



Revisions to Claims Processing Instructions for Services Rendered in Place of Service (POS) Home – JA6947

Note: JA6947 was revised to clarify that address requirements apply to paper claims that are processed on or after January 1, 2011. All other information remains the same.

Related CR Release Date: August 31, 2010 **Revised**

Date Job Aid Revised: January 4, 2011

Effective Date: For claims processed on or after January 1, 2011

Implementation Date: January 3, 2011

Key Words MM6947, CR6947, R2041CP, Rendered, Home

Contractors Affected

- Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Provider types affected are physicians and other providers who bill Medicare Carriers and A/B MACs for services provided to Medicare beneficiaries in POS Home (or any other place of service that Medicare contractors consider to be home).



- CR6947 requires that providers now enter the address of where services were performed, including the ZIP code, on claims for anesthesia services and every service payable under the Medicare Physician Fee Schedule (MPFS), for services provided in all places of service, including **Home**.
- This change will be effective for claims that are submitted on the 5010 version of the American National Standards Institute (ANSI) X12N 837 P electronic form that are processed by Medicare on or after January 1, 2011, and on the paper Form CMS-1500 for claims processed on or after January 1, 2011. **Claims submitted on the 4010A1 electronic form are not impacted by this change.**
- CR6947 represents no change to payment policy.

Provider Needs to Know...

- Providers will have to submit the address and 5 digit ZIP code (or the 9-digit code when required per the Centers for Medicare & Medicaid Services (CMS) ZIP Code file) of where the service was provided for services performed in all places of service, including POS home – 12, (and any other POS that contractors at their discretion consider to be home).
- Effective for claims using the 5010 version of the ANSI X12N 827 P electronic claim form that are processed on or after January 1, 2011, and for paper claims using Form CMS-1500 for claims that are processed on or after January 1, 2011, carriers or A/B MACs will use that ZIP code to determine the correct payment locality.
- Providers cannot submit the Form CMS-1500 with more than one POS. Separate CMS-1500 claims must be submitted for each POS. Carriers or A/B MACs will return as unprocessable such claims if more than one POS is included on a claim.
- When returning these claims with more than one POS, Medicare contractors will use the following Claims Adjustment Reason Code (CARC) and Remittance Advice Remark Codes (RARCs):
 - CARC 16 – *Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPCP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)*
 - RARC M77 - *Missing/incomplete/invalid place of service.*
 - RARC MA130 – *Your claim contains incomplete and/or invalid information, no appeals rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.*
- When returning claims for failing to include the address where the service was performed, Medicare contractors will use the following CARC and RARCs:
 - CARC 16 – *Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPCP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)*
 - RARC MA114 - *Missing/incomplete/invalid information on where the services were furnished.*
 - RARC MA130 – *Your claim contains incomplete and/or invalid information, no appeals rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.*
- **Note that claims submitted on the 4010A1 version of the electronic claim form are not affected by CR6947.**

Background

- Currently providers are required to submit claims for anesthesia services and for services payable under the MPFS with the address and ZIP code of where the service was performed included on the claim for services provided in all POS, **except when the POS is home.**
- In order to stay consistent with the 5010 version of the ANSI X12 N 837 P format (which is to become effective on January 1, 2011) the exception for POS home will no longer

be effective.

Operational Impact	N/A
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The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6947.pdf> on the CMS website.

Reference
Materials

The official instruction (CR6947) issued regarding this change may be found at <http://www.cms.gov/Transmittals/downloads/R2041CP.pdf> on the CMS website. The revised *Medicare Claims Processing Manual* Chapter 1 (General Billing Requirements), Sections 10.1.1 (Payment Jurisdiction Among Contractors for Services Paid Under the Physician Fee Schedule and Anesthesia Services), 10.1.1.1 (Claims Processing Instructions for Payment Jurisdiction for Claims Received on or after April 1, 2004), and 80.3.2.1.2 (Conditional Data Element Requirements for Carriers and DMERCs) are attachments to this CR.
