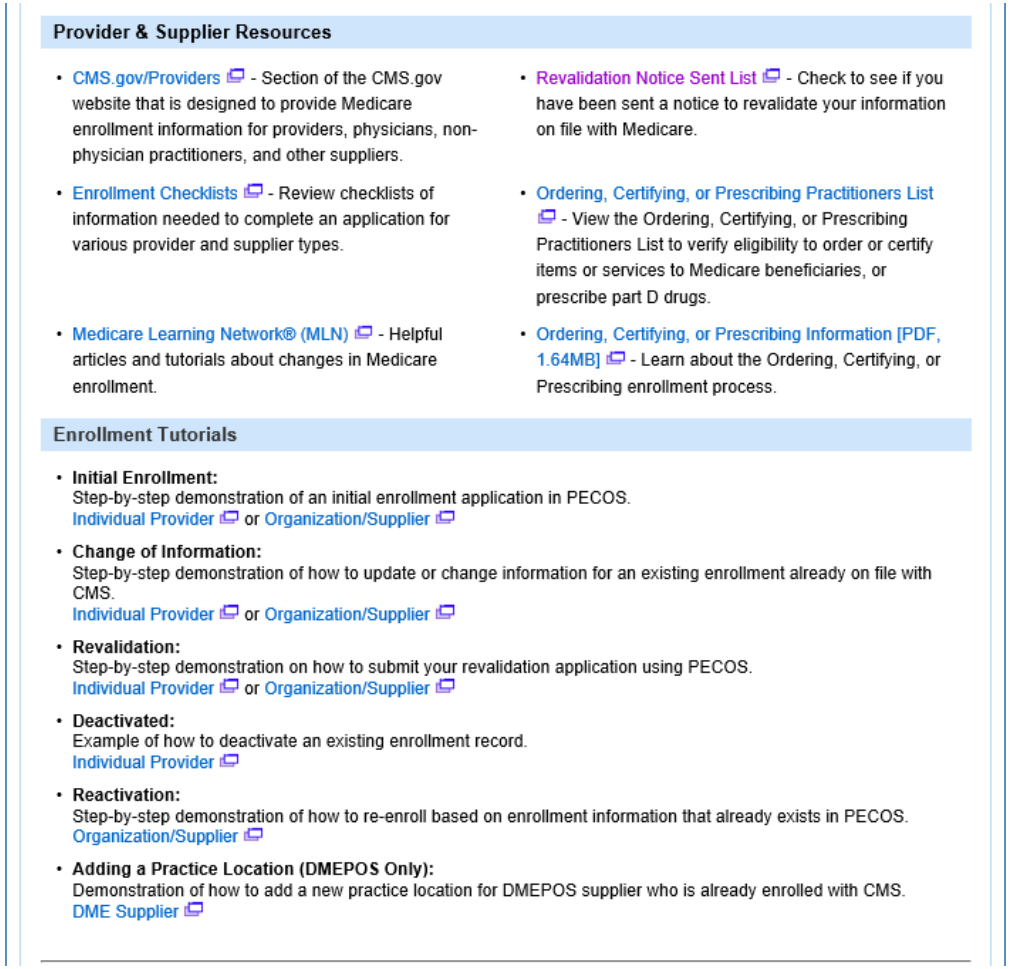
- Submit via CMS-855 Paper Application
  - CMS-855A (Institutional Providers)
  - CMS-855B (Clinics/Group Practices and Certain Other Suppliers)
  - CMS-588 (EFT Authorization Agreement)
- Opioid Treatment Programs (OPTs) Medicare Enrollment
- Mailing addresses
  - NGS website > Resources > Contact Us > Mailing Addresses > Business Function (Provider Enrollment)

Enroll In Medicare PECOS

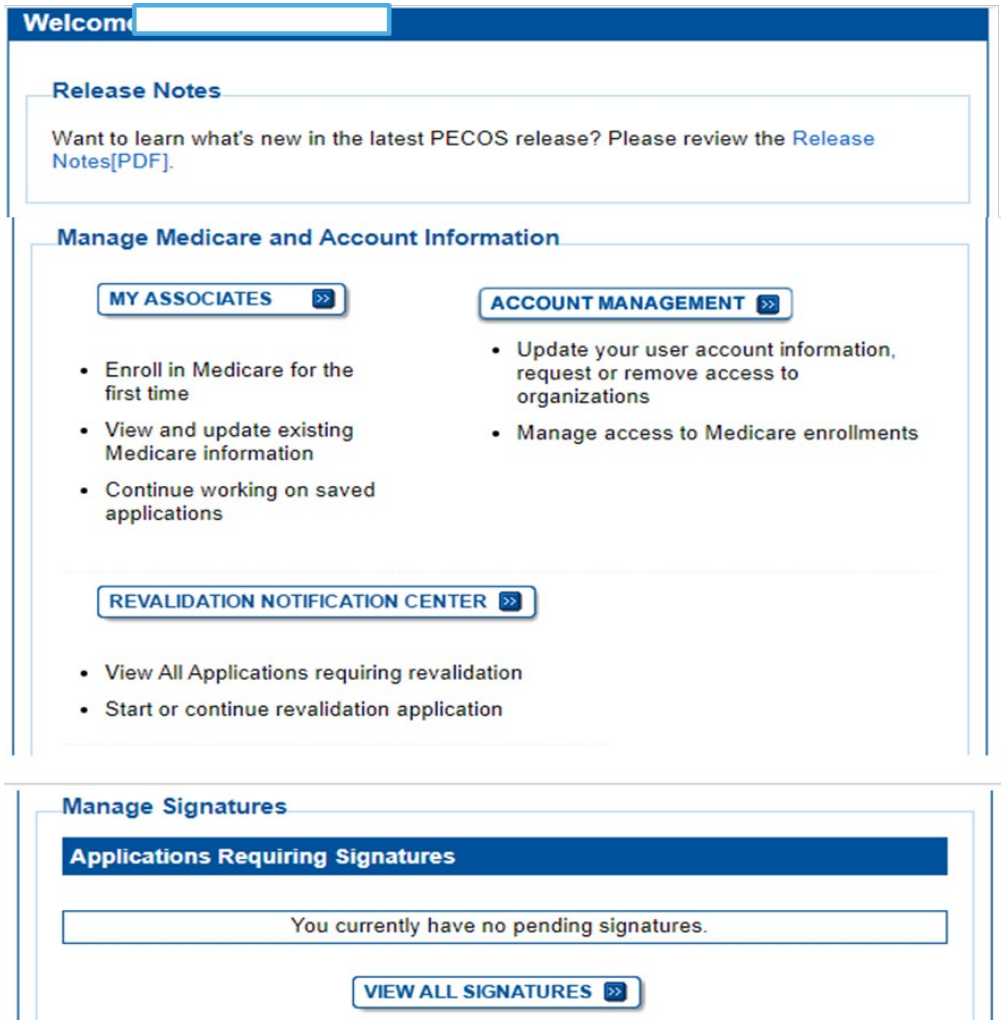
- Submitting via internet-based PECOS
  - User ID and password
  - Access to enrollment records
  - Enroll as OTP Part A or B provider, but not both
  - Upload supporting documentation function
  - E-Signature/Upload signed and dated certification statement

PECOS Login

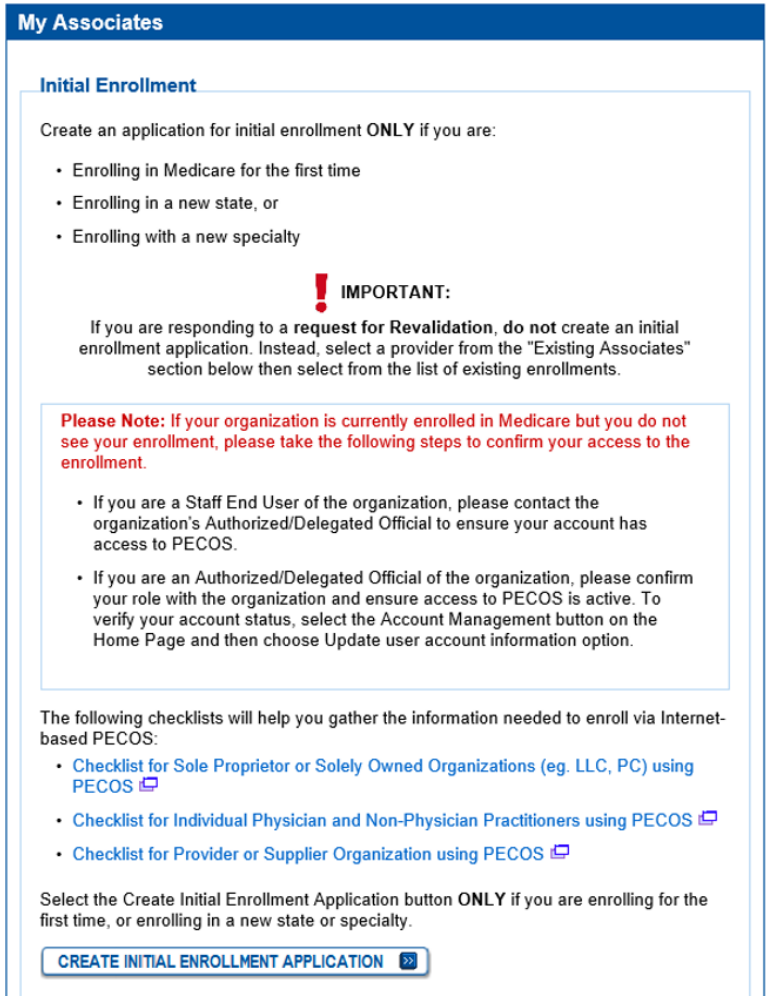

Medicare Enrollment
for Providers and Suppliers
Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)
(*) Red asterisk indicates a required field.
PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.
New to PECOS? View our videos at the bottom of this page.
SYSTEM NOTIFICATIONS
PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.
To better protect your identiy and information, PECOS will be implementing Multi-Factor Authentication (MFA) in April 2020. If you have not setup your MFA account already, please navigate to the following site to setup your account.
USER LOGIN
Please use your I&A (Identity & Access Management System) user ID and password to log in.
* User ID
* Password
LOG IN
Forgot Password?
Forgot User ID?
Manage/Update User Profile
Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide
BECOME A REGISTERED USER
You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.
Register for a user account
Questions? Learn more about registering for an account
Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.
Helpful Links
Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.
Pay Application Fee - Pay your application fee online.
View the list of Providers and Suppliers [PDF, 94KB] who are required to pay an application fee.
E-Sign your PECOS application - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

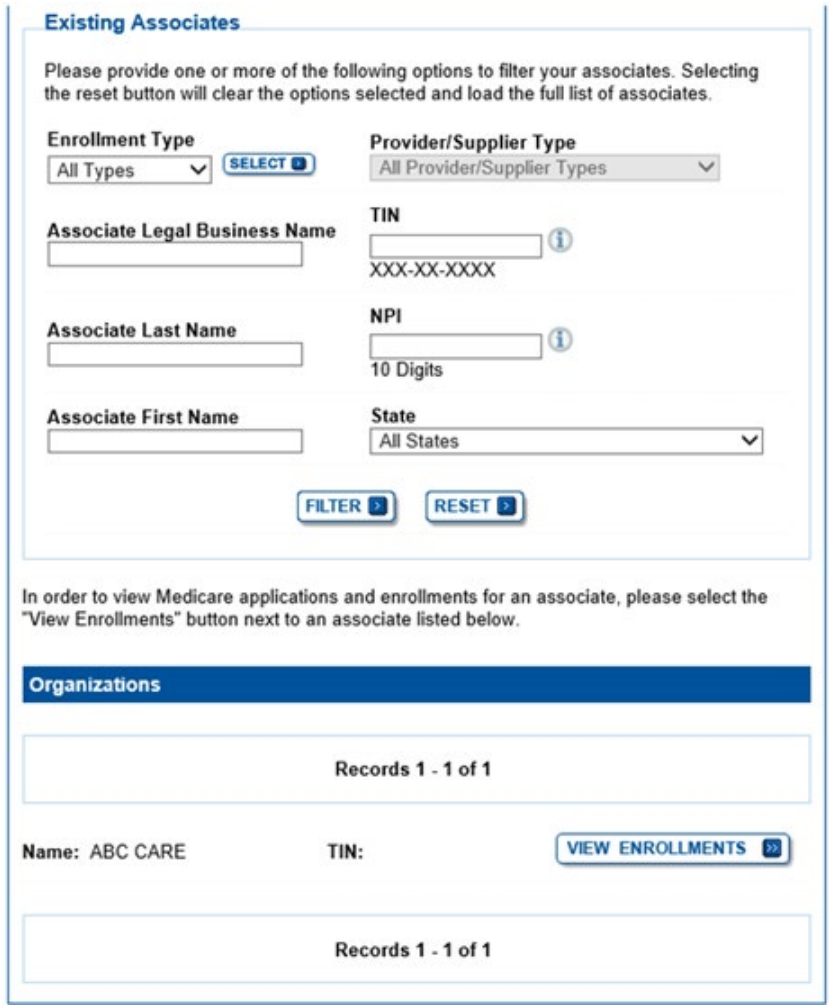

Provider & Supplier Resources
CMS.gov/Providers - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.
Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
Ordering, Certifying, or Prescribing Practitioners List - View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
Ordering, Certifying, or Prescribing Information [PDF, 1.64MB] - Learn about the Ordering, Certifying, or Prescribing enrollment process.
Enrollment Tutorials
Initial Enrollment:
Step-by-step demonstration of an initial enrollment application in PECOS.
Individual Provider or Organization/Supplier
Change of Information:
Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
Individual Provider or Organization/Supplier
Revalidation:
Step-by-step demonstration on how to submit your revalidation application using PECOS.
Individual Provider or Organization/Supplier
Deactivated:
Example of how to deactivate an existing enrollment record.
Individual Provider
Reactivation:
Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
Organization/Supplier
Adding a Practice Location (DMEPOS Only):
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
DME Supplier

