

## How to Enroll in Medicare Electronic Data Interchange for Electronic Funds Transfer (EFT) Payments

This guide was specifically developed to assist dental offices wishing to treat individuals with Part B Medicare coverage (i.e., individuals with certain medical conditions who qualify for a medically necessary dental benefit in Part B).

With Electronic Funds Transfer (EFT), Medicare can send payments directly to a provider's financial institution whether claims are filed electronically or on paper. **All Medicare providers must apply for EFT.** CMS requires all providers to submit a CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement Form to receive payments electronically. Once providers are enrolled in EFT, the EFT agreement cannot be terminated, and providers cannot request to receive paper checks.

### Advantages of EFT

EFT is similar to other direct deposit operations such as paycheck deposits, and it offers a safe modern alternative to paper checks. Providers who use EFT may notice the following benefits:

- Reduction to the amount of paper in the office
- Valuable time savings for staff and avoidance of hassle associated with going to the bank to deposit a Medicare check
- Elimination of the risk of Medicare paper checks being lost or stolen in the mail
- Faster access to funds; many banks credit direct deposits faster than paper checks
- Easier reconciliation of payments with bank statements.

### How to Enroll in EFT

All Medicare contractors include an [EFT authorization form](#) in the Medicare enrollment package, and providers can also request a copy of the form after they have enrolled. Providers simply need to complete the EFT enrollment process as directed by their contractor. Medicare payments will be made directly to the financial institution through EFT, in as little as two weeks.

The Centers for Medicare and Medicaid Services (CMS) standard Electronic Data Interchange (EDI) enrollment form must be completed prior to submitting the EFT authorization form because EFT payments are considered an EDI transaction. The agreement must be executed by each provider of health care services, physician, or supplier that intends to submit EMC or use EDI, either directly with Medicare or through a billing service or clearinghouse. Medicare contractors can assist dentists to begin exchanging EDI transactions by furnishing them with enrollment and connectivity information, system access numbers and passwords, information on those transactions supported by Medicare Part B, and testing to assure correct transmission of the EDI formats. Each new Electronic Media Claims (EMC) biller must sign the form and submit it to their local Medicare Administrative Contractor (MAC) or Durable Medicare Equipment (DME) MAC. For more information regarding the CMS Standard [EDI Enrollment Form](#), please contact your [local Part A/B MAC](#).

An organization comprising of multiple components that have been assigned Medicare provider numbers, supplier numbers, or UPINs may elect to execute a single EDI Enrollment Form on behalf of the organizational components to which these numbers have been assigned. The organization as a whole is held responsible for the performance of its

components. See the Medicare Claims Processing Manual (Pub.100-04), Chapter 24, and Sections 30 – 30.4 and Section 40.7 for further information.<sup>1</sup>

This [link](#) will take you to additional information on the ADA's EFT implementation checklist.

---

<sup>1</sup> [How to Enroll in Medicare Electronic Data Interchange | CMS](#)