

UNMMG Billing Packet

To be compliant with your service agreement, Federal/State laws, and UNMHSC policies, submission of specific documents copies are required in conjunction with this packet.

Required	MD	DO	CNP	PA	CNM	CRNA	AA	PhD	LD	OD	DDS/	All Other	
Documents											DMD	providers	Y
Curriculum Vitae/Resume (professional school to present) *Must indicate month/year and contain explanation for gaps greater than 30 days.	х	х	х	x	x	x	x	x	x	x	х	х	
greater triair 30 days.													
Diplomas: **Medical/Professional School, * Residency * Internship, * Fellowship.	х	х	х	х	х	х	х	х	х	х	х	х	
Educational Commission for Foreign Medical Graduate (ECFMG) Certificate, if applicable.	х	х											
Current Board Certification Specialty and Subspecialty.	ABMS or AA	AOA	ANCC or NCC	NCCPA	ACNM	AANA or CRNA	NCCAA		CDR	AAO			
Current Driver's License.	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Billing Area Checklist for appropriate clinic/department.	Х	Х	Х	Х	Х	х	Х	Х	х	х	Х	х	
DEA Certificate with NM Licesne	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	

Please read the instructions for each application form carefully. Complete only items as indicated. All information should reflect and applies to your new position at UNMHSC.

Requested document copies and the entire "UNMMG, INC" Billing Packet (completed and signed), can be sent to:

Your Department Credentialing Enrollment Liaison before submitting to the Provider Enrollment Department.

PLEASE NOTE: Billing processes will not and cannot begin until all required information/ documentation has been

Received and reviewed by Provider Enrollment - No Exceptions!



BILLING AREA CHECKLIST

CEL Please remember to attach all department or clinic billing area checklist(s) to UNMMG Billing Packet before submitting to Provider Enrollment. Billing area checklist document can be found on the clinical affairs website:

https://unmhealth.org/clinical-affairs/_files/billing-areas-checklist2-25-2022.pdf



BILLING REQUEST NUMBER REQUEST FORM

The next page of this document is requesting a billing number to bill though UNM Medical Group, Inc.

Instructions:

Have Provider complete the next page questions 1- 19, sign and date.

Provider must also complete one of the two personal identifying information documents designating their specialty.



BILLING NUMBER REQUEST FORM

Anticipated Start Date _____

1.	Provider Last Name	First Name	Middle					
2.	Title: MD PA NP	_ Other:						
3.	Are you: UNM Employee UH Employee UNMMG Employee Other:							
4.	Are you: Faculty Resident/Fellow Staff Other:							
	a. Faculty Status: Professor	Asst. Professor Associate Pro	ofessor Adjunct Professor					
	Volunteer	Instructor Staff Provider	Other:					
5.	Date of Birth 5a. E	Birthplace	5b. Sex: M F Other					
6.	. Social Security Number							
7.	NPI Number							
8.	NM DEA Number	DEA expiration date						
9.	NM License Number	issue date	Exp date					
10.	O. Certification Board: Certification Number							
	Certification issue date	Expiration date						
11.	1. Medical/Professional School Date Graduated							
12.	FTE status: 1.0 0.5 0	:her:						
13.	13. Are you: New Hire Change in Department/Specialty Addition to Department/Specialty							
14.	14. Provider Contact information:							
	a. Concurrent Address							
	City	St	Zip					
	b. Prior Practice Address							
	City	St	Zip					
		St	Zip					
	d. Home Phone Number	Cell Pl	hone Number					
15.		State						
16.	16. Department/Clinic Name:							
17.	7. Department Liaison Name:							
18.	3. Primary Specialty Subspecialty							
19.	9. Requested NPPES Surrogacy completed? Yes No, if No please follow the included instructions							

Signature_____ Date____

SECTION 2: PERSONAL IDENTIFYING INFORMATION (Continu)

G. PHYSICIAN SPECIALTY		
Designate your primary specialty and a	all secondary specialty(s) below using	g:
P=Primary S=Secondary		
You can only select one primary specia and submit a separate CMS-855I applic specialties. A physician must meet all f	cation for each primary specialty. You	u may select multiple secondary
Addiction Medicine Advanced Heart Failure	Hematology/Oncology Hematopoietic Cell	Osteopathic Manipulative Medicine
and Transplant Cardiology	Transplantation and Cellular Therapy	Otolaryngology
Allergy/Immunology	Hospice/Palliative Care	Pain Management
Anesthesiology	Hospitalist	Pathology
Cardiac Electrophysiology	Infectious Disease	Pediatric Medicine
Cardiac Surgery	Internal Medicine	Peripheral Vascular Disease
Cardiovascular Disease (Cardiology)	Interventional Cardiology	Physical Medicine and Rehabilitation
Chiropractic	Interventional Pain	Plastic and Reconstructive
Colorectal Surgery	Management	Surgery
(Proctology)	Interventional Radiology	Podiatry
Critical Care (Intensivists)	Maxillofacial Surgery	Preventive Medicine
Dentist		Psychiatry
Dermatology	Medical Oncology	Pulmonary Disease
Diagnostic Radiology	Medical Toxicology	Radiation Oncology
Emergency Medicine	Nephrology	Rheumatology
Endocrinology	Neurology	Sleep Medicine
Family Medicine	Neuropsychiatry	Sports Medicine
Gastroenterology		Surgical Oncology
General Practice	Neurosurgery Nuclear Medicine	Thoracic Surgery
General Surgery		Undersea and Hyperbaric
Geriatric Medicine	Obstetrics/Gynecology	Medicine
Geriatric Psychiatry	Ophthalmology	Urology
Gynecological Oncology	Optometry	☐ Vascular Surgery
Hand Surgery	Oral Surgery	Undefined Physician Specialty
Hematology	Orthopedic Surgery	(Specify):