My Associates

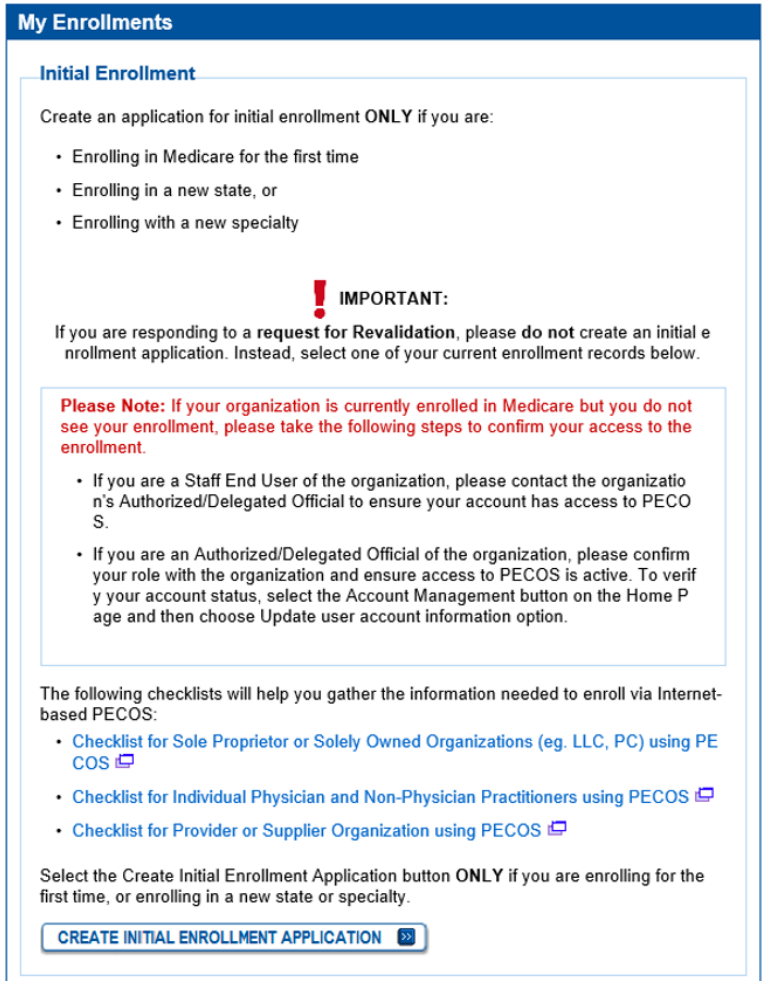


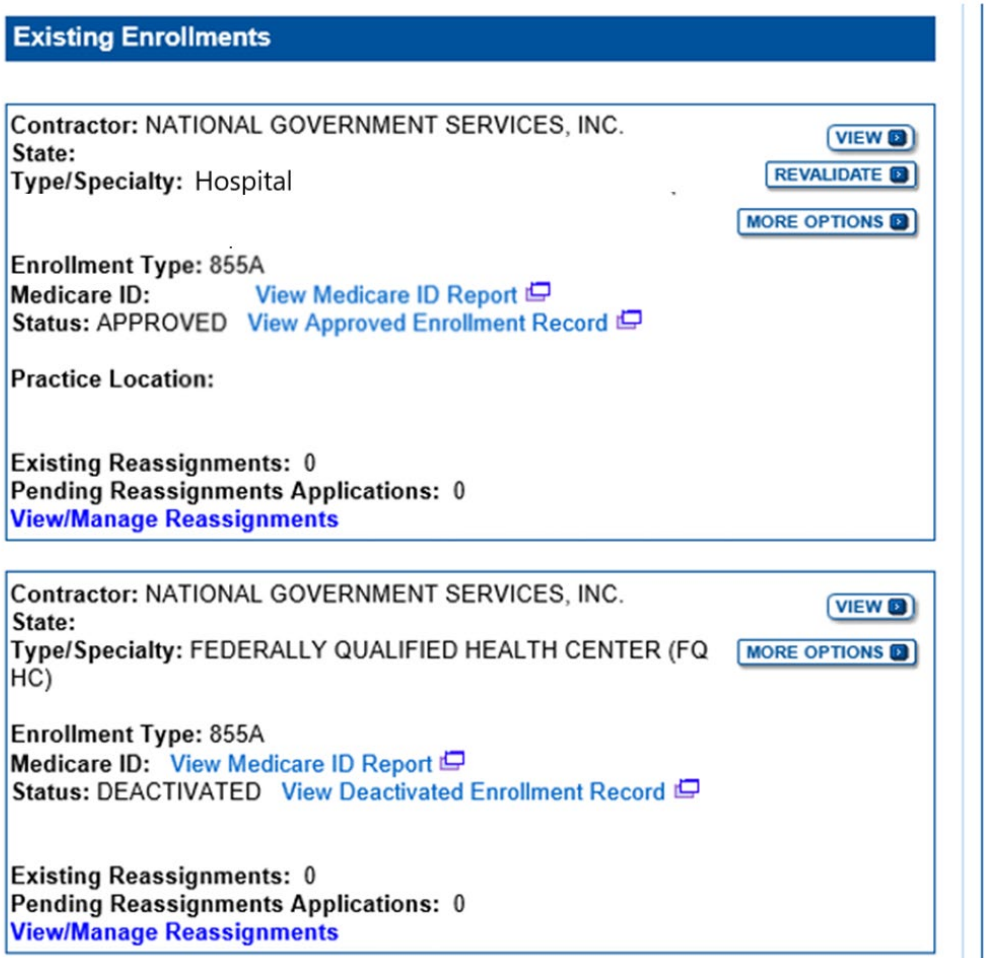
View Enrollment



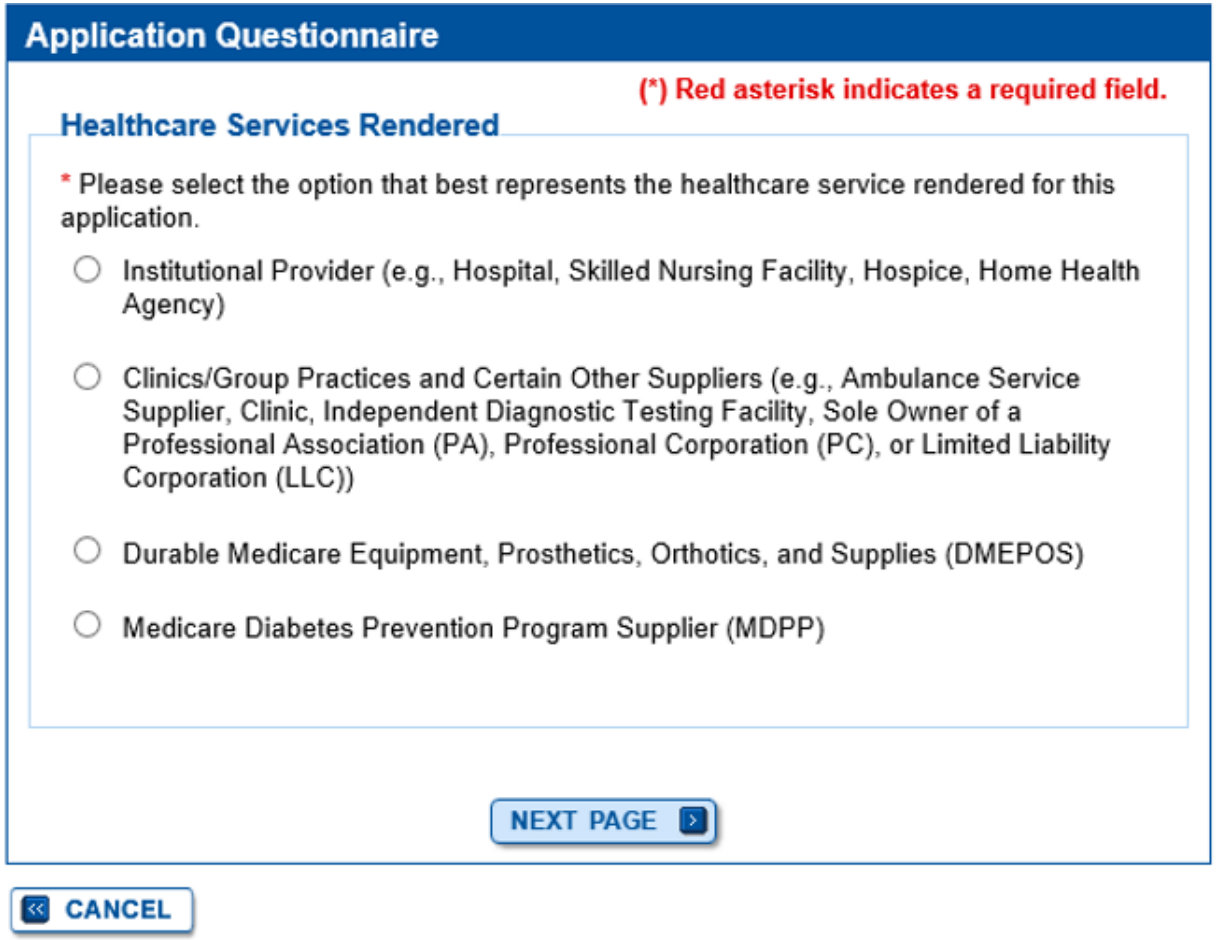


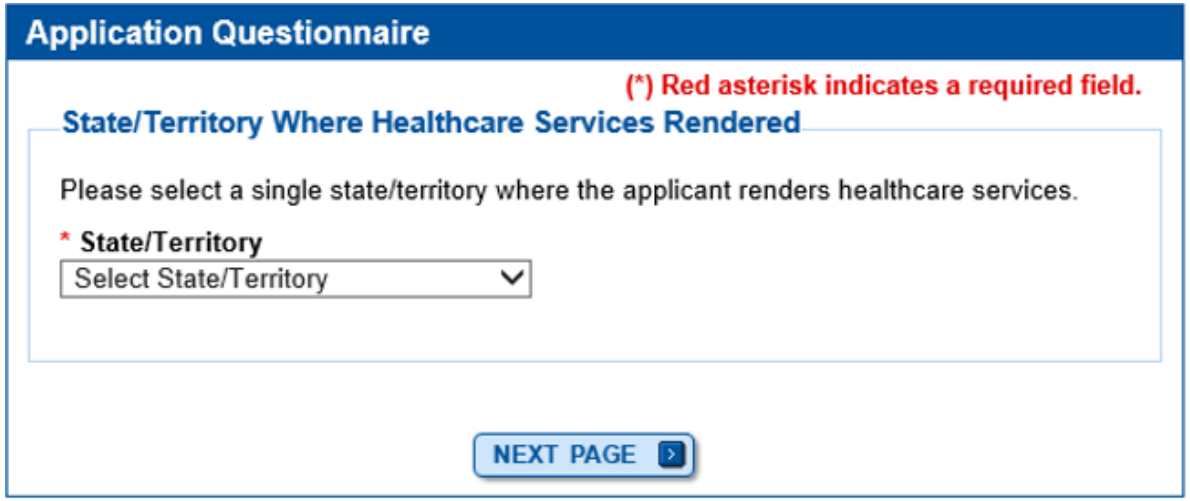
My Enrollments





Application Questionnaire

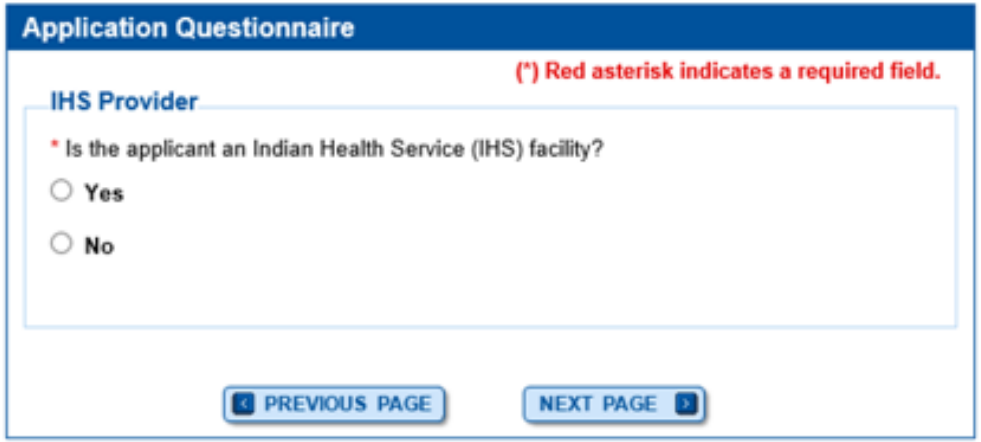




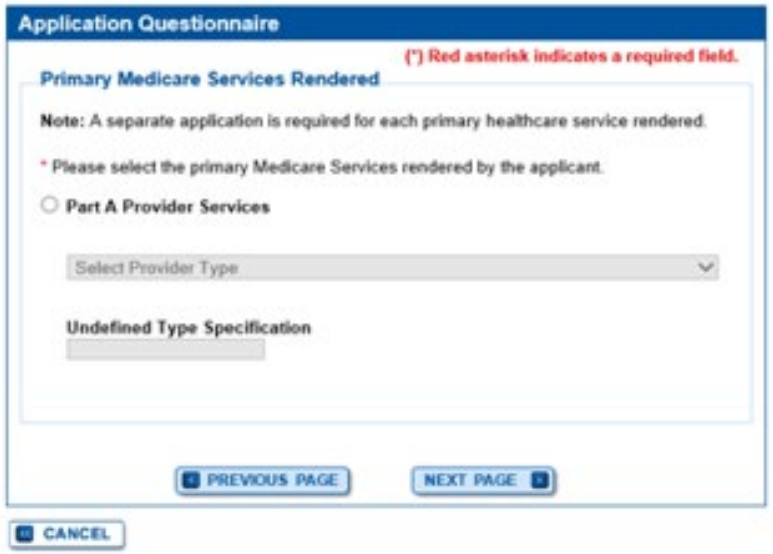
Part B

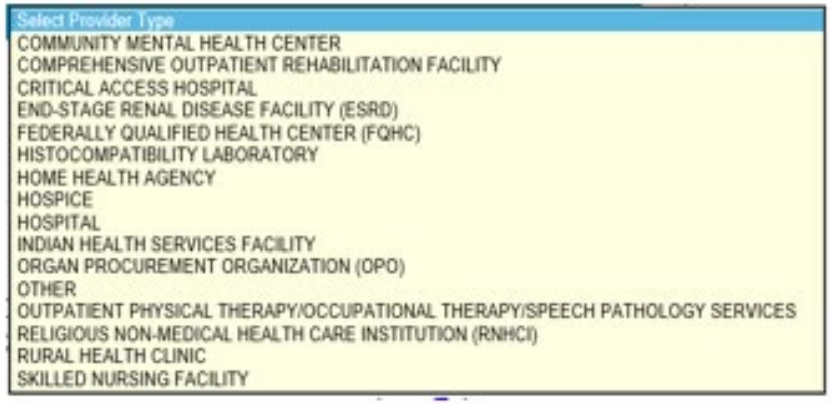
Application Questionnaire
(*) Red asterisk indicates a required field.
Primary Medicare Services Rendered
Note: A separate application is required for each primary healthcare service rendered.
* Please select the primary Medicare Services rendered by the applicant.
Part B Supplier Services
Select Supplier Type
Undefined Type Specification
PREVIOUS PAGE
NEXT PAGE

Select Supplier Type
AMBULANCE SERVICE SUPPLIER
AMBULATORY SURGICAL CENTER
CENTRALIZED FLU BILLER
CLINIC/GROUP PRACTICE
HOSPITAL DEPARTMENT(S)
INDEPENDENT CLINICAL LABORATORIES (CLIA)
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)
INTENSIVE CARDIAC REHABILITATION
INTERVENTIONAL CARDIOLOGY
MAMMOGRAPHY SCREENING CENTER
MANAGED CARE PLAN (NON-MEDICARE + CHOICE)
MASS IMMUNIZATION (ROSTER BILLER ONLY)
MEDICAL FACULTY PRACTICE PLAN
MEDICARE + CHOICE ORGANIZATION
OPIOID TREATMENT PROGRAM (OTP)
OTHER
OTHER MEDICAL CARE GROUP
PART B CAP DRUG VENDOR
PHARMACY
PHYSICAL/OCCUPATIONAL THERAPY GROUP IN PRIVATE PRACTICE
PORTABLE X-RAY SUPPLIER
PUBLIC HEALTH/WELFARE AGENCY
RADIATION THERAPY CENTER
SLEEP LABORATORY/MEDICINE
SPORTS MEDICINE
VOLUNTARY HEALTH/CHARITY AGENCY


Application Questionnaire
(*) Red asterisk indicates a required field.
IHS Provider
* Is the applicant an Indian Health Service (IHS) facility?
Yes
No
PREVIOUS PAGE
NEXT PAGE

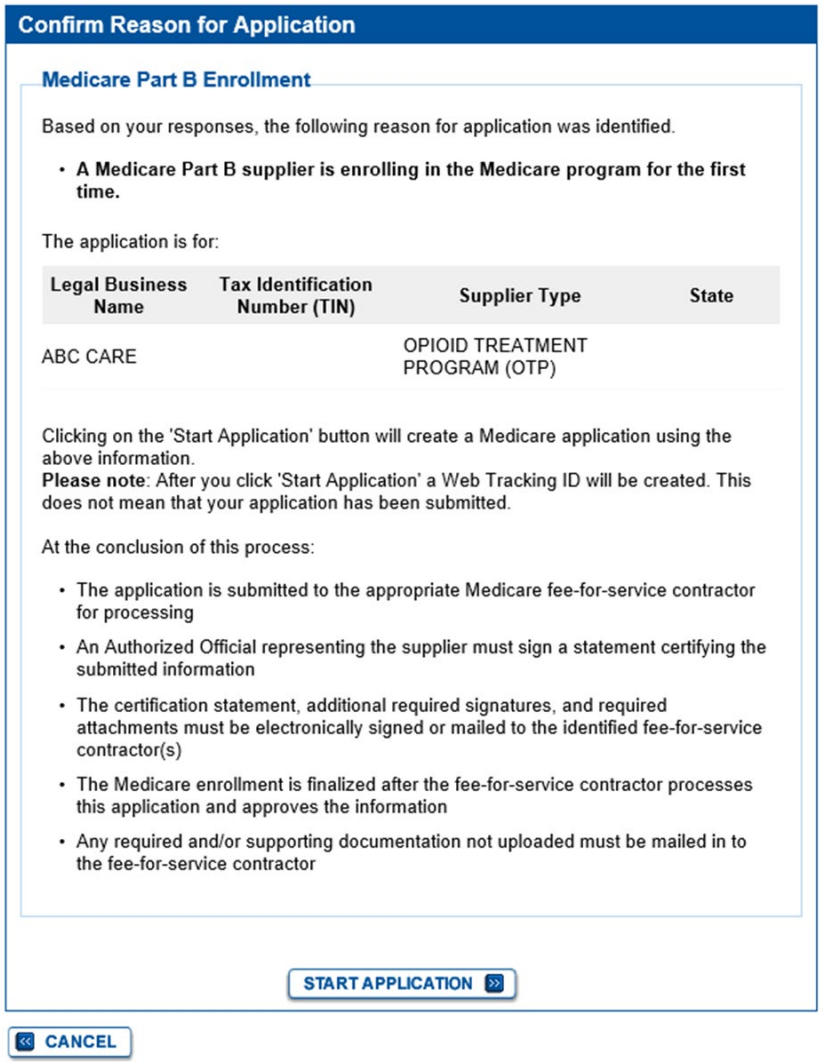
Part A


Application Questionnaire
(*) Red asterisk indicates a required field.
Primary Medicare Services Rendered
Note: A separate application is required for each primary healthcare service rendered.
* Please select the primary Medicare Services rendered by the applicant.
Part A Provider Services
Select Provider Type
Undefined Type Specification
PREVIOUS PAGE
NEXT PAGE
CANCEL


Select Provider Type
COMMUNITY MENTAL HEALTH CENTER
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
CRITICAL ACCESS HOSPITAL
END-STAGE RENAL DISEASE FACILITY (ESRD)
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
HISTOCOMPATIBILITY LABORATORY
HOME HEALTH AGENCY
HOSPICE
HOSPITAL
INDIAN HEALTH SERVICES FACILITY
ORGAN PROCUREMENT ORGANIZATION (OPO)
OTHER
OUTPATIENT PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH PATHOLOGY SERVICES
RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHCI)
RURAL HEALTH CLINIC
SKILLED NURSING FACILITY

Application Questionnaire
(*) Red asterisk indicates a required field.
Change of Ownership
* Is the facility where the services are provided currently enrolled under a different tax identification number?
Yes
No
PREVIOUS PAGE
NEXT PAGE

Start Application



Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- **A Medicare Part B supplier is enrolling in the Medicare program for the first time.**

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
ABC CARE		OPIOID TREATMENT PROGRAM (OTP)	

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

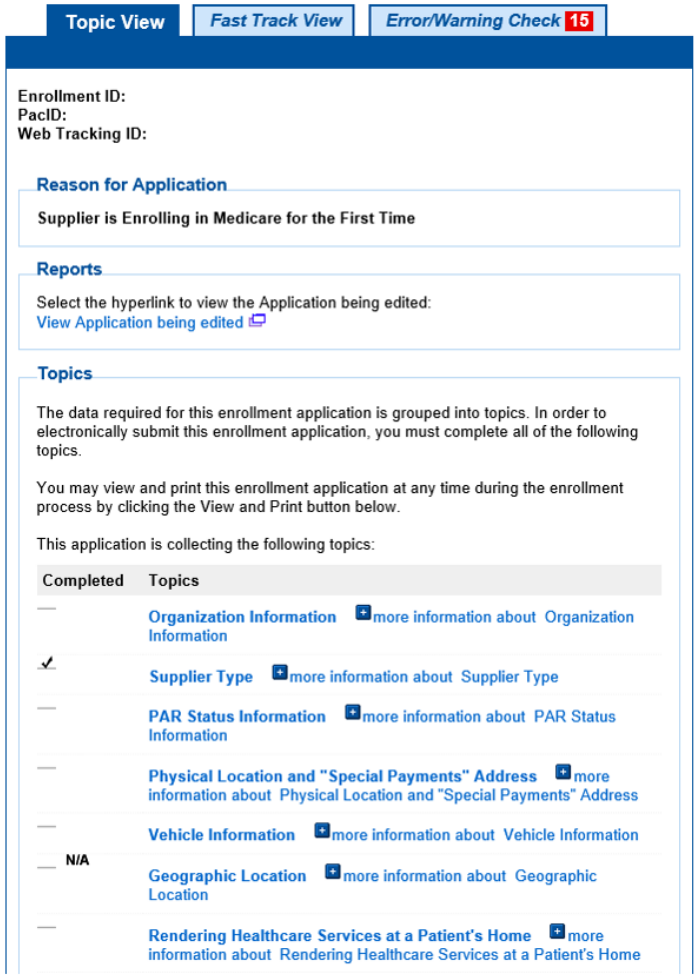
At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor for processing
- An Authorized Official representing the supplier must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION

