MEDICARE DECISION TREE

Effective February 1, 2017, Medicare regulations require that patients will only receive benefits when covered by Medicare Advantage Drug Plans if the prescriber is enrolled with Medicare, i.e.,

* 1. Enrolled with CMS 8550 (referring and prescribing enrollment)
	2. Enrolled by Opting In to Medicare Part B
	3. Enrolled by Opting Out of Medicare Part B.

Similarly, patients will only be entitled to Medicare benefits when referred for Medicare covered services by an enrolled provider.

**The new deadline does not apply to any requirements for Medicare Part B:**

I. If you perform any Medicare Part B Covered Medical Services (biopsies, extractions prior to radiation therapy, etc.),

**Your enrollment options are:**

* Enroll by Opting In (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf>)
* Enroll by Opting Out
* If you do neither, you cannot charge patients for these services and patients will not have coverage for prescriptions submitted to Medicare Advantage Plans.

II. If you do NOT perform any Medicare Part B Covered Medical Services (biopsies, extractions prior to radiation therapy, etc.),

**Your enrollment options are:**

* + Enroll with CMS 8550 (referring and prescribing enrollment) (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf>)
	+ Enroll by Opting In
	+ Enroll by Opting Out

III. If you participate with managed care companies that provide dental coverage through Medicare Advantage Dental Plans,

**Your enrollment options are:**

* + Enroll with CMS 8550 (referring and prescribing enrollment)
	+ Enroll by Opting In

IV. Also note, if you fabricate sleep apnea devices covered by Medicare, you must be enrolled with CMS as a provider of durable medical equipment (DME) (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855s.pdf>). Once enrolled, you may choose to “opt in” or “opt out” as a DME provider. Enrollment as a DME provider is unrelated to the new requirements for prescribing and referring.