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SECTION 2: PERSONAL IDENTIFYING INFORMATION (Continued)

H. ELIGIBLE PROFESSIONAL OR OTHER NON-PHYSICIAN SPECIALTY TYPE

If you are an eligible professional, check the appropriate box below to indicate your specialty.

All individuals must meet specific licensing, educational, and work experience requirements. If you need information concerning the specific requirements for your specialty, contact your designated MAC.

Check only one of the following: If you have multiple non-physician specialty types, you must complete and

submit a separate CMS-855I application for each no	n-physician specialty type.
☐ Anesthesiology Assistant☐ Certified Nurse Midwife (CNM)	☐ Physical Therapist In Private Practice (See section 2K)
☐ Certified Registered Nurse Anesthetist (CRNA)	☐ Physician Assistant (See section 2I)
☐ Certified Clinical Nurse Specialist (CNS)	☐ Psychologist, Clinical (See section 2J)
(See section 2L)	☐ Psychologist Billing Independently (See section 2J2
☐ Clinical Social Worker	☐ Qualified Audiologist
☐ Mass Immunization Roster Biller (See section 2L)	☐ Qualified Speech Language Pathologist
☐ Nurse Practitioner (See section 2L)	☐ Registered Dietitian or Nutrition Professional
☐ Occupational Therapist In Private Practice (See section 2K)	☐ Undefined Non-Physician Practitioner Specialty (Specify):

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Instructions for Provider to Request NPPES Surrogacy for Medicare Enrollment Application

Please Visit NPPES (hhs.gov) (create an account if you do not already have one before continuing)

If you have an existing account visit https://nppes.cms.hhs.gov/IAWeb/warning.do

- 1. Accept terms and conditions
- 2. Login using NPPES username and password
- 3. Verify your account by using the Multifactor Authentication Method



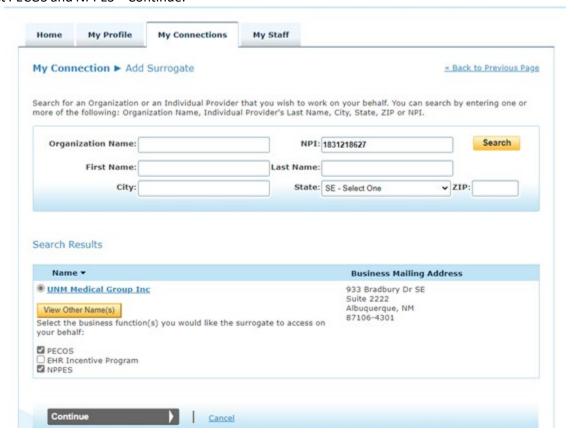
4. Click on My Connections Tab at top, click the (+) next to your name and then then click on Add Surrogate.



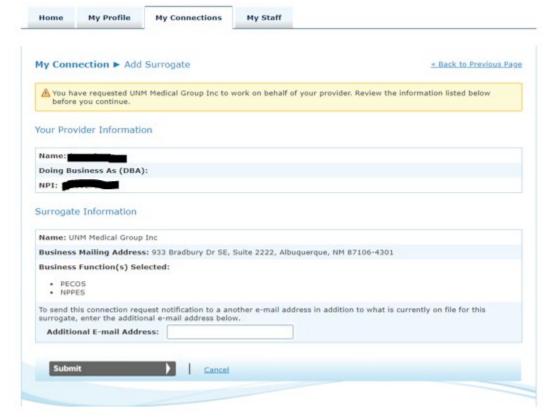
5. Search for UNM Medical Group by using the NPI 1831218627.



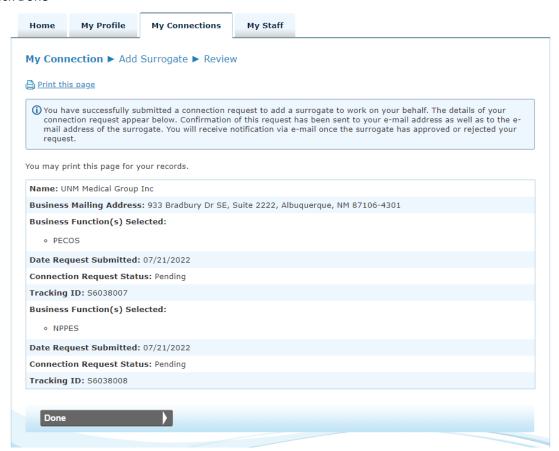
- 6. Select UNM Medical Group.
- 7. Select PECOS and NPPES Continue.