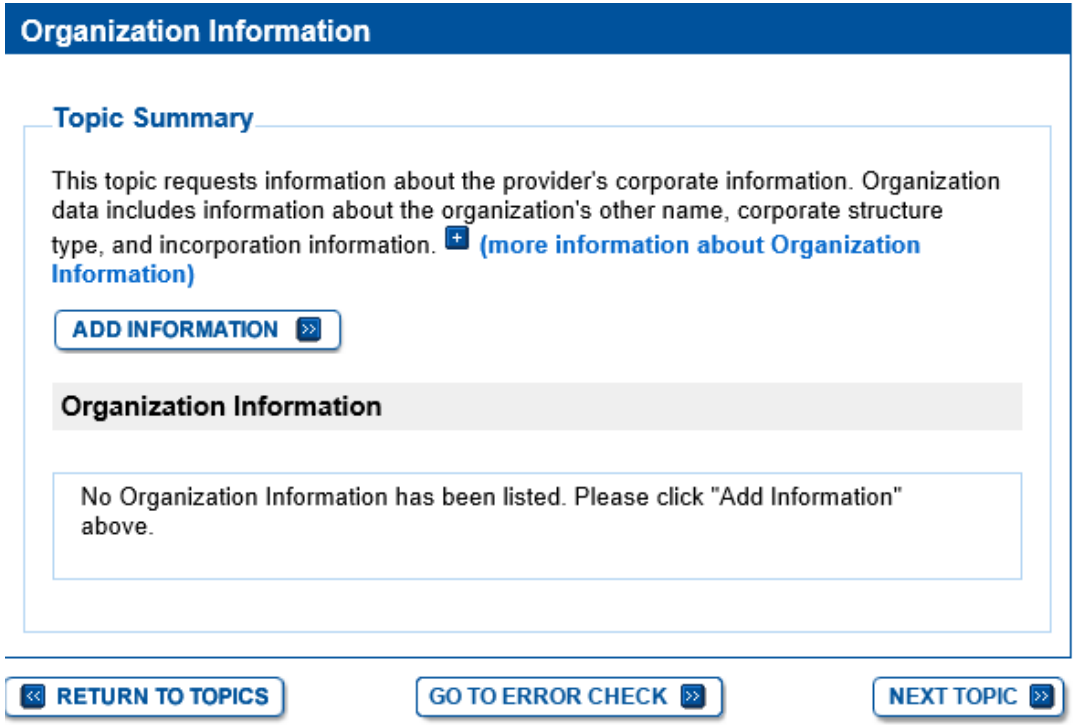
CANCEL

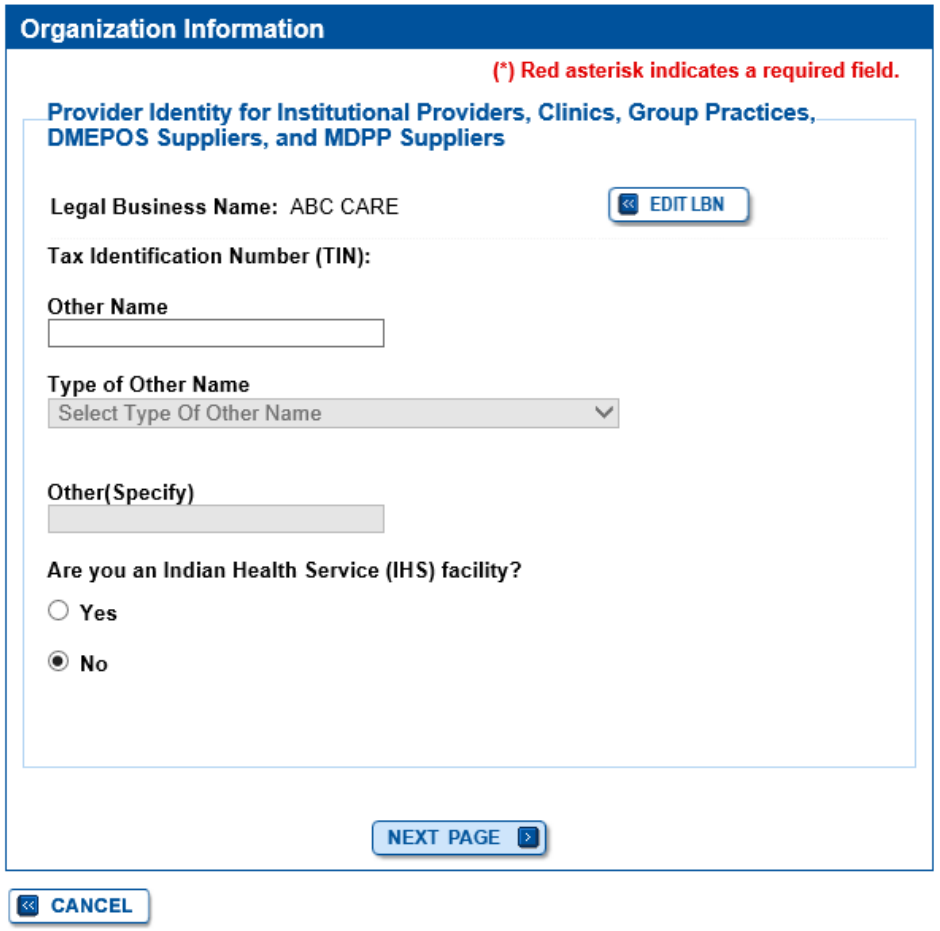
Topic View


Topic View
Fast Track View
Error/Warning Check 15
Enrollment ID:
PacID:
Web Tracking ID:
Reason for Application
Supplier is Enrolling in Medicare for the First Time
Reports
Select the hyperlink to view the Application being edited:
View Application being edited
Topics
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.
This application is collecting the following topics:
Completed
Topics
Organization Information more information about Organization Information
Supplier Type more information about Supplier Type
PAR Status Information more information about PAR Status Information
Physical Location and "Special Payments" Address more information about Physical Location and "Special Payments" Address
Vehicle Information more information about Vehicle Information
N/A
Geographic Location more information about Geographic Location
Rendering Healthcare Services at a Patient's Home more information about Rendering Healthcare Services at a Patient's Home

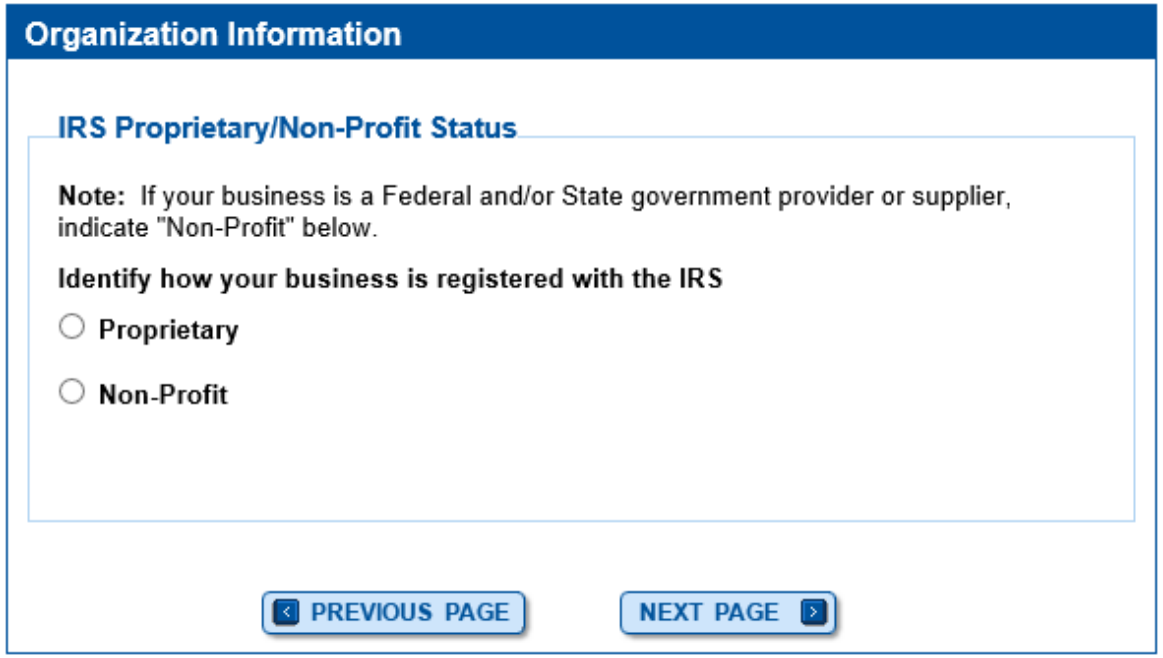
Correspondence Address more information about Correspondence Address
License and Certification Information more information about License and Certification Information
Final Adverse Legal Actions more information about Final Adverse Legal Actions
Organization Control more information about Organization Control
Individual Control more information about Individual Control
Patient Records Storage Location more information about Patient Records Storage Location
Billing Agency/Agent more information about Billing Agency/Agent
Contact Person more information about Contact Person
Electronic Funds Transfer more information about Electronic Funds Transfer
Required and/or Supporting Documentation more information about Required and/or Supporting Documentation
Note:
Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.
BEGIN SUBMISSION
NEXT PAGE

