



Revalidation Checklist

GENERAL

REMINDERS

- **Section 1A** - Check Revalidation Box
- **Section 2B1** - Legal business name and EIN must match name and EIN on IRS document.
- **Section 2H** - Performing technical component of ADI services. Supply accrediting information.
- **Section 4** - A complete CMS-855B application and Attachment 2 is required for each free standing practice location.
- **Section 5** - If government-owned, attach government responsibility letter.
- **Section 6** - At least one managing employee must be identified. List all 5% or greater owners, all partners, board members, directors/officers, and authorized/delegated officials.
- **Section 13** - Include an email address and a fax number.
- **Section 15** - Original and dated signature(s).
- **Section 16** - Original and dated signature(s), if applicable.

CMS 855B

Required Sections:

- | | | | | | | | |
|-------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| • Section 1 | <input type="checkbox"/> | • Section 4 | <input type="checkbox"/> | • Section 8 | <input type="checkbox"/> | • Section 15 | <input type="checkbox"/> |
| • Section 2 | <input type="checkbox"/> | • Section 5 | <input type="checkbox"/> | • Section 13 | <input type="checkbox"/> | • Section 16 | <input type="checkbox"/> |
| • Section 3 | <input type="checkbox"/> | • Section 6 | <input type="checkbox"/> | | | | |

Have you completed each of the required sections? ☐

Continue to attachment 2 checklist.

CMS-855B ATTACHMENT 2

INDEPENDENT DIAGNOSTIC TESTING FACILITIES (IDTFs ONLY)

REMINDERS

- **Section 2B** - List codes for each procedure performed. List the equipment next to each code. Do not attach a spreadsheet or any other document in place of the application.
- **Section 2C** - If the IDTF is billing for the interpretation, each interpreting physician must be listed in this section and submit a CMS-855R.
- **Section 2D** - Technicians must be state licensed or nationally certified to perform the test.
- **Section 2E** - Supervising physicians must be Board Certified in the test's required specialty.

IDTFs ONLY

Required Sections:

- | | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| • Section 2A | <input type="checkbox"/> | • Section 2C | <input type="checkbox"/> | • Section 2E | <input type="checkbox"/> |
| • Section 2B | <input type="checkbox"/> | • Section 2D | <input type="checkbox"/> | | |

Have you completed the CMS-855B, in addition to the required IDTF sections? ☐

Continue to attachments checklist.



ATTACHMENTS

HAVE YOU SUBMITTED/COMPLETED . . .

- Copy of the revalidation request letter? ☐
- Proof of fee payment or hardship exception (institutional providers only)? ☐
- IRS document (preprinted with legal business name and EIN)? ☐
- IRS Determination letter, if registered with the IRS as non-profit? ☐
- CMS-588 Electronic Funds Transfer (EFT) Original voided check or bank letter? ☐
 - Original voided check or bank letter? ☐
- Copy of utility bill (if change to practice location)? ☐
- Business license (if applicable)? ☐
- Government responsibility letter (if applicable)? ☐
- Proof of ownership of equipment (sales receipt)? ☐
- Technician license and/or certification? ☐
- Supervising physician state medical license? ☐
- Supervising physician board certification? ☐
- Interpreting physician state license? ☐
- Interpreting physician board certification? ☐
- Copy of equipment calibrations? ☐
- Proof of comprehensive liability insurance? ☐
- Health Care Facility (HCF) state license (Ohio only and if applicable)? ☐
- Specialized Medical Technology Services (SMTS) state license
- (Kentucky only and if applicable)? ☐
- Mobile Health Services (MHS) state license (Kentucky only and if applicable)? ☐
- Sleep center accreditation/certification (sleep studies only)? ☐
- Proof of ownership of equipment (sales receipt)? ☐
- Technician license and/or certification? ☐
- Supervising physician state medical license? ☐
- Supervising physician board certification? ☐
- Interpreting physician state license? ☐
- Interpreting physician board certification? ☐
- Copy of equipment calibrations? ☐
- Proof of comprehensive liability insurance? ☐
- Health Care Facility (HCF) state license (Ohio only and if applicable)? ☐
- Specialized Medical Technology Services (SMTS) state license
- (Kentucky only and if applicable)? ☐
- Mobile Health Services (MHS) state license (Kentucky only and if applicable)? ☐
- Sleep center accreditation/certification (sleep studies only)? ☐