8. Click Submit



9. Click Done



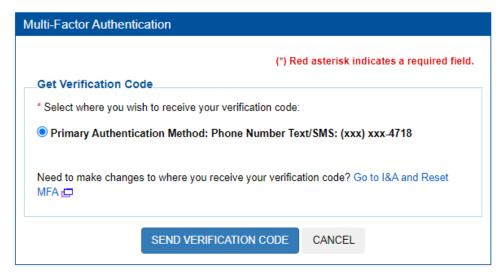
If you need assistance, please contact Renee Baughman at rbaughman@unmmg.org

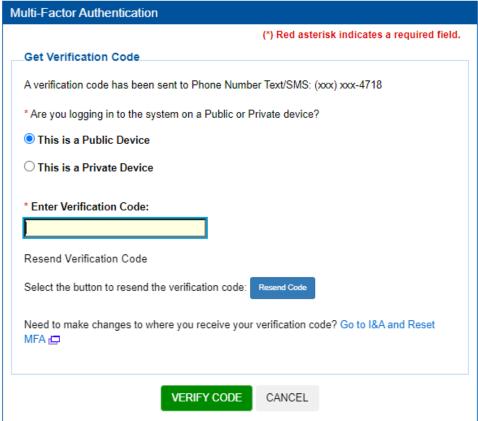
Instructions for Provider to login and sign off on Medicare Enrollment Application

1. Login to PECOS https://pecos.cms.hhs.gov/pecos/login.do#headingLvusing using NPPES username and password.

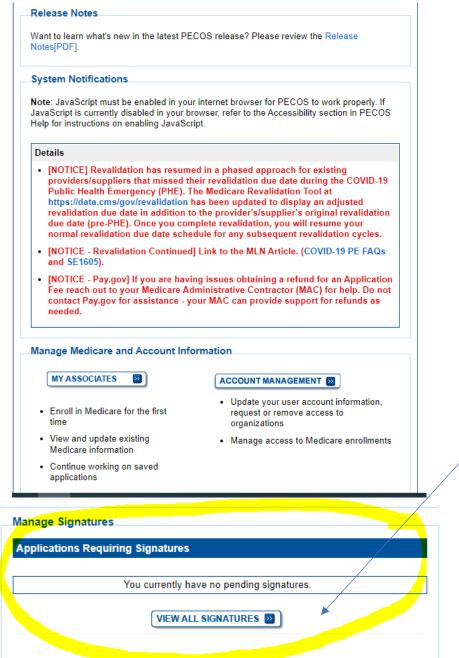
Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) (*) Red asterisk indicates a required field. PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information. New to PECOS? View our videos at the bottom of this page. SYSTEM NOTIFICATIONS . [NOTICE] Revalidation has resumed in a phased approach for existing providers/suppliers that missed their revalidation due date during the COVID-19 Public Health Emergency (PHE). The Medicare Revalidation Tool at https://data.cms/gov/revalidation has been updated to display an adjusted revalidation due date in addition to the provider's/supplier's original revalidation due date (pre-PHE). Once you complete revalidation, you will resume your normal revalidation due date schedule for any subsequent revalidation cycles. . [NOTICE - Revalidation Continued] Link to the MLN Article. (COVID-19 PE FAQs and SE1605). [NOTICE - Pay.gov] If you are having issues obtaining a refund for an Application Fee reach out to your Medicare Administrative Contractor (MAC) for help. Do not contact Pay.gov for assistance - your MAC can provide support for refunds as needed. **USER LOGIN BECOME A REGISTERED USER** You may register for a user account if you are: an Individual Please use your I&A (Identity & Access Management Practitioner, Authorized or Delegated Official for a Provider or System) user ID and password to log in. Supplier Organization, or an individual who works on behalf of Providers or Suppliers. * User ID rbaughman933 Register for a user account Questions? Learn more about registering for an account * Password ••••• Note: If you are a Medical Provider or Supplier, you must register for an NPI Defore enrolling with Medicare. LOG IN 🔯 **Helpful Links** Forgot Password? Application Status @ - Self Service Kiosk to view the status of an application submitted within the last 90 days. Forgot User ID? Pay Application Fee 🗗 - Pay your application fee online. Manage/Update User Profile

2. Follow the Multifactor authentication. A text code will be sent to primary phone number on account





3. When logged in to welcome screen scroll down to signature section and click on view all signatures.



4. Verify all information is correct specifically Section 3 Final Adverse Legal Actions then follow instructions to sign application.