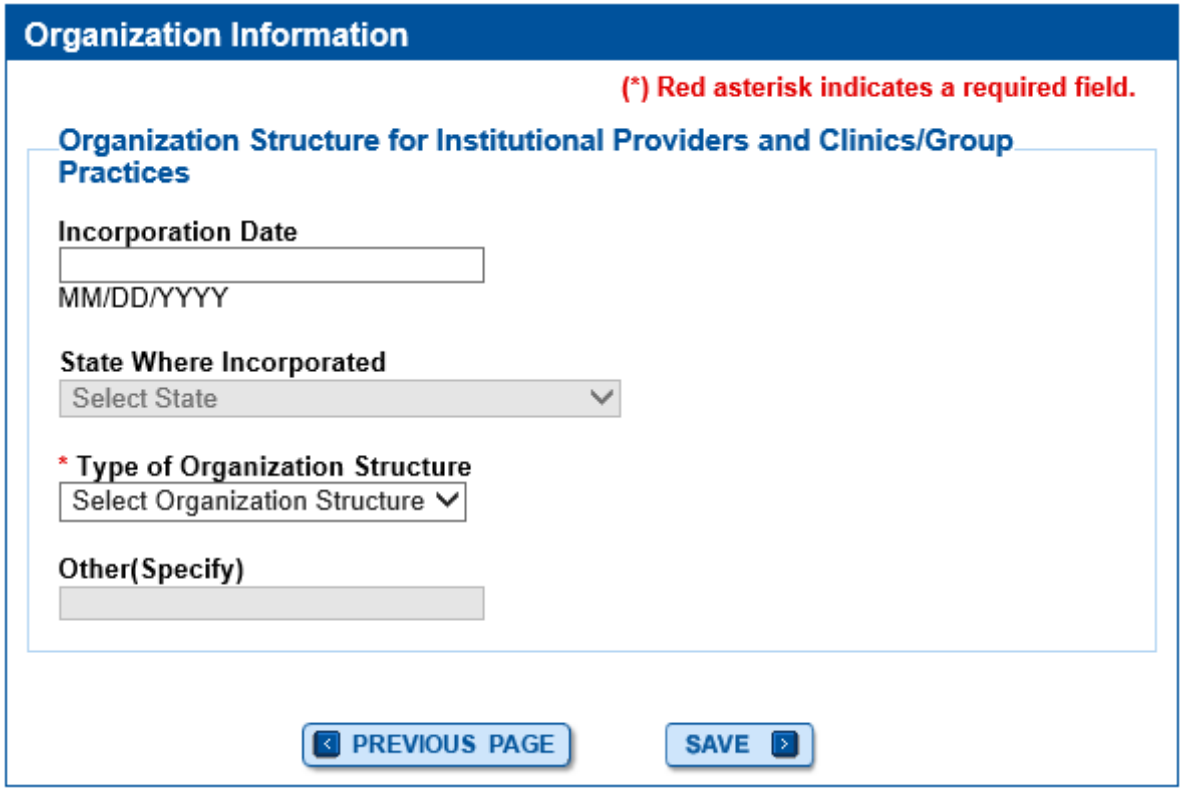
Organization Information



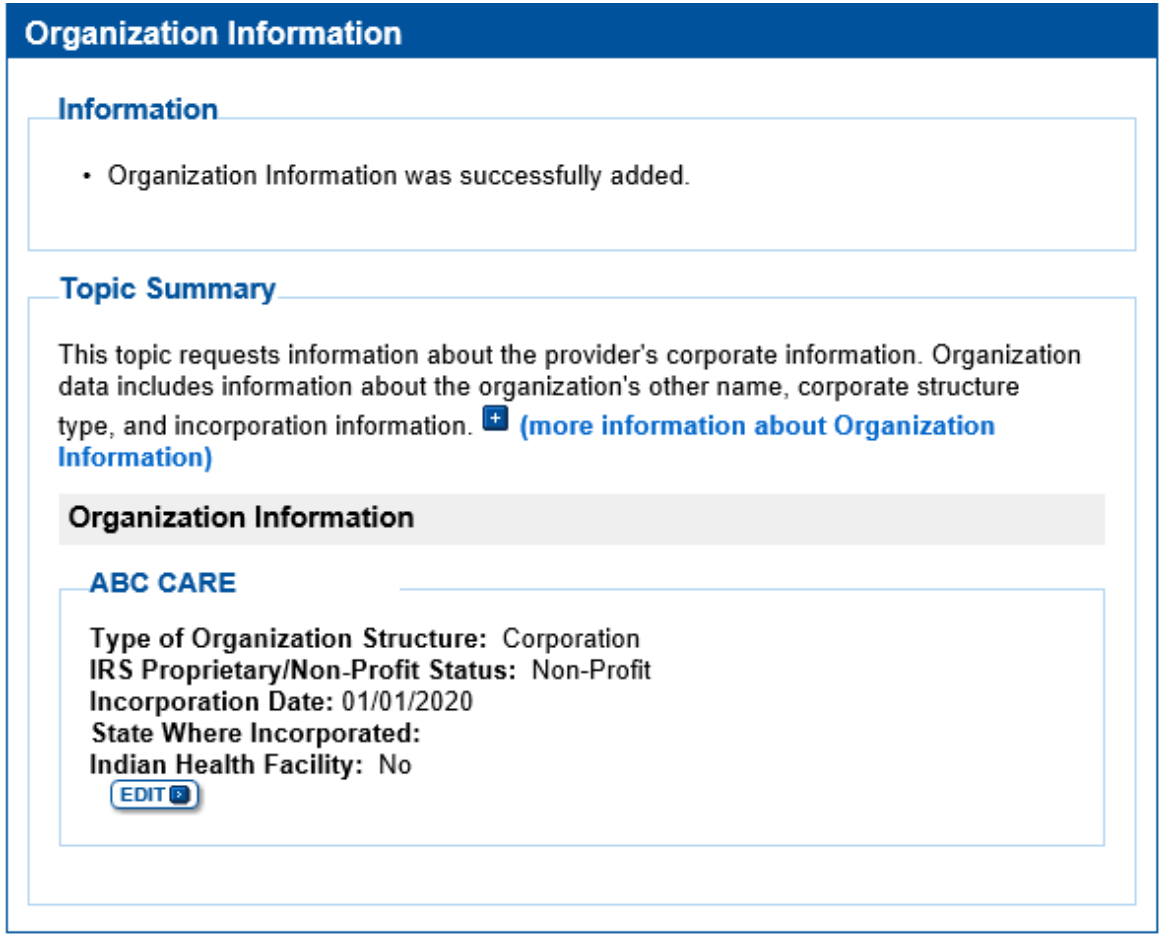


Organization Information

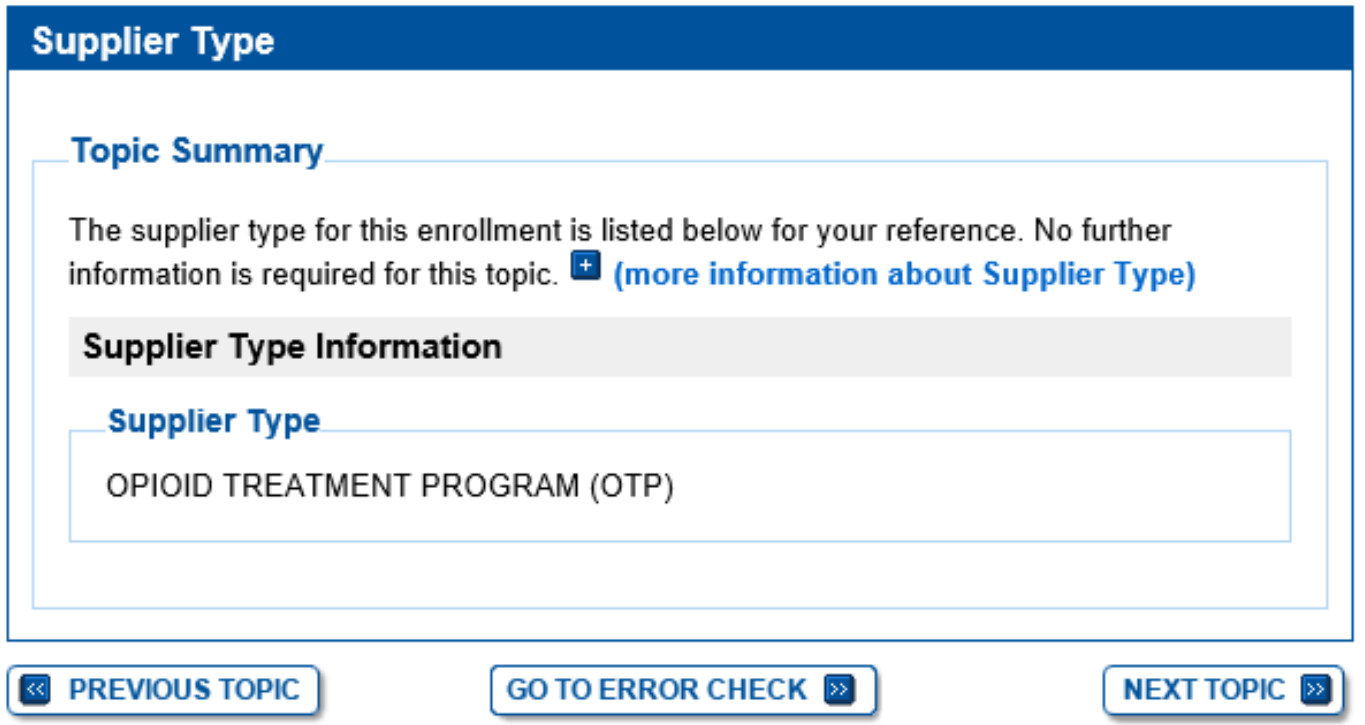




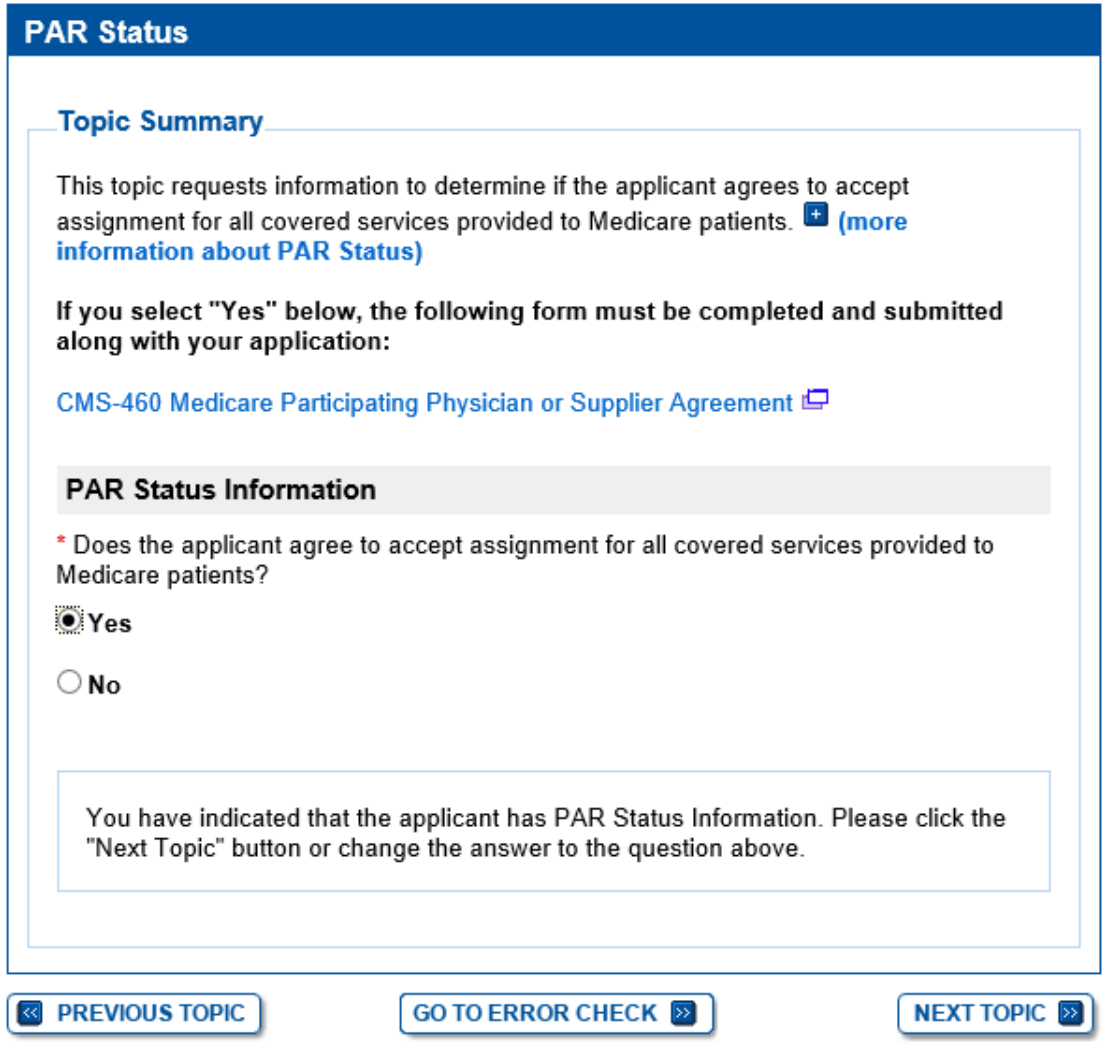
Organization Information Summary



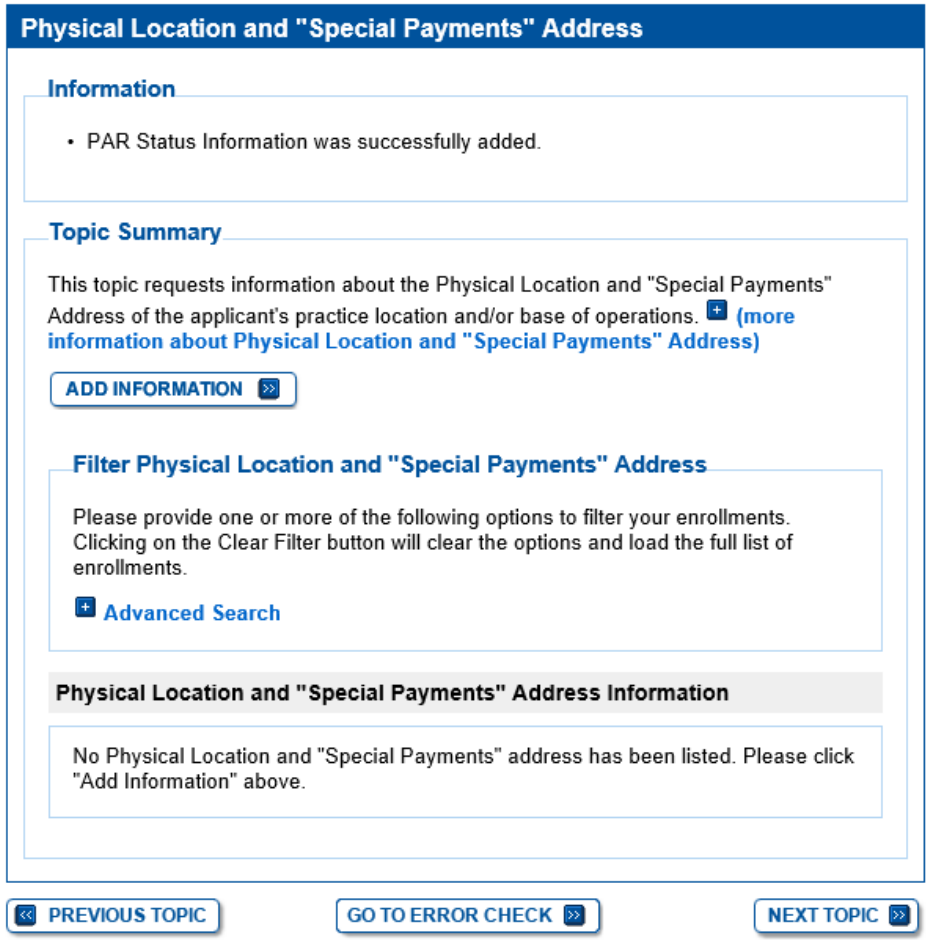
Supplier Type

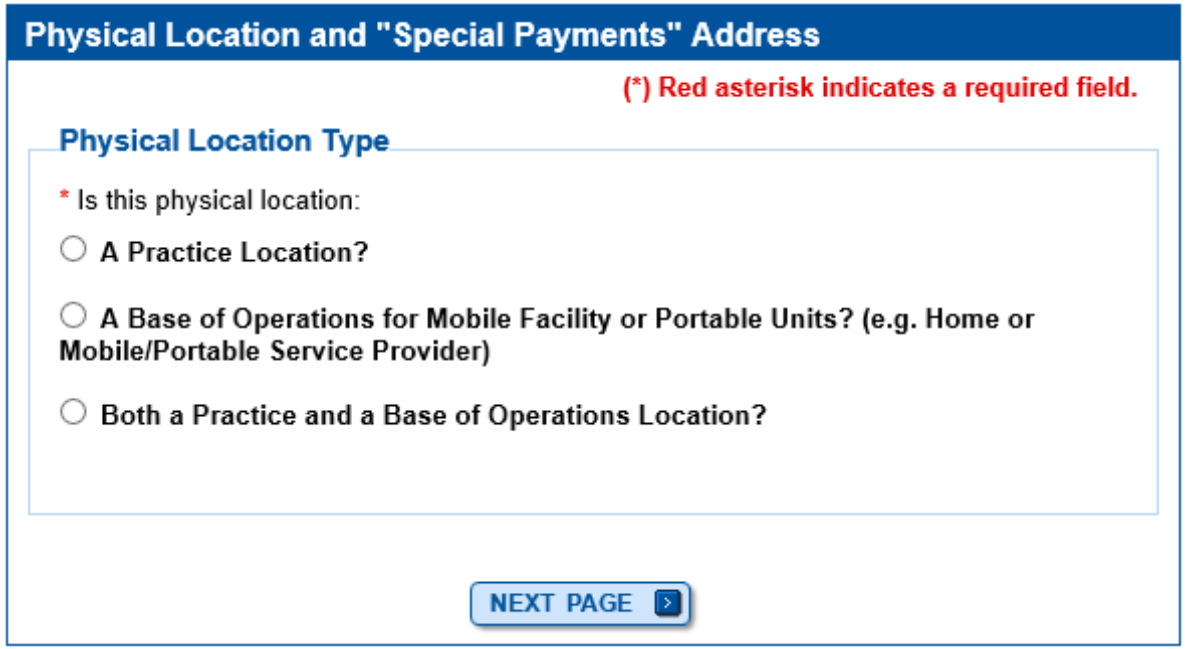


PAR Status

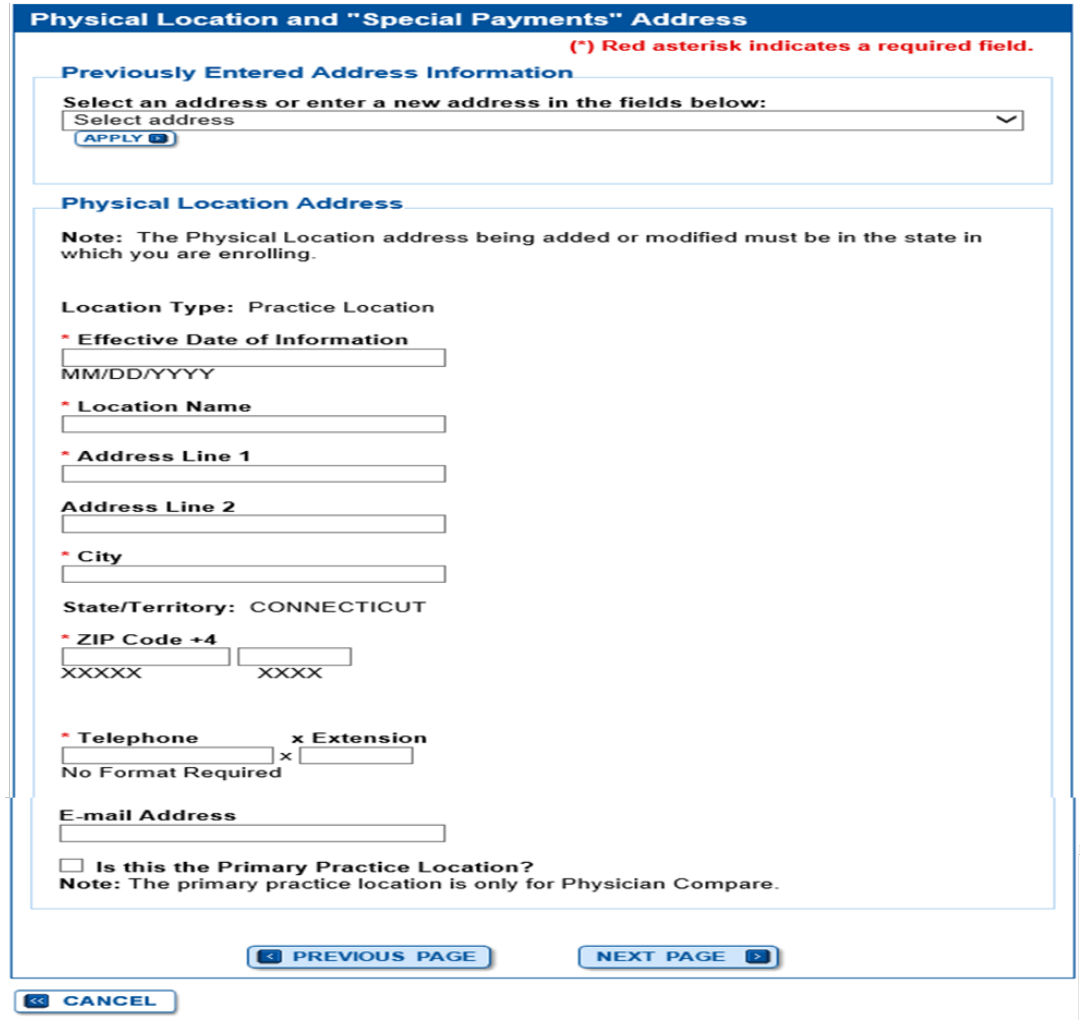

PAR Status
Topic Summary
This topic requests information to determine if the applicant agrees to accept assignment for all covered services provided to Medicare patients. (more information about PAR Status)
If you select "Yes" below, the following form must be completed and submitted along with your application:
CMS-460 Medicare Participating Physician or Supplier Agreement
PAR Status Information
* Does the applicant agree to accept assignment for all covered services provided to Medicare patients?
Yes
No
You have indicated that the applicant has PAR Status Information. Please click the "Next Topic" button or change the answer to the question above.
PREVIOUS TOPIC
GO TO ERROR CHECK
NEXT TOPIC

Physical Location





Physical Location Address



Physical Location and "Special Payments" Address

(*) Red asterisk indicates a required field.

Previously Entered Address Information

Select an address or enter a new address in the fields below:

Select address

APPLY

Physical Location Address

Note: The Physical Location address being added or modified must be in the state in which you are enrolling.

Location Type: Practice Location

* **Effective Date of Information**

MM/DD/YYYY

* **Location Name**

* **Address Line 1**

Address Line 2

* **City**

State/Territory: CONNECTICUT

* **ZIP Code +4**

XXXXX XXXX

* **Telephone** **x Extension**

x

No Format Required

E-mail Address

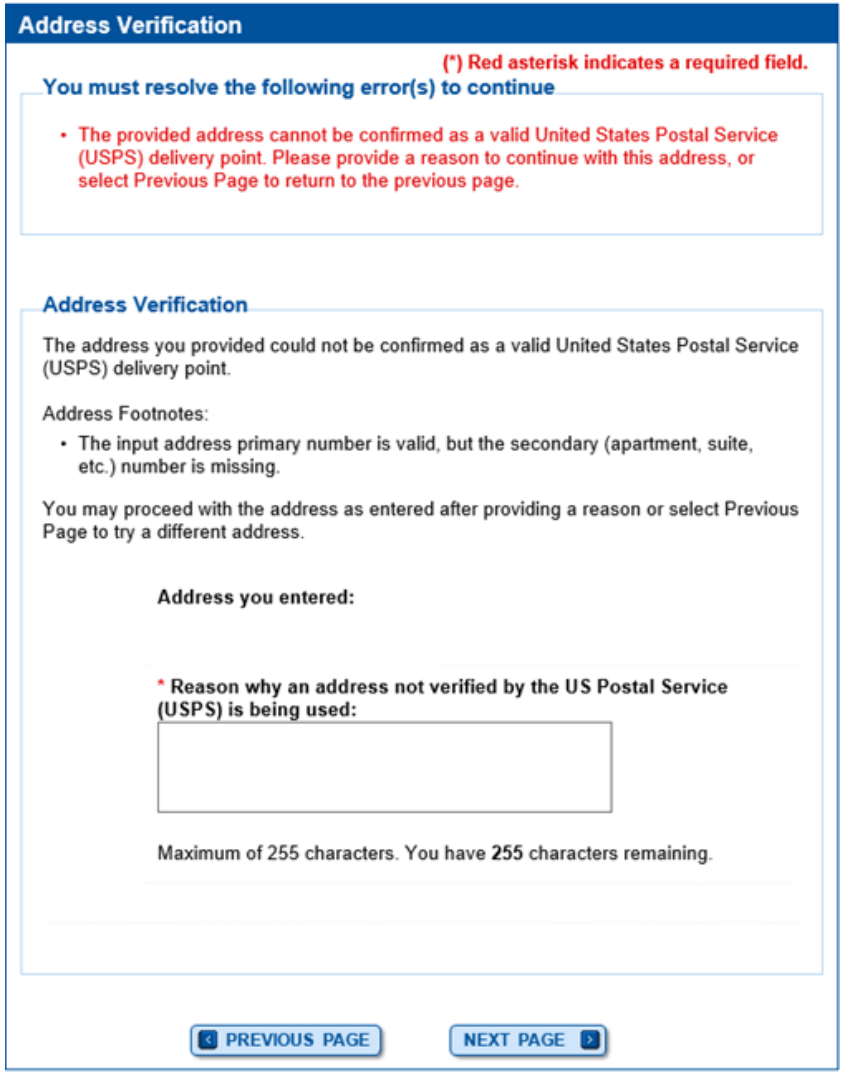
☐ **Is this the Primary Practice Location?**

Note: The primary practice location is only for Physician Compare.

