

PORTABLE X-RAY

*THE FACILITY MUST FILL OUT THE FORM 855 AND RETURN THE ORIGINAL TO ITS FISCAL INTERMEDIARY. When the 855 is approved by the Fiscal Intermediary, a copy of the 855B will be forwarded to the Illinois Department of Public Health (IDPH). Questions regarding the 855B should be directed to the Fiscal Intermediary. The 855 can be found at the following website:

- CMS 855B
- <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855b.pdf>
- Questions regarding CMS form 855B
www.cms.hhs.gov/MedicareProviderSupEnroll/
- Provider-Supplier Enrollment Contacts
www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

***PLEASE NOTE: When the 855B is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855B has been sent to us.**

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address along with a priority exception request for an initial Medicare Certification Survey.

Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761

Questions regarding Medicare Forms ONLY, should be directed to 217-782-0386.

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS 1880 Request for Certification as Supplier of Portable X-Ray Services Under the Medicare/Medicaid Program
www.cms.hhs.gov/cmsforms/downloads/cms1880.pdf
- CMS-1561 Health Insurance Benefits Agreement form – (2 originals required)
www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf **Make sure you sign/date/put your title in the section that says "Accepted for the Provider of Services By" – DO NOT SIGN IN EITHER OF THE OTHER TWO SIGNATURE BLOCKS.**
- Medicare Intermediary Information - 1 original required (www.idph.state.il.us) (Click on Publications then Forms, then refer to Medicare Intermediary Section)
- Current Illinois Department of Nuclear Safety approval letter – can be obtained by contacting Illinois Department of Nuclear Safety, 1035 Outer Park Drive, Springfield, IL 62704 or by calling 217-785-9900 – This letter confirms that Department of Nuclear Safety conducted a survey at the facility, and the facility passed the survey.

INFORMATIONAL READING MATERIAL

- Conditions of Participation and coverage can be found at
www.cms.hhs.gov/manuals/downloads/som107ap_d_xray.pdf

Priority Exception Letter

- The Department was issued a memorandum from the Centers for Medicare and Medicaid Services on November 5, 2007, regarding Initial Surveys for New Medicare Providers. The new guidelines are effective immediately, and outline the CMS priority for initial surveys of Providers and Suppliers newly enrolling in Medicare. New Providers and Suppliers fall into the lowest priority level for survey certification. Due to very substantial federal resource limitations, we must currently adhere to a strict priority schedule as we respond to requests from providers the newly seek to participate in Medicare.
- CMS instructs States to place a higher priority on recertification of existing providers, on complain investigation, and on similar work for existing providers than for initial surveys or providers or suppliers newly seeking Medicare participation.
- Providers may apply by letter to the State Agency for CMS consideration to grant an exception to the priority assignment of the initial survey if lack of Medicare certification would cause significant access-to-care problems for Medicare beneficiaries serviced by the provider or supplier. The State Agency may choose whether to make a recommendation to CMS before forwarding the request to CMS.
- There is no special form required to make a priority exception request. However, the burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if the provider is not enrolled to participate in Medicare. CMS will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the provider's or supplier's request.
- When applying for a priority exception, please submit your letter to the attention of at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, Central Office Operations Section, 525 W. Jefferson Street, 4th Floor, Springfield, IL 62761.