

Change of address for an Extension Site:

To change the address of an extension site to a certified Outpatient Physical Therapy and /or Outpatient Speech Pathology Services provider:

- A. Notify the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) 90 days prior to the intent to move an extension location and copy the Indiana State Department of Health of the notification;
- B. Complete forms, provide information and send them to the Indiana State Department of Health;
- C. Complete an 855 application and submit to your Medicare Administrative Contractor (MAC).

A. Notify CMS RO 90 days prior to the intended move and copy Indiana State Department of Health of notification.

Per the State Operation Manual in section 2294 Change of Address, you must **first notify the Center for Medicare and Medicaid Services (CMS) 90 days prior** to the expected move and seek approval from the Regional Office (RO) before you can bill Medicare for covered services for the new address.

Send a letter and the forms listed below to ISDH and Sylvia Publ at the Chicago Region Office (RO) Five:

Attn Sylvia Publ

Non- Long Term Care Certification & Enforcement Branch

Department of Health and Human Services

233 N Michigan Avenue, Ste 600

Chicago, IL 60601-5519

INDIANA STATE DEPARTMENT OF HEALTH

ACUTE CARE DIVISION 4TH FLOOR

2 NORTH MERIDIAN STREET

INDIANAPOLIS, IN 46204

ATTN: Lorraine Switzer

B. Complete the following forms, provide required information listed below and send them to the Chicago RO Five and Indiana State Department of Health (ISDH)

1. [Form CMS-1856](#) Request for Certification in the Medicare and/or Medicaid

Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services.

2. [Form CMS-381](#) Model Letter Requesting Identification of Extension Units.
3. **Extension Site Questionnaire** [Form 55642](#)

Include the following information with the change of address application forms:

- Name;
- Telephone number;
- Fax number;
- E-mail address;
- Mailing address;
- Practice location address;
- Pay to address;
- Billing agency address;
- Addition/deletion of authorized representative, if applicable;
- Copy of latest fire inspection.
- Name of Administrator of site. If this is a new administrator then please send a copy of credentials.
- If you have any new therapists at this site a copy of license and documentation of the qualification.
- A list of services provided at the site and any changes in services.
- The effective date of the move to the new site.
- The lease agreement for the new site.
- **A detailed floor plan of each new location, drawn to scale, indicating the location of:**
 - A. equipment
 - B. furniture
 - C. pull fire alarm with local alarm capacity
 - D. portable fire extinguisher(s) (Extinguishers must be located on each floor of the premises and readily accessible; preferably located along normal paths of travel to exits.
 - E. areas designated for privacy and/or separate rooms
 - F. exits
 - G. bathrooms

(If this address has changed due to some change in Postal Code, etc. but the location is the same and has been surveyed in the past, just include a statement of such instead of a floor plan.)

Please return forms to CMS RO and ISDH office located at:

Attn Sylvia Publ
Non- Long Term Care Certification & Enforcement Branch
Department of Health and Human Services
233 N Michigan Avenue, Ste 600
Chicago, IL 60601-5519

**INDIANA STATE DEPARTMENT OF HEALTH
ACUTE CARE DIVISION 4TH FLOOR
2 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46204
ATTN: Lorraine Switzer**

If you need assistance with this application, contact **Lorraine Switzer** at **(317) 233-7502**.

C. Complete an 855 application and submit this to your MAC:

Medicare Provider/Supplier Enrollment forms can be accessed at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html>

on the CMS web site.

These forms include the **CMS 855A, CMS 855B, CMS 855I, CMS 855R** and **CMSS**. A comprehensive user guide, providing detailed instructions on how to download these applications, is also available on the web site. Providers/suppliers can complete a form on their computer, save it as a file, and print the completed form for final signature and submission. If you have questions on completion or approval of the CMA 855 form please contact your MAC:

<http://www.wpsmedicare.com/j8macparta/>

WPS Medicare Part A
Provider Enrollment
P.O. Box 2430
Omaha, NE 68103-2430

The CMS 855 application must be approved by your MAC before your request can be processed.