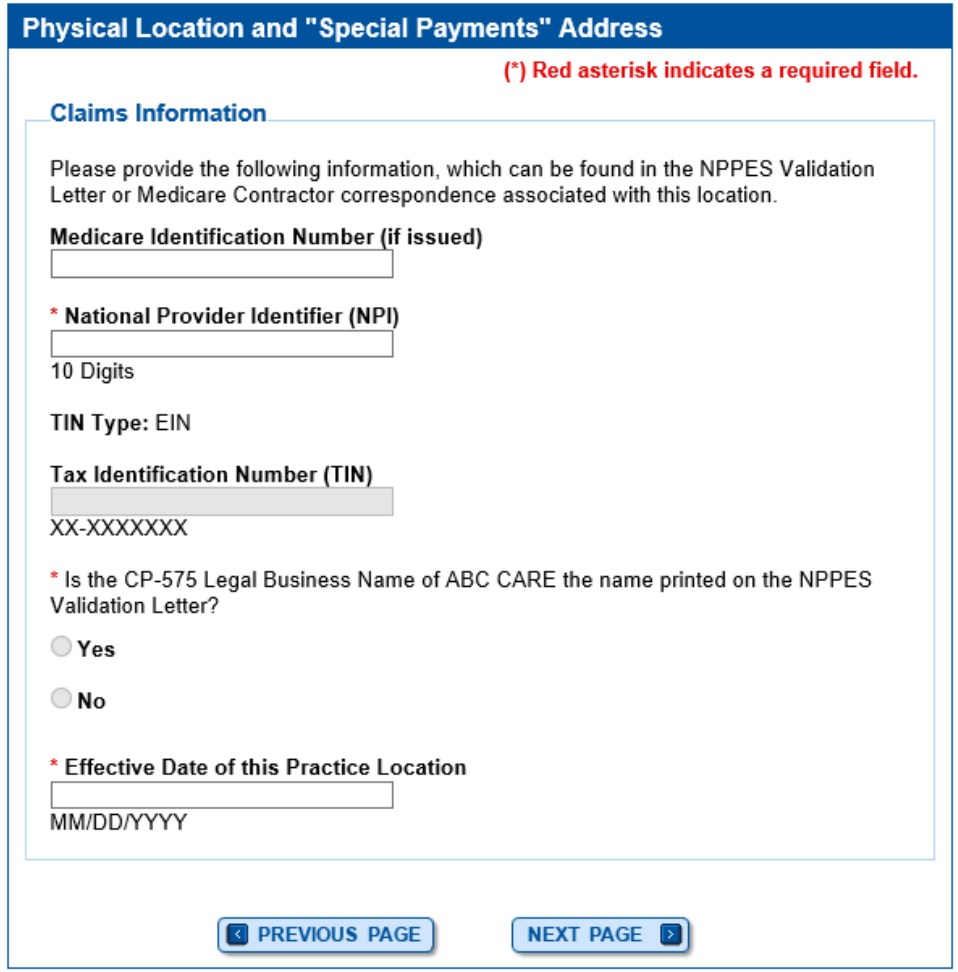
PREVIOUS PAGE NEXT PAGE

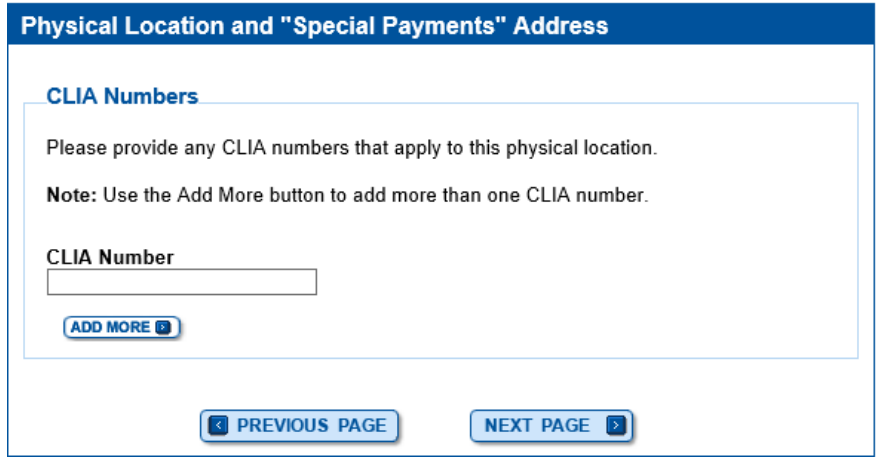
CANCEL

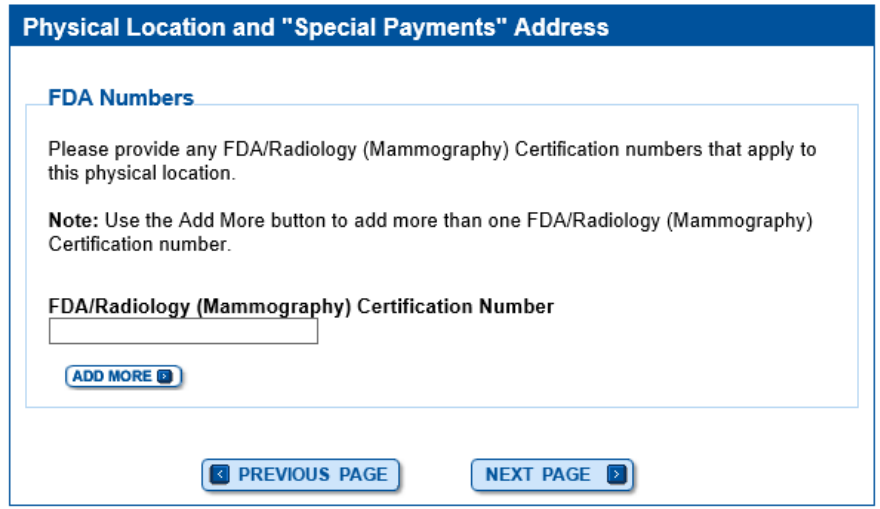
Address Verification



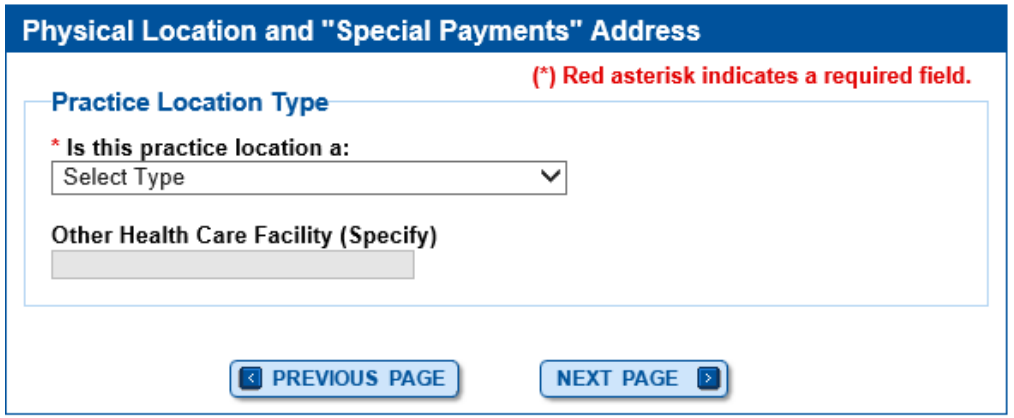
Claims Information

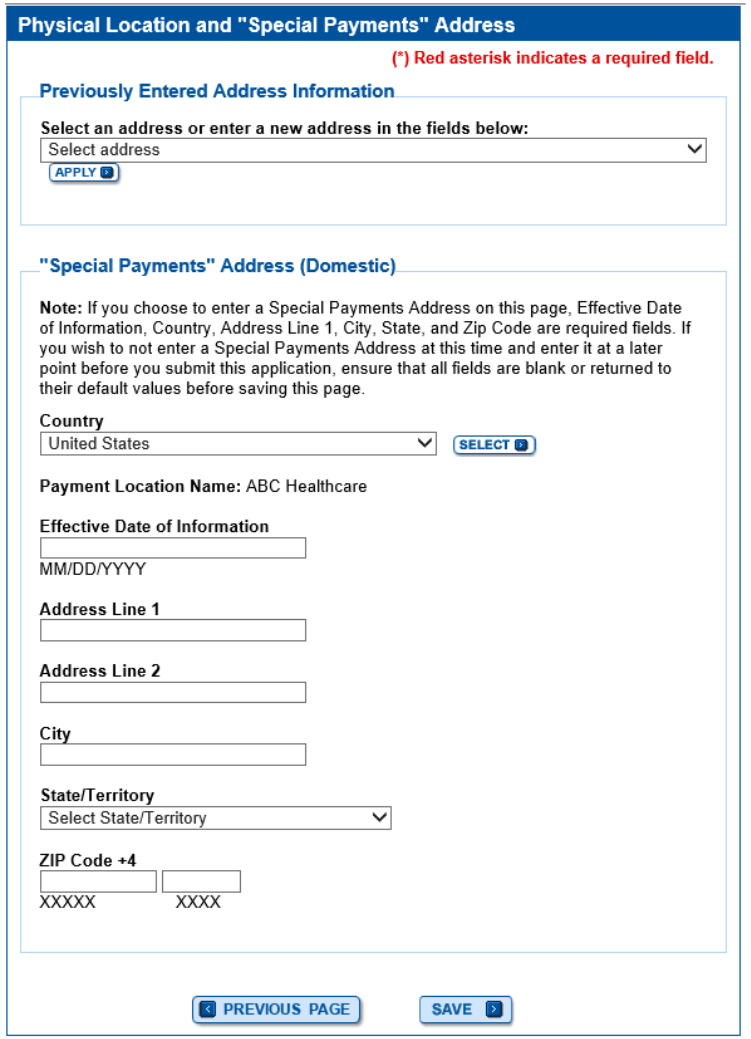




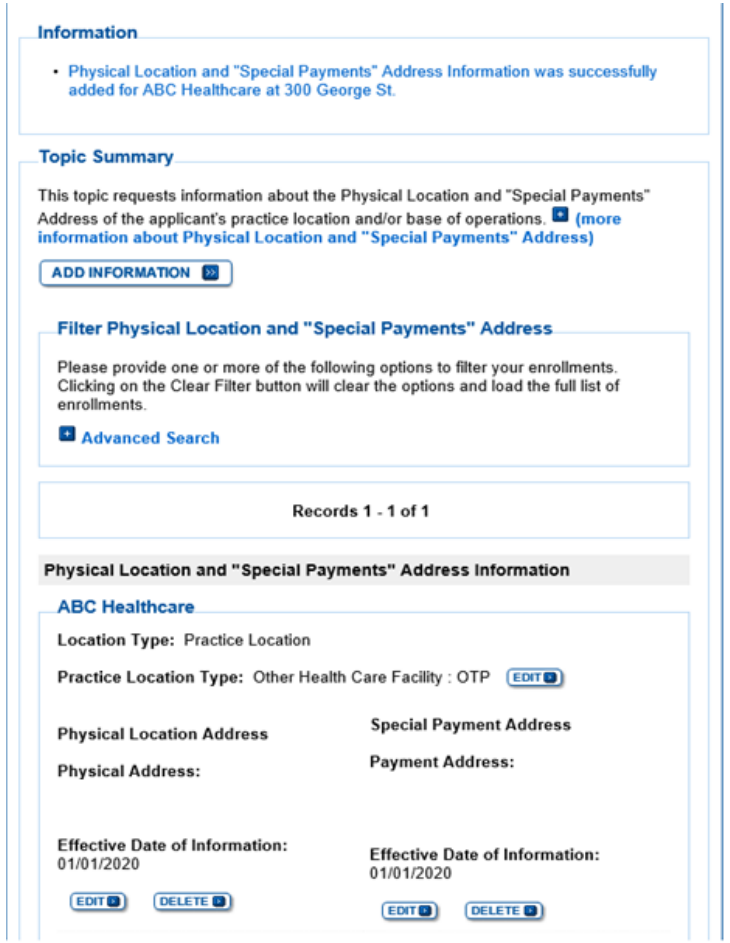


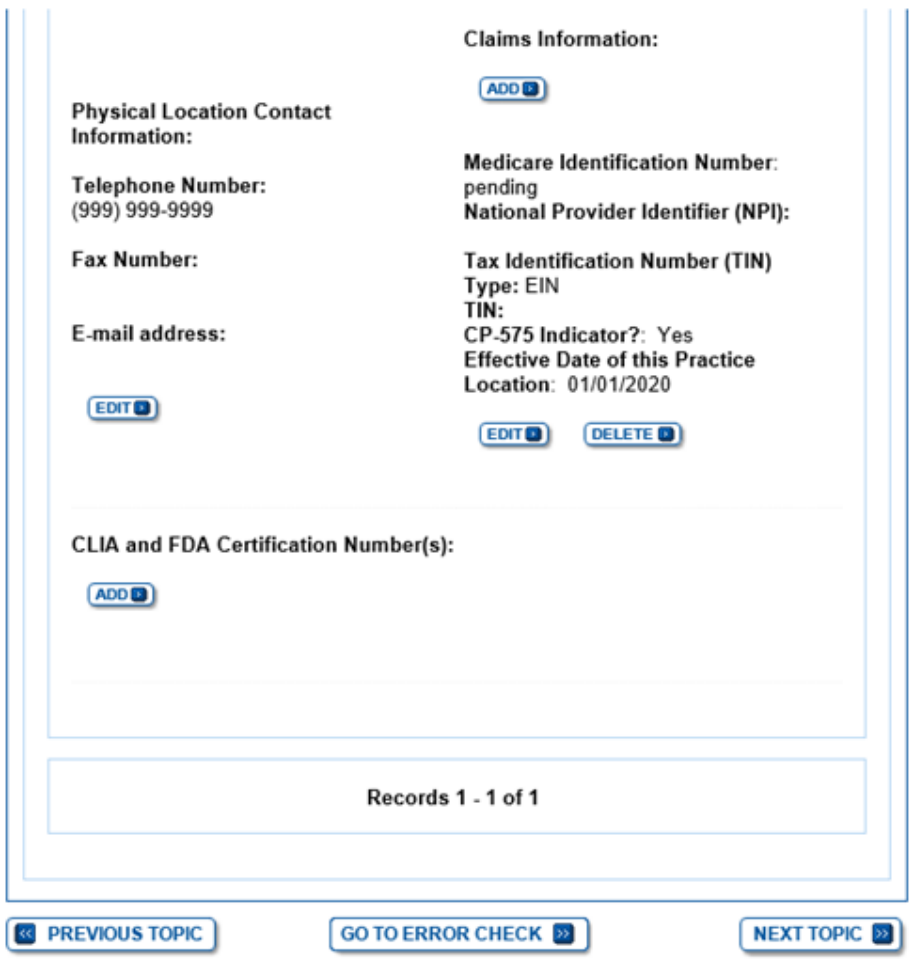
Special Payment Address



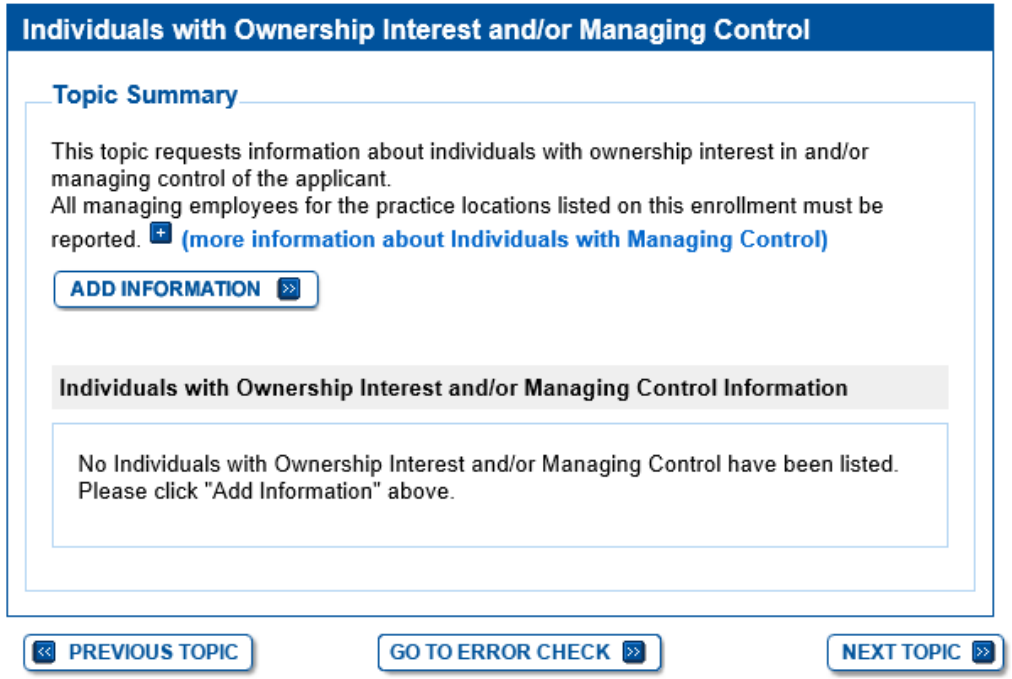


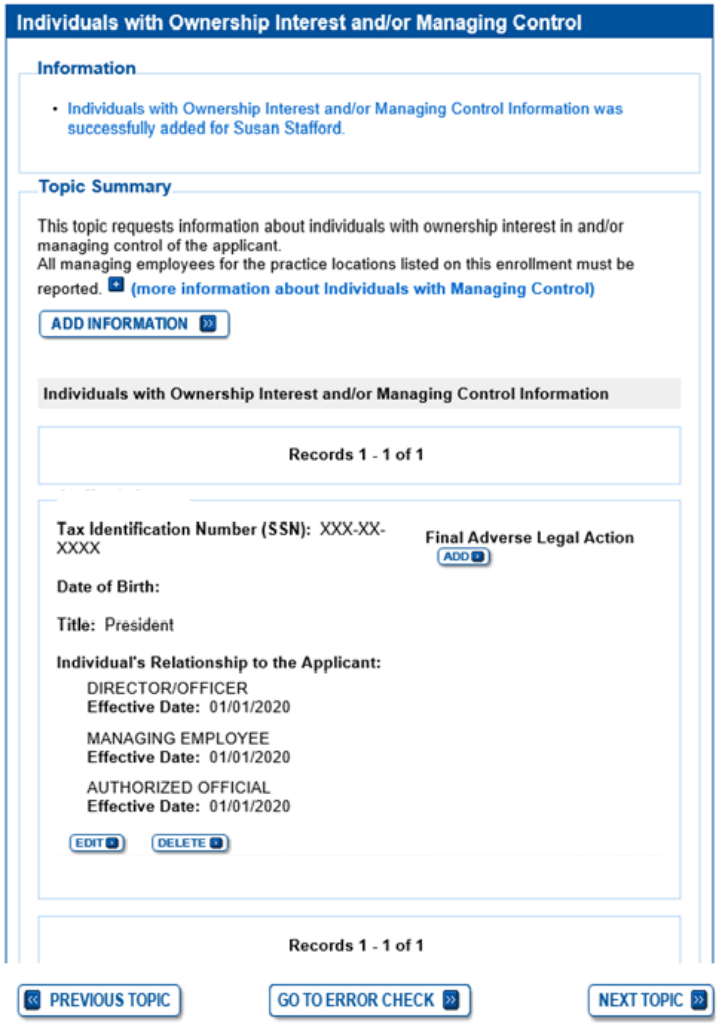
Physical Location Summary



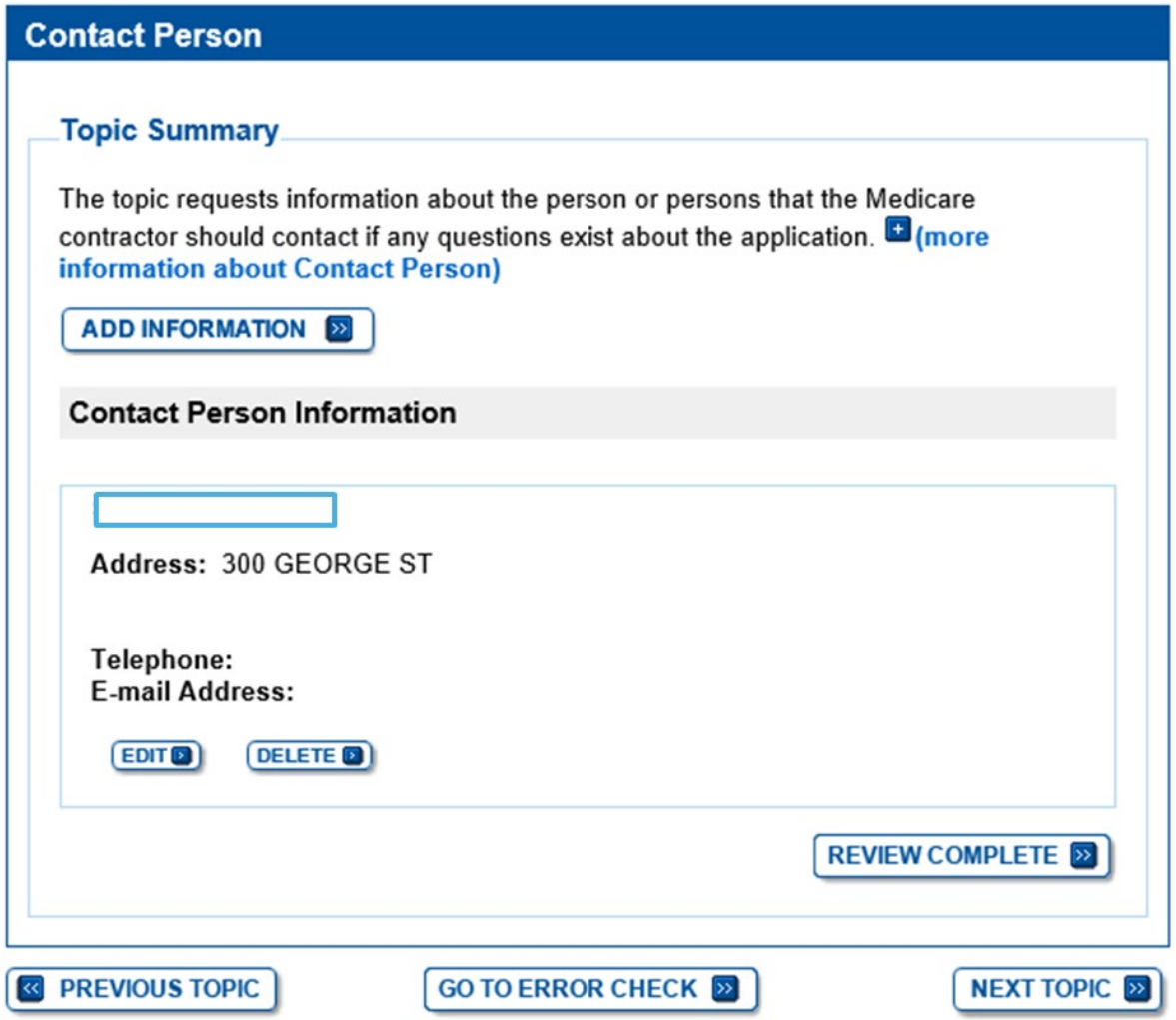


Individual Control

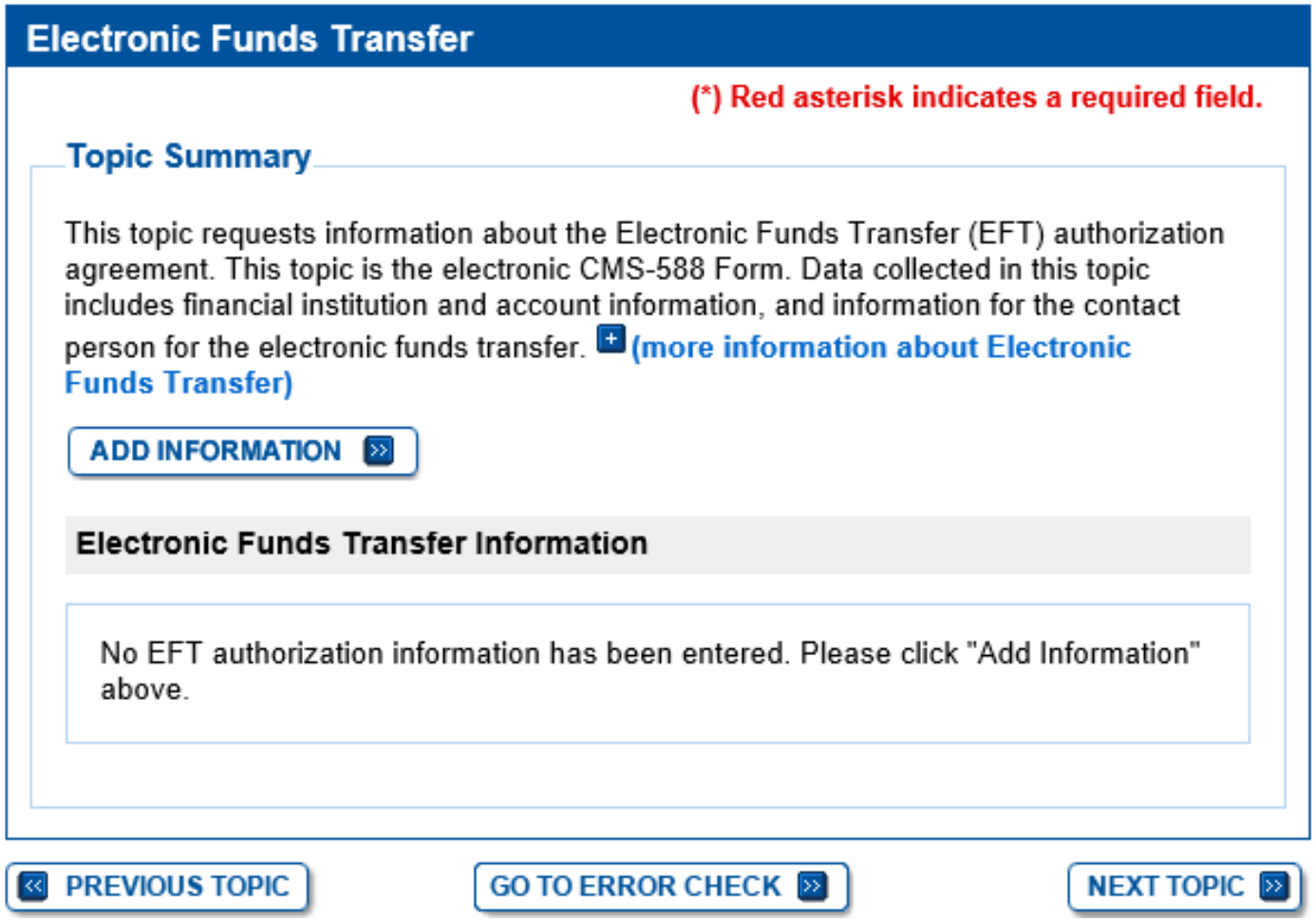




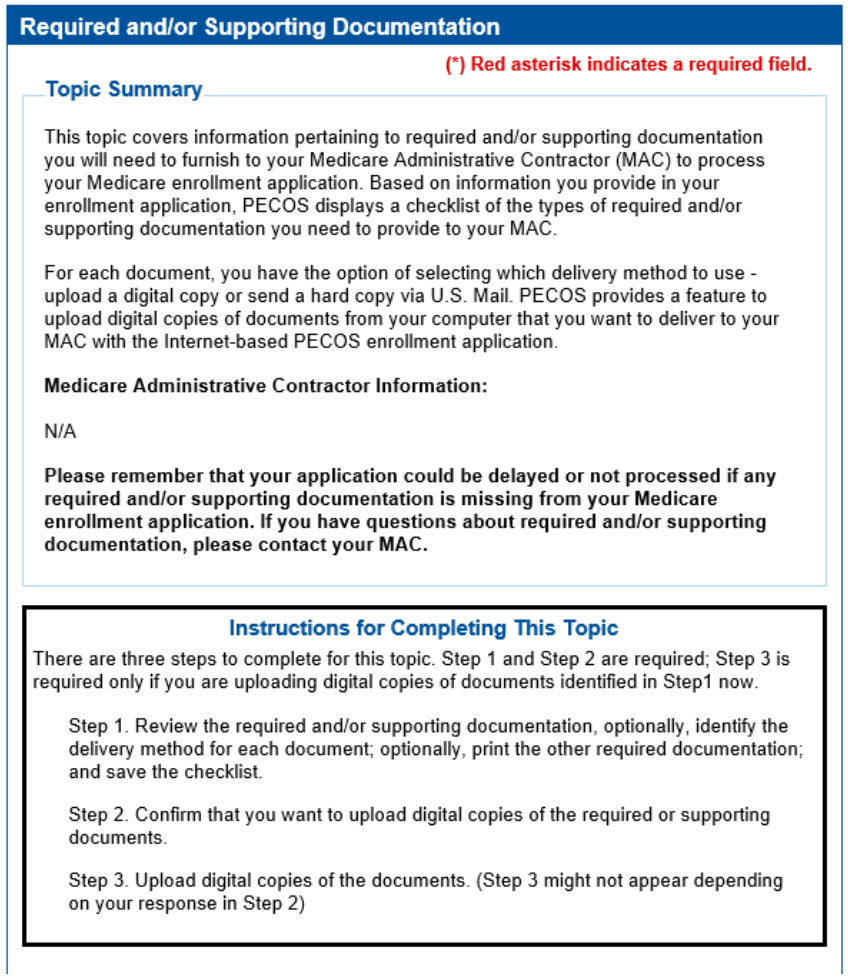
Contact Person Information



Electronic Funds Transfer



Required and/or Supporting Documentation



Required and/or Supporting Documentation

(*) Red asterisk indicates a required field.

Topic Summary

This topic covers information pertaining to required and/or supporting documentation you will need to furnish to your Medicare Administrative Contractor (MAC) to process your Medicare enrollment application. Based on information you provide in your enrollment application, PECOS displays a checklist of the types of required and/or supporting documentation you need to provide to your MAC.

For each document, you have the option of selecting which delivery method to use - upload a digital copy or send a hard copy via U.S. Mail. PECOS provides a feature to upload digital copies of documents from your computer that you want to deliver to your MAC with the Internet-based PECOS enrollment application.

Medicare Administrative Contractor Information:

N/A

Please remember that your application could be delayed or not processed if any required and/or supporting documentation is missing from your Medicare enrollment application. If you have questions about required and/or supporting documentation, please contact your MAC.

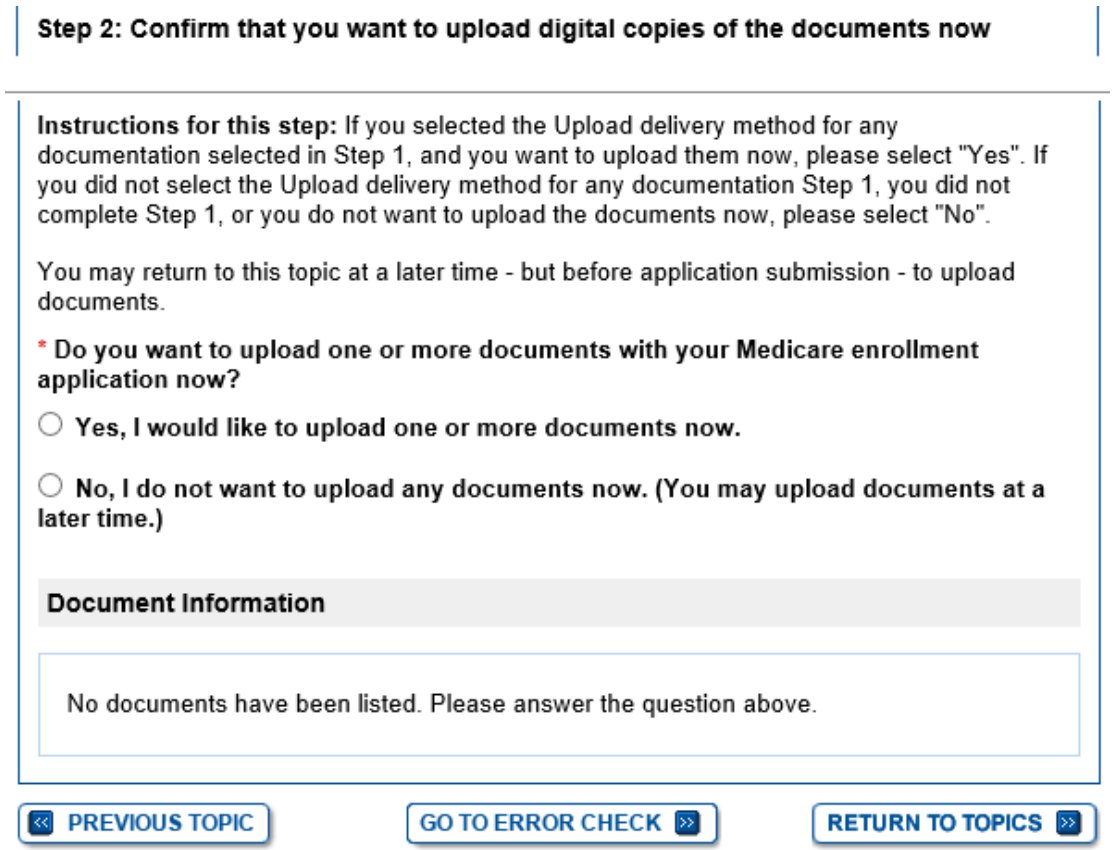
