

Medicare Enrollment Requirements for Healthcare Providers & DME Suppliers | TriumphHealth

SOUTHLAKE, TX, UNITED STATES, October 7, 2025 /EINPresswire.com/ -- Enrolling in Medicare is a critical step for healthcare providers, group practices, and [Durable Medical Equipment \(DME\)](#), Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers. Without proper enrollment, providers cannot bill Medicare, which often means lost revenue opportunities and compliance risks.

Whether you're a physician, a group practice manager, or a DME supplier, knowing the rules, especially around practice location addresses, accreditation, and site visits, is essential for approval and long-term compliance.

Why Medicare Enrollment Matters

- **Mandatory for participation:** Without Medicare enrollment, providers and suppliers cannot serve Medicare beneficiaries or bill Medicare.
- **Revenue impact:** Medicare patients and members are a key segment across specialties and DME suppliers.
- **Compliance requirement:** Enrollment ensures providers and suppliers meet CMS regulations and can withstand audits or site inspections.



DME



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Medicare requires that all applicants list at least one physical location on their enrollment forms.

CMS Rules on Practice or Supplier Address

- No P.O. Boxes allowed as the official practice/supplier location.
- The address must be a street address where care or services are delivered, or where operations are based.
- For telehealth-only providers, CMS still requires a physical business office.
- For DMEPOS suppliers, the facility must have posted business hours, proper signage, and meet accreditation standards.
- All locations are subject to site verification visits by MACs or the National Supplier Clearinghouse (NSC).

Different Address Types in Enrollment

- Practice/Supplier Location Address: Mandatory physical site.
- Correspondence Address: For CMS communications (maybe a P.O. Box).
- Remittance Address: For Medicare payments (may differ from practice location).
- Billing Address: For billing agents or central offices.

Medicare Enrollment Applications: Which Form to Use?

Individual Enrollment (CMS-855I / PECOS)

- For physicians, nurse practitioners, physician assistants, and other licensed practitioners.
- Requires at least one physical practice address.
- Generates a PTAN (Provider Transaction Access Number).
- If billing under a group, must also file a CMS-855R to reassign benefits.

Group/Facility Enrollment (CMS-855B)

- For group practices, clinics, labs, ambulatory surgical centers (ASCs), and other facilities.
- Must list all physical practice/facility addresses.
- Each individual provider must still complete a CMS-855I enrollment, then be linked to the group's 855B.
- Groups are responsible for maintaining accurate rosters of associated providers.

DMEPOS Supplier Enrollment (CMS-855S)

- For Durable Medical Equipment, Prosthetics, Orthotics, and Supplies suppliers.
- Requires a physical business location with posted hours and signage (no P.O. Boxes or virtual offices).
- Must maintain DMEPOS accreditation, liability insurance, and an active surety bond.
- Subject to mandatory site inspections by CMS or NSC.
- Common denial reasons: missing accreditation, expired surety bonds, unverifiable addresses.

Practical Guidance for Enrollment Success

1. Secure a Physical Location Early

- Providers: Use a hospital, clinic, or leased suite if not yet established.
 - Groups: List all practice/facility sites upfront to avoid rejections.
 - DMEPOS suppliers: Ensure compliance with signage, business hours, and site accessibility.
2. Keep All Systems Aligned
 - Ensure addresses match across PECOS, CAQH, and payer applications.
 3. Prepare for Site Verification
 - Providers: Ensure your office is operational and accessible.
 - DMEPOS suppliers: Be ready for NSC inspections with accreditation, posted hours, and proper documentation.
 4. Stay Current on Revalidations
 - Medicare requires revalidation every 5 years for providers and every 3 years for DME suppliers.

Pros & Cons of Using a Temporary Address for Medicare Enrollment

Pros (Providers & Groups)

- Allows providers employed or contracted at a hospital/clinic to start billing Medicare immediately.
- Meets CMS requirement for a physical, verifiable practice location at the time of enrollment.
- Useful when the provider won't have their own office space for several months.

Pros (DMEPOS Suppliers)

- Having a temporary leased facility or shared medical office may allow a faster application start while awaiting a permanent site.
- Demonstrates to CMS that a supplier has a business presence (important for compliance).

Cons (Providers & Groups)

- Once the provider moves to a permanent office or suite, a CMS-855I Change of Information (or 855B for groups) must be filed.
- May trigger a site visit verification for the new location.
- Adds extra administrative steps and delays compared to enrolling directly with the permanent address.

Cons (DMEPOS Suppliers)

- Much stricter rules: CMS requires a permanent, dedicated DMEPOS business location with signage, posted hours, liability insurance, surety bond, and accreditation.
- Temporary or virtual offices, residential addresses, and P.O. Boxes are not acceptable. Using one will result in denial.
- Suppliers who change addresses after approval must re-file an 855S Change of Information and undergo another mandatory site inspection.

How [TriumphHealth](#) Helps Healthcare Providers & DME Suppliers

At TriumphHealth, we simplify Medicare enrollment for:

- Individual Providers (CMS-855I): Full support with PECOS setup and PTAN tracking.

- Group/Facility Enrollment (CMS-855B): Guidance on linking providers, maintaining rosters, and updating locations.
- DMEPOS Supplier Enrollment (CMS-855S): Assistance with accreditation, surety bond compliance, site readiness, and application submission.

Contact TriumphHealth today to learn how our experts manage every step, from initial application to revalidation, to eliminate errors, shorten timelines, and ensure approval. In addition to healthcare providers and group credentialing, we help DME suppliers evaluate their products, facility setup, and compliance documentation to create a customized plan for successful [DME Medicare enrollment](#).

Cherrica Leevy
TriumphHealth
+1 888-747-3836 ext. 0
[email us here](#)

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