Instructions for Completing This Topic

There are three steps to complete for this topic. Step 1 and Step 2 are required; Step 3 is required only if you are uploading digital copies of documents identified in Step1 now.

Step 1. Review the required and/or supporting documentation, optionally, identify the delivery method for each document; optionally, print the other required documentation; and save the checklist.

Step 2. Confirm that you want to upload digital copies of the required or supporting documents.

Step 3. Upload digital copies of the documents. (Step 3 might not appear depending on your response in Step 2)



Step 2: Confirm that you want to upload digital copies of the documents now

Instructions for this step: If you selected the Upload delivery method for any documentation selected in Step 1, and you want to upload them now, please select "Yes". If you did not select the Upload delivery method for any documentation Step 1, you did not complete Step 1, or you do not want to upload the documents now, please select "No".

You may return to this topic at a later time - but before application submission - to upload documents.

* **Do you want to upload one or more documents with your Medicare enrollment application now?**

○ **Yes, I would like to upload one or more documents now.**

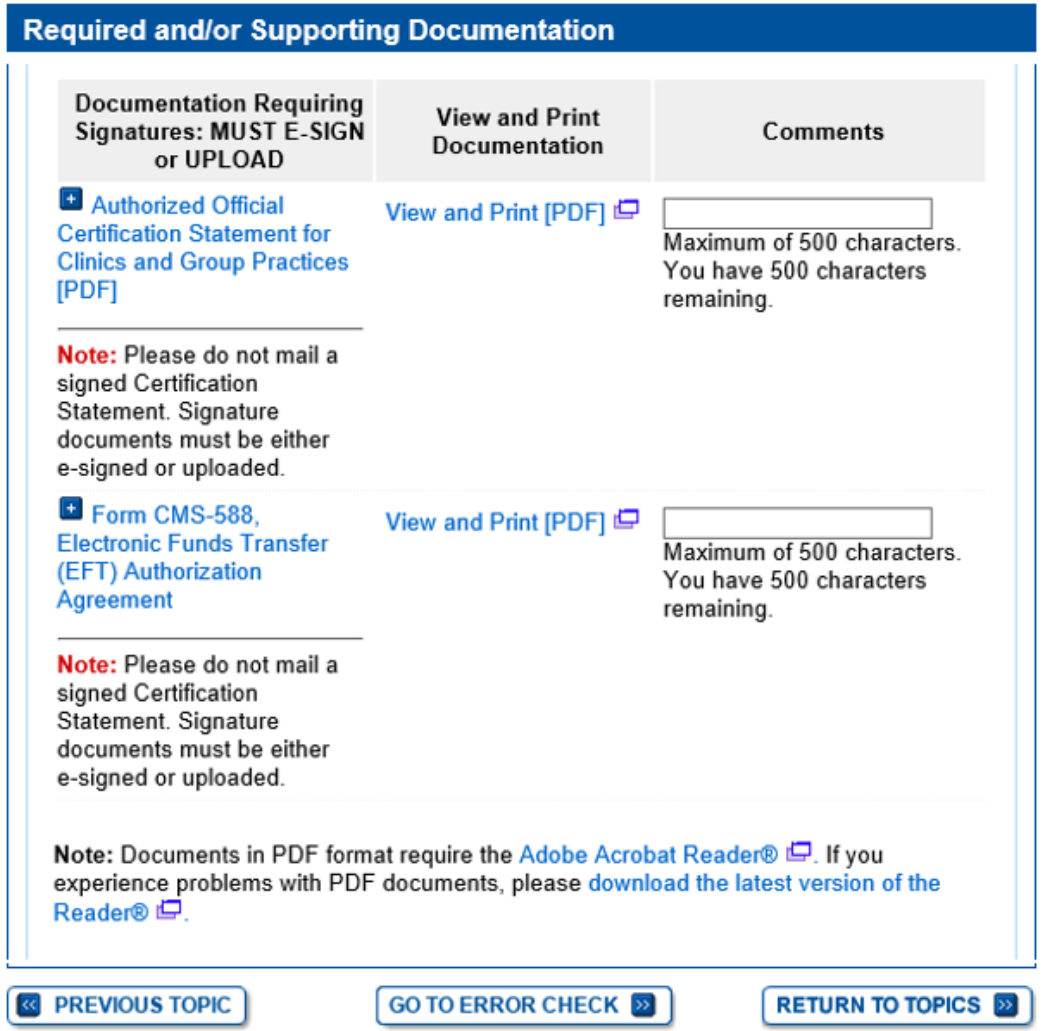
○ **No, I do not want to upload any documents now. (You may upload documents at a later time.)**

Document Information

No documents have been listed. Please answer the question above.

PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

View and Print Certification Statements



Upload Documents

Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- **Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-855O.**

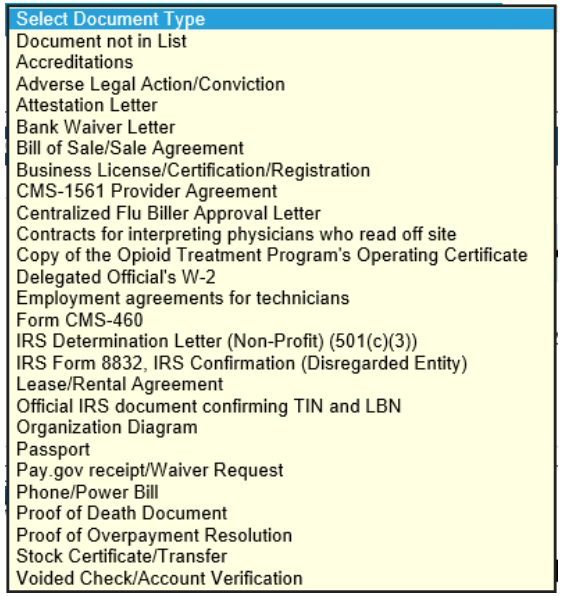
File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

* Document Type	* Document Name
Select Document Type	Browse...

UPLOAD

PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

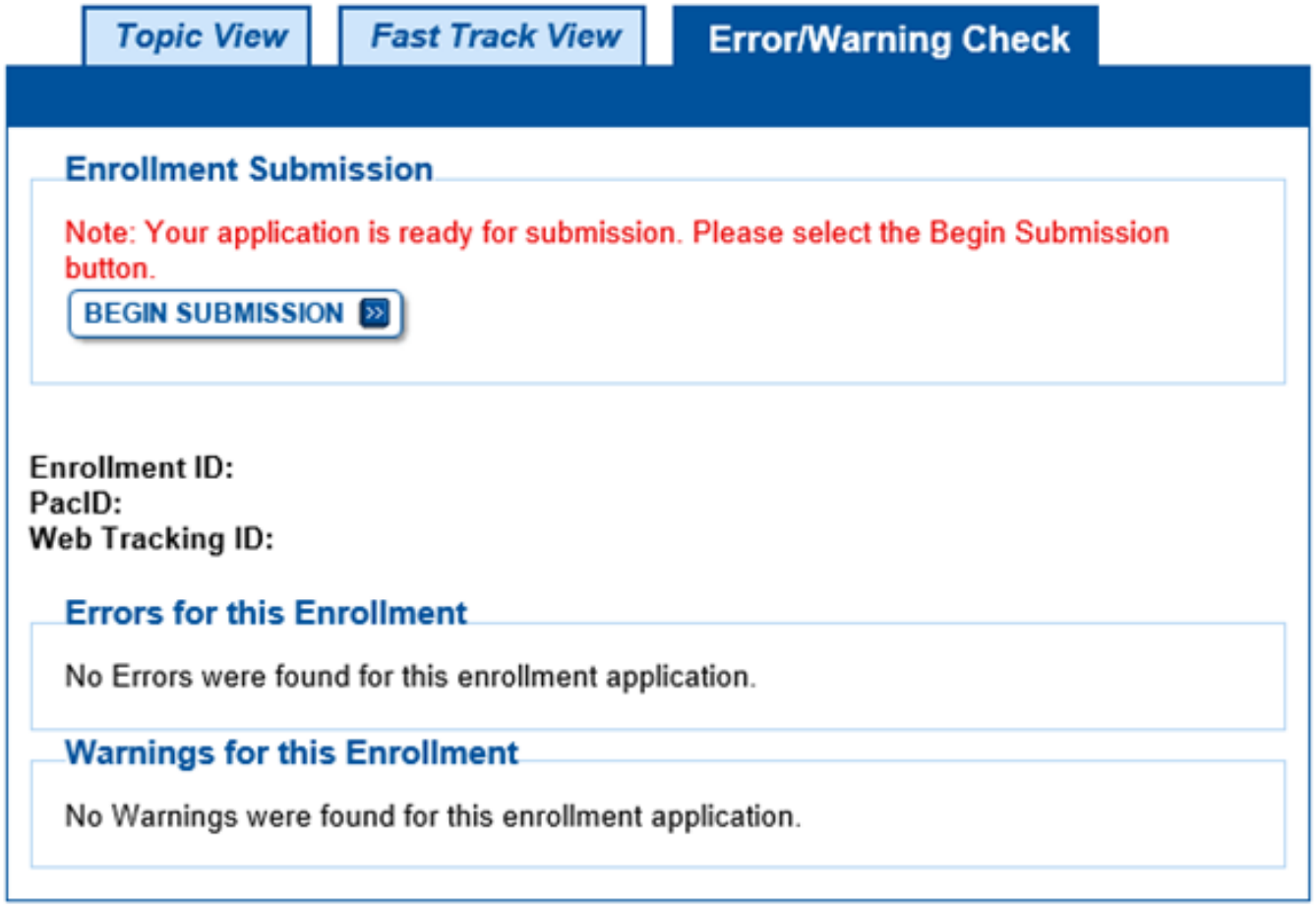


Current Uploaded Documents

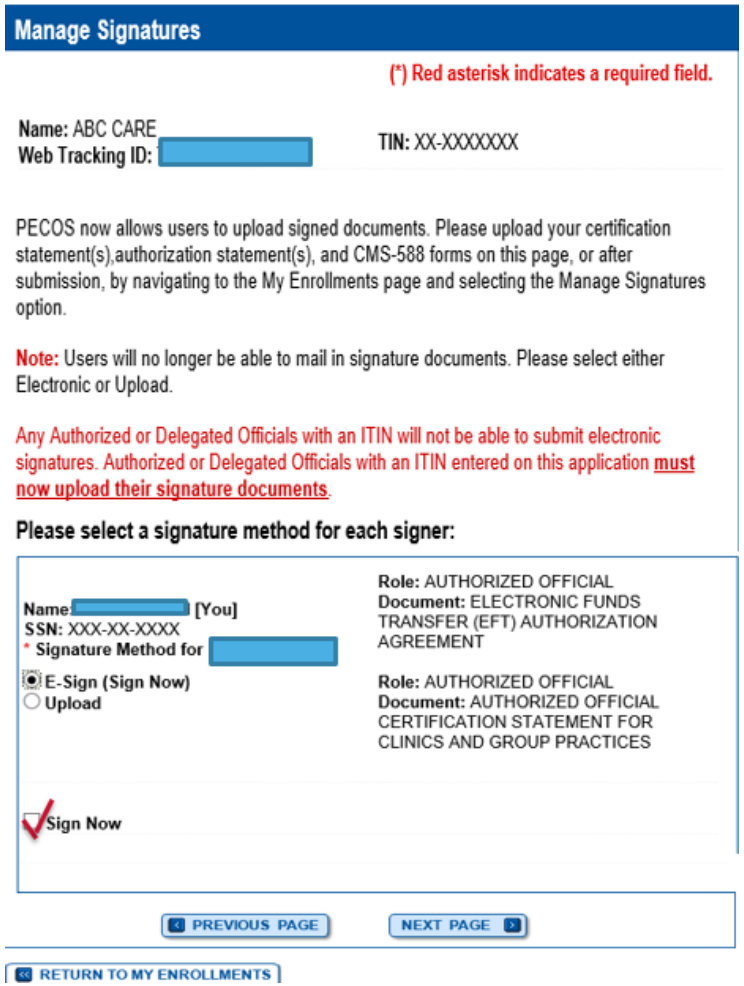
Document Type	File Name	Document ID	Date Uploaded	Actions
Voided Check/Account Verification	This is void check.pdf		01/08/2020	VIEW REMOVE

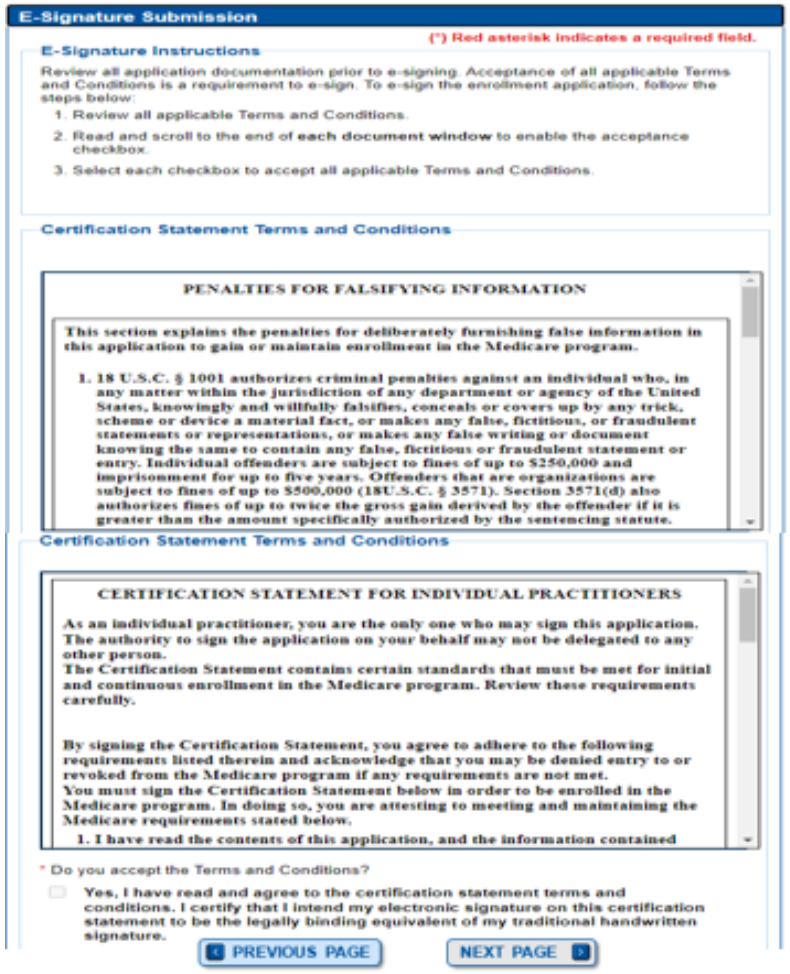
PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

Error/Warning Check

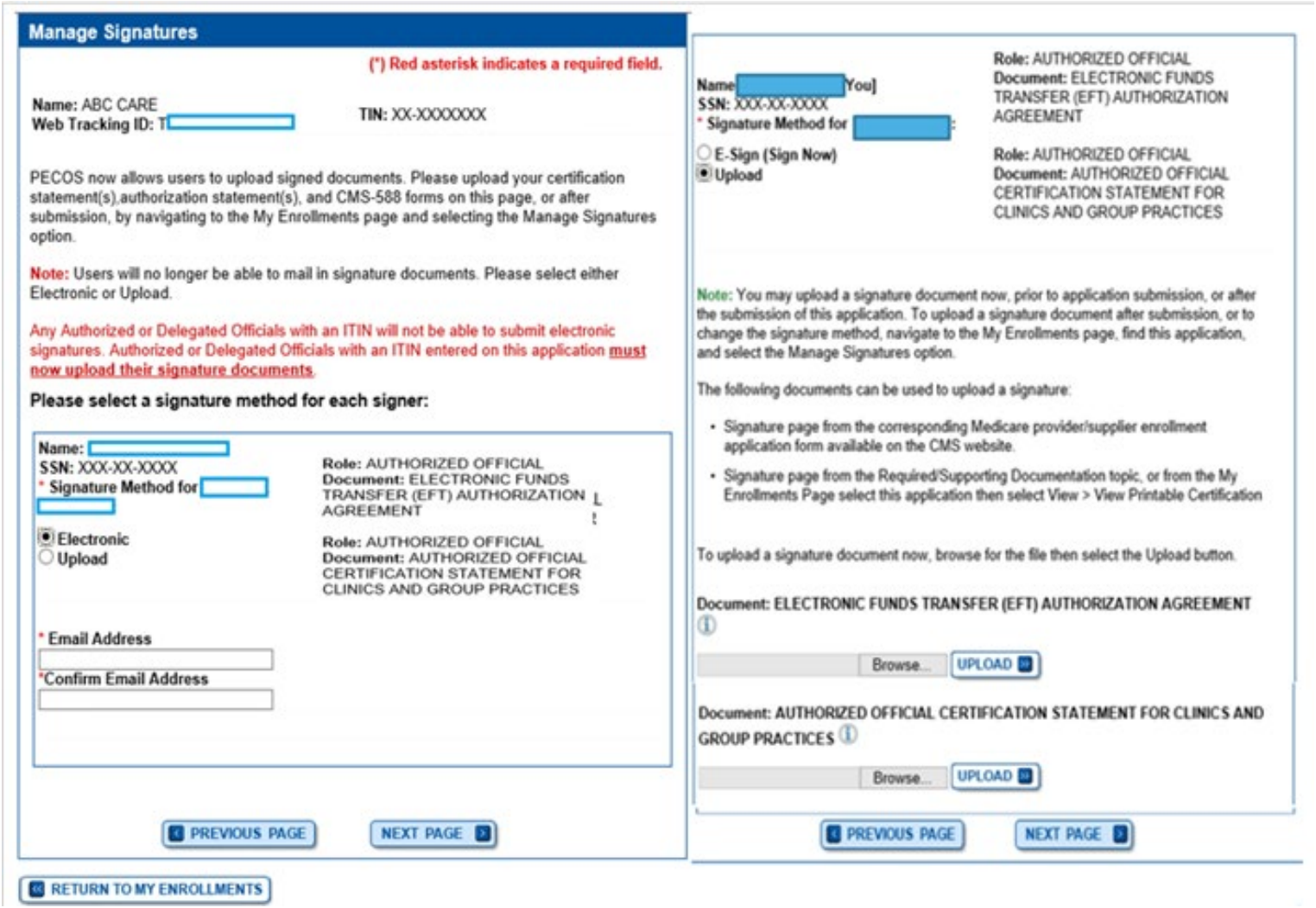


Manage Signatures

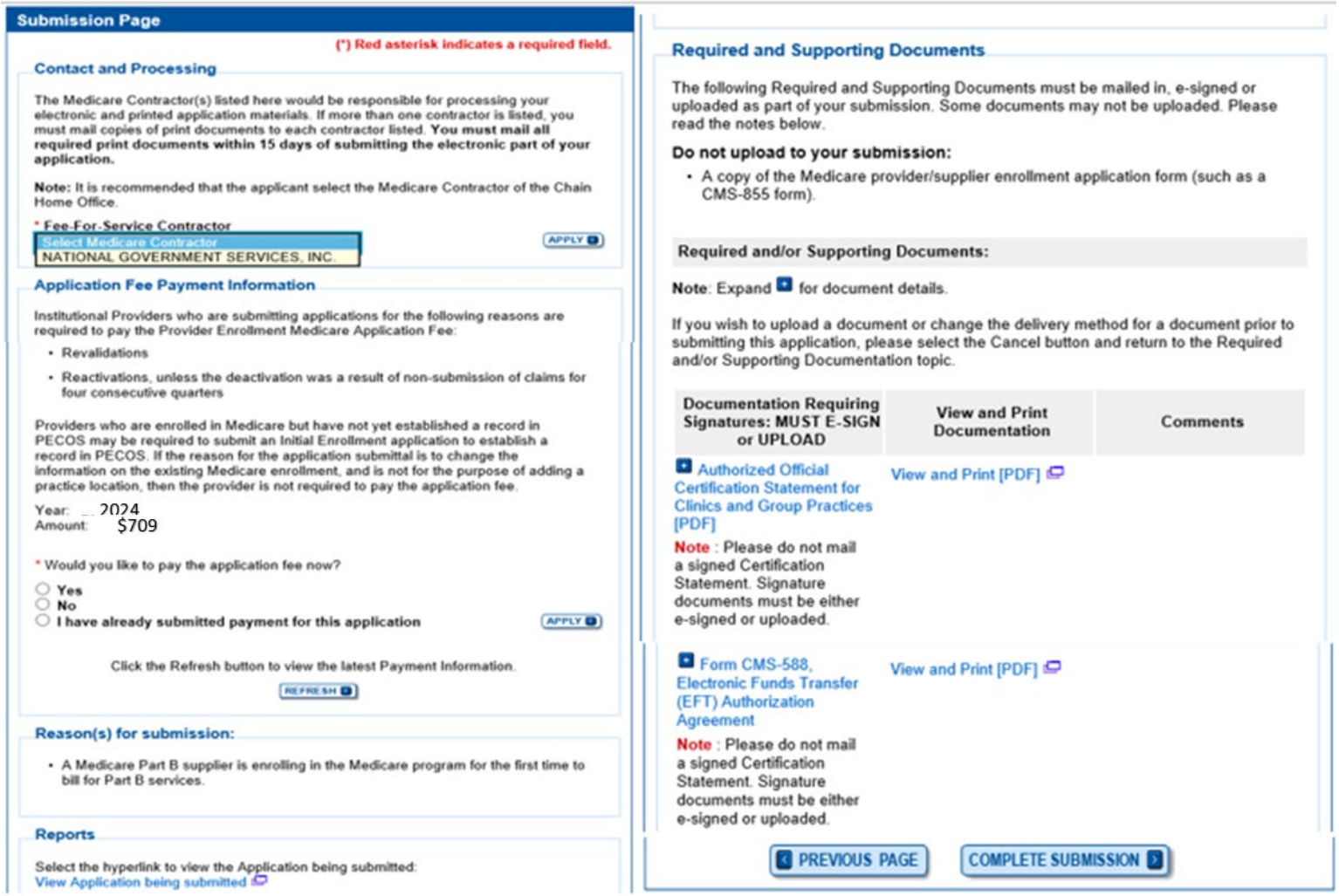




Manage Signatures



Complete Submission



Submission Page

(*) Red asterisk indicates a required field.

Contact and Processing

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Note: It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

* Fee-For-Service Contractor

Select Medicare Contractor
NATIONAL GOVERNMENT SERVICES, INC.

APPLY

Application Fee Payment Information

Institutional Providers who are submitting applications for the following reasons are required to pay the Provider Enrollment Medicare Application Fee:

- Revalidations
- Reactivations, unless the deactivation was a result of non-submission of claims for four consecutive quarters

Providers who are enrolled in Medicare but have not yet established a record in PECOS may be required to submit an Initial Enrollment application to establish a record in PECOS. If the reason for the application submittal is to change the information on the existing Medicare enrollment, and is not for the purpose of adding a practice location, then the provider is not required to pay the application fee.

Year: 2024
Amount: $709

* Would you like to pay the application fee now?

- Yes
- No
- I have already submitted payment for this application

APPLY

Click the Refresh button to view the latest Payment Information.

REFRESH

Reason(s) for submission:

- A Medicare Part B supplier is enrolling in the Medicare program for the first time to bill for Part B services.

Reports

Select the hyperlink to view the Application being submitted:
View Application being submitted

Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.

Do not upload to your submission:

- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).

Required and/or Supporting Documents:

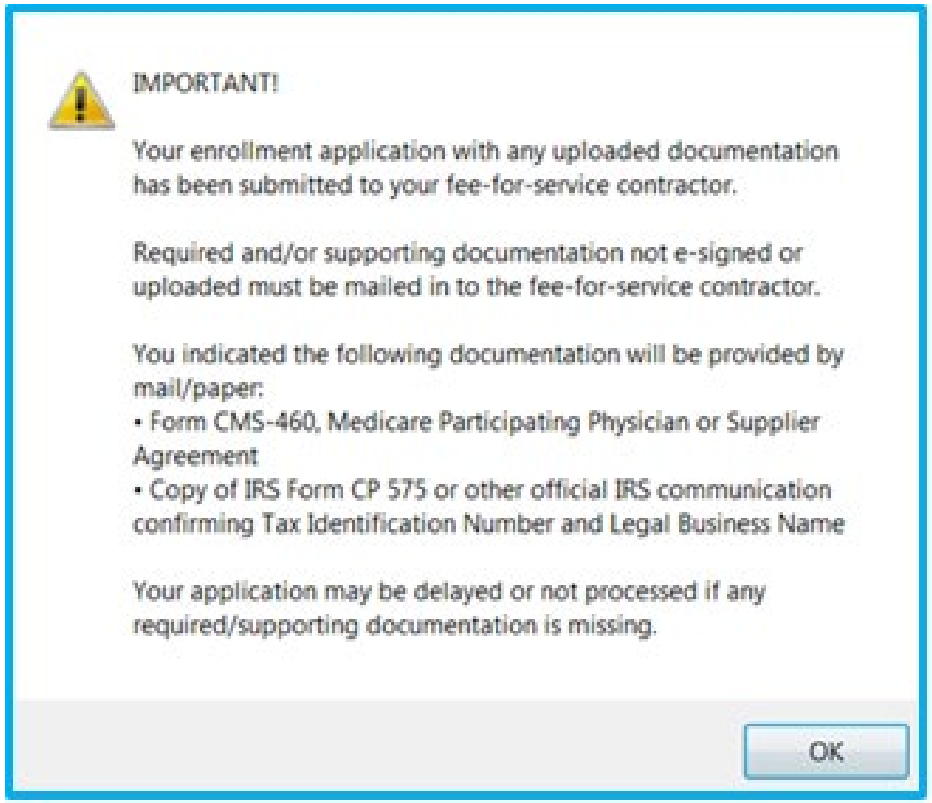
Note: Expand for document details.

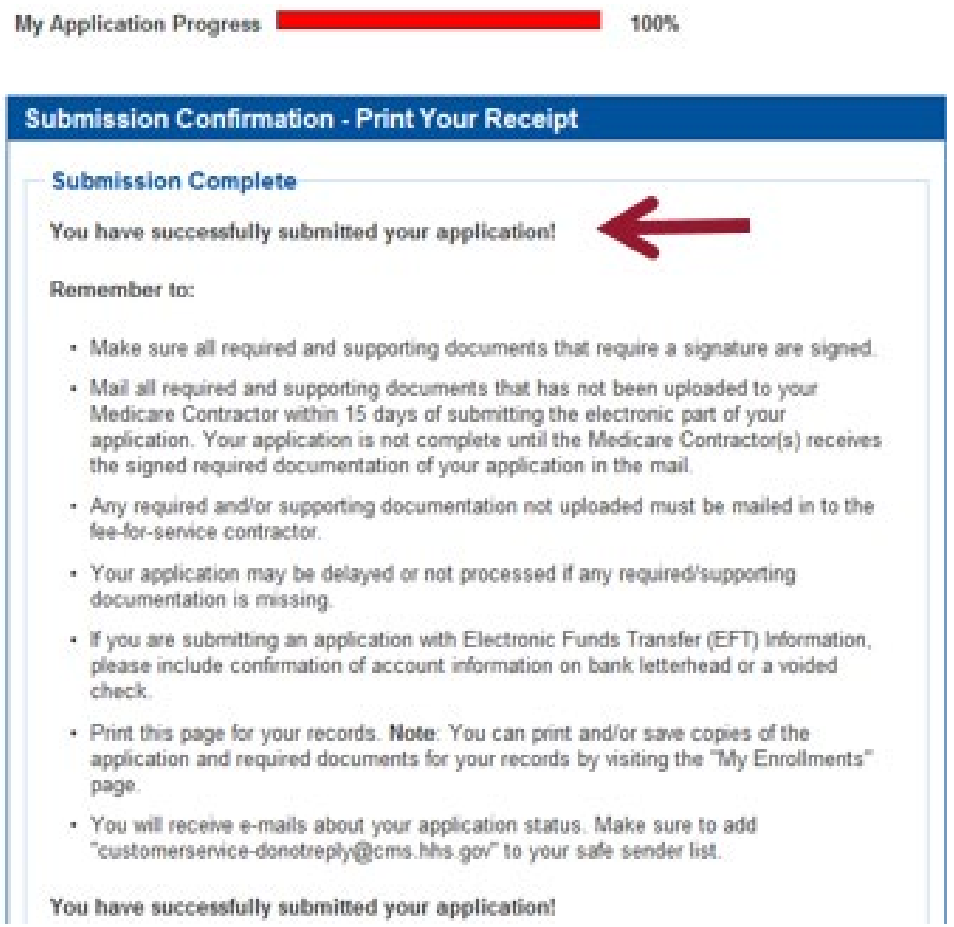
If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
Authorized Official Certification Statement for Clinics and Group Practices [PDF] **Note** : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	
Form CMS-588, Electronic Funds Transfer (EFT) Authorization Agreement **Note** : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	

PREVIOUS PAGE COMPLETE SUBMISSION

Submission Confirmation





Enrollment Records

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: ILLINOIS
Type/Specialty:

VIEW
REVALIDATE
MORE OPTIONS

Enrollment Type: 855A
Medicare ID: View Medicare ID Report
Status: APPROVED View Approved Enrollment Record

Practice Location: 701 W NORTH AVE,

Existing Reassignments: 0
Pending Reassignments Applications: 0
View/Manage Reassignments

New Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: CONNECTICUT
Type/Specialty: OPIOID TREATMENT PROGRAM (OTP)

VIEW
MANAGE SIGNATURES

Enrollment Type: 855B
Medicare ID: pending
Status: AWAITING PROCESSING View Awaiting Processing Application
Practice Location: 300 George St,

Tracking ID:

Supporting Documents

Supporting Documents

- SAMHSA certification and/or copy of renewal letter
- State Operation License
- Drug Enforcement Administration License
- CMS-1561 Provider Agreement
- IRS CP575 or CP147c
  - Tax Identification for Legal Business Name
- Nonprofit IRS determination letter

Supporting Documents

- Voided check or bank confirmation letter
- Organizational flow chart (Managing Control)
- Final adverse legal action documentation and solution
- Attestation for government entities and tribal organizations

Application Fee

- Application Fee receipt
  - 2024 application fee = **$709**
  - Pay fee online via credit card, debit card or check
  - No hardcopy checks can be accepted by NGS
  - Submit receipt of payment with application
    - ✓ Enables contractor to quickly verify payment was made

Process after Submission

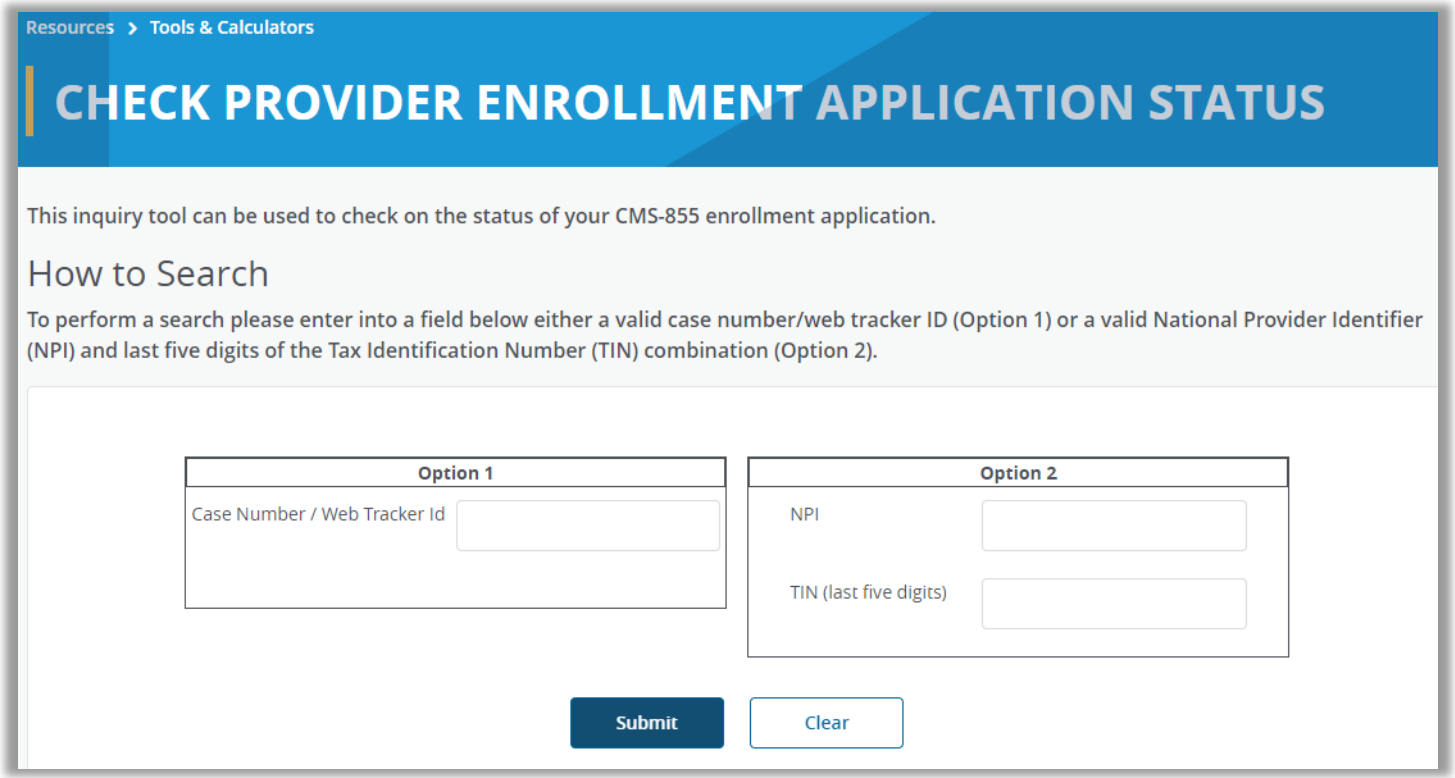
Process After Submission

- Contact person on application will receive by email
  - Acknowledgement Notice
    - ✓ Add to safe sender list
      - customerservice-donotreply@cms.hhs.gov
      - NGS-PE-Communications@elevancehealth.com
  - Development requests for additional information
    - ✓ Respond within 30 days
    - ✓ Log into PECOS to make necessary corrections or upload the required documents, view and manage signatures
  - Response letter
    - ✓ Rejection letter for incomplete/no response to development request
    - ✓ Approval

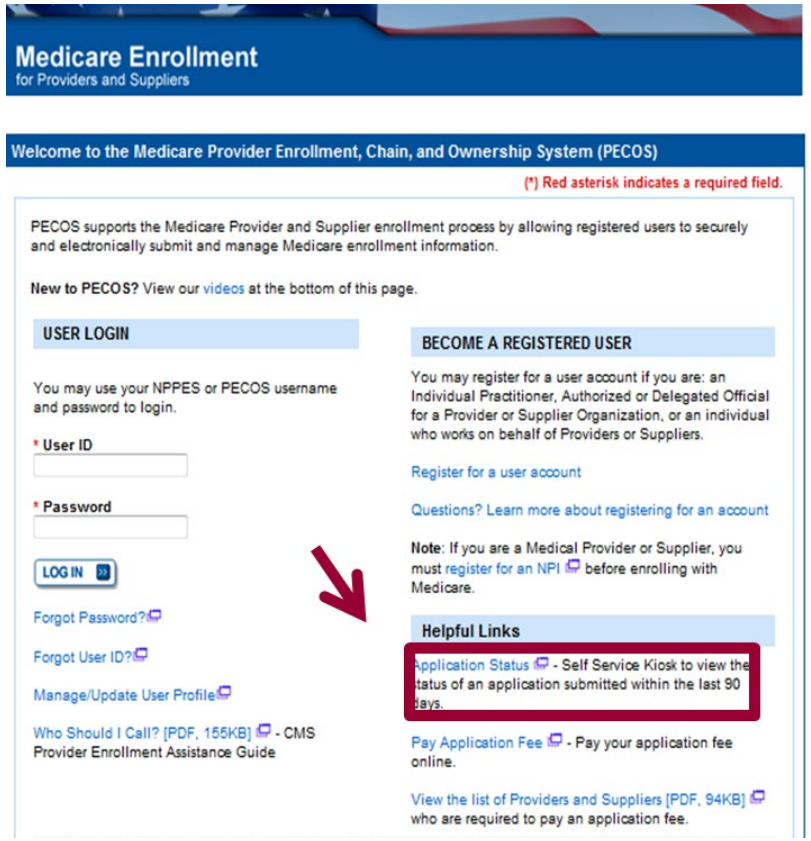
Check Application Status

Check Application Status Tool

- Go to our website > Resources > Tools & Calculators > Check Provider Enrollment Application Status



PECOS Application Status



Provider & Supplier Resources

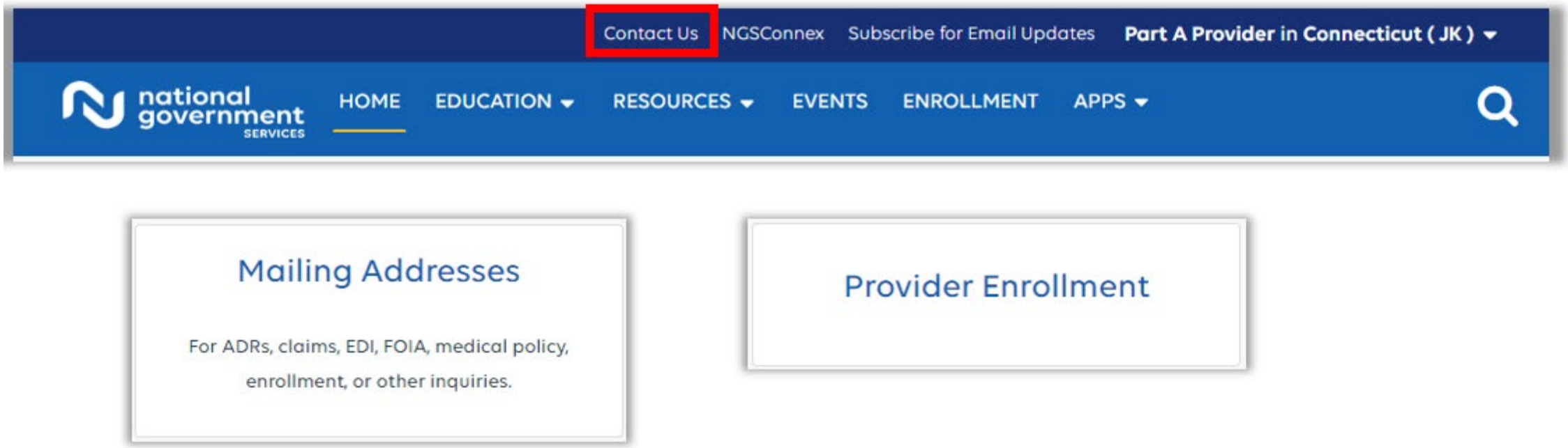
- CMS.gov/Providers - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.
- Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- Ordering & Referring List - View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.
- Ordering and Referring Information [PDF, 1.64MB] - Learn about the Ordering & Referring enrollment process.

Enrollment Tutorials

- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider or Organization/Supplier
- **Change of Information:**
  Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
  Individual Provider or Organization/Supplier
- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider or Organization/Supplier
- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider
- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier
- **Adding a Practice Location (DMEPOS Only):**
  Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
  DME Supplier

Contact Information

NGS Website

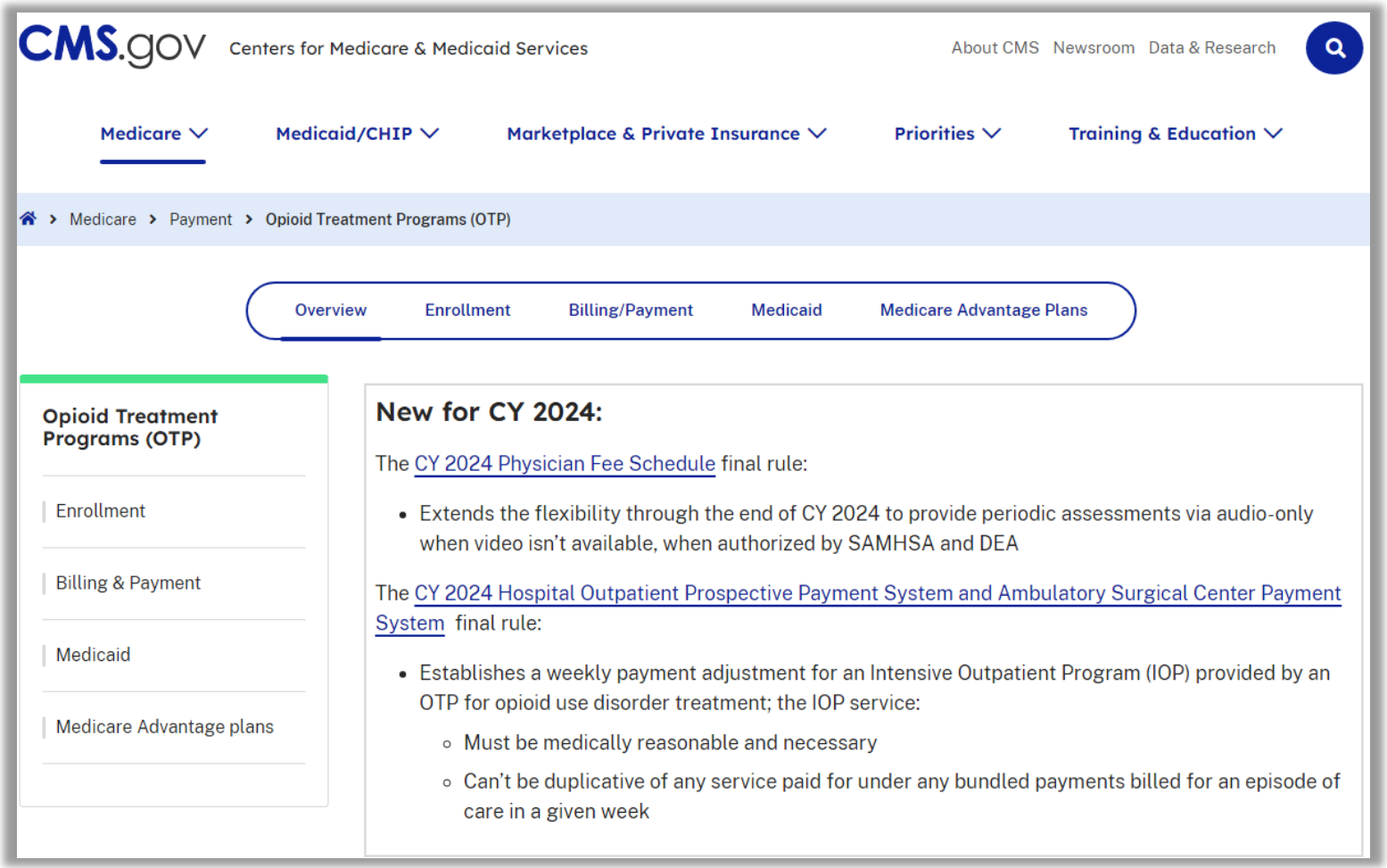

Contact Us
NGSConnex
Subscribe for Email Updates
Part A Provider in Connecticut (JK)
national government SERVICES
HOME
EDUCATION
RESOURCES
EVENTS
ENROLLMENT
APPS
Mailing Addresses
For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.
Provider Enrollment

Contact Information

For Assistance With	Contact	Contact Information
• Changing an NPPES password • Establishing a new user ID and password for NPPES • Questions related to the NPI application	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
• Errors encountered while accessing or entering information in PECOS • Forgotten PECOS user IDs and passwords	EUS Help Desk	Phone: 866-484-8049 TTY: 866-523-4759 Email: EUSSupport@cgi.com Live Chat: https://eus.custhelp.com/

Resources

CMS Opioid Treatment Programs



Connect with us on Social Media

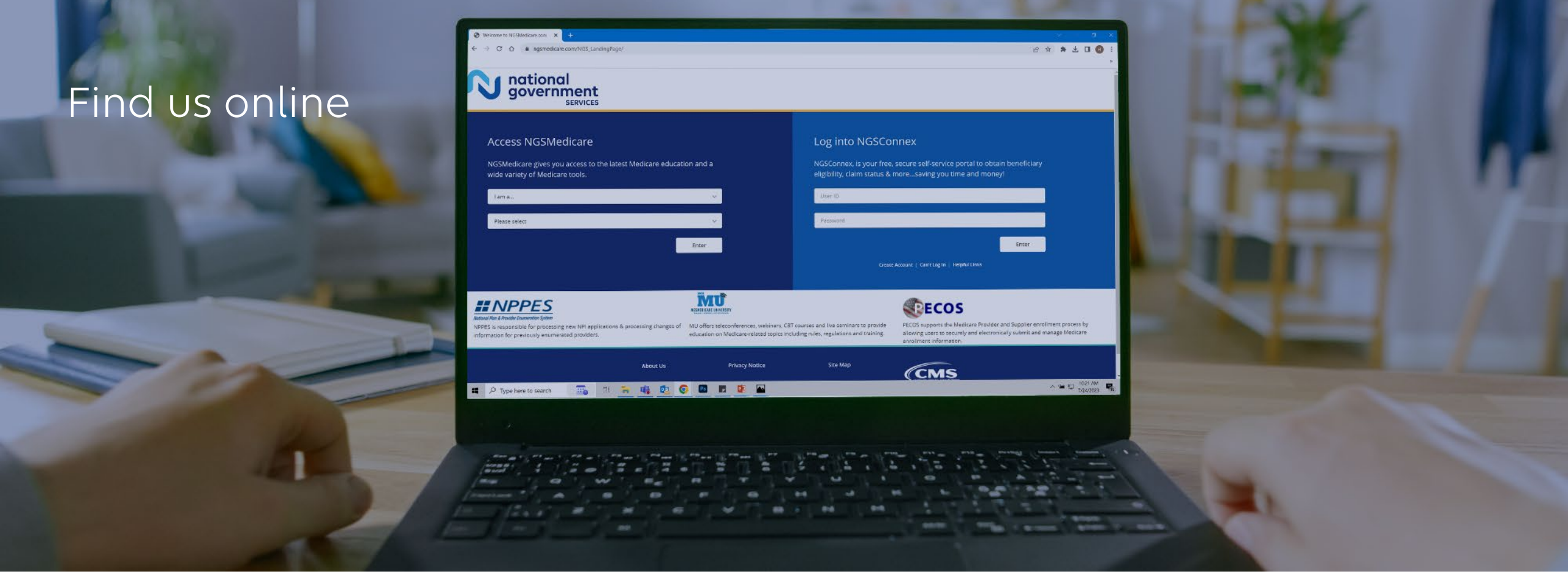
YouTube Channel
Educational Videos

medicare mobile
Text NEWS to 37702; Text GAMES to 37702

www.MedicareUniversity.com
Self-paced online learning

LinkedIn
Educational Content

Find us online



www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

NGSConnex
Web portal for claim information

Sign up for Email Updates
Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.