



Related MLN Matters Article #: SE0429

Date Posted: July 9, 2004

Related CR #: 2631

Clarification of Change Request 2631

Key Words

SE0429, CR2631, Clarification, Carrier, Jurisdiction, Rules, POS, ASC X12N 837, Implementation, Guide, MPFS, Anesthesia, Service

Provider Types Affected

All physicians, non-physician practitioners, and suppliers billing for services paid under the Medicare physician fee schedule and for anesthesia services

Key Points

- MLN Matters Special Edition article SE0429 clarifies Change Request (CR) 2631, released on August 1, 2003, to enforce the carrier jurisdiction rules effective for claims on or after April 1, 2004.
- Services paid under the Medicare Physician Fee Schedule (MPFS) and anesthesia services are paid by the Medicare carrier with jurisdiction over the geographical area where the services are furnished.
- Jurisdiction is based on the zip code of the area where the service was rendered.
- Physicians, suppliers, and group practices that provide physician fee schedule services at more than one office/practice location may submit their claims through one office to the carrier for processing; however, the specific location where the services are provided must be entered on the claim so that the correct jurisdiction and correct MPFS amount can be applied to the claim.
- This applies to all places of service (POS) except "home," effective for claims received on or after April 1, 2004.
- The Medicare carriers will use the beneficiary's address on file to determine geographical payment for POS "home".

Electronic Claims

- It is acceptable for electronic claims to contain the code for POS home and any number of additional POS codes, as reflected in the implementation guide of the 4010A1 version of the ASC Z12N 837 electronic claim format.

- If different POS codes are used for services on the claim, a corresponding service facility location and address must be entered for each service at the line level, if that location is different from the billing provider, the pay-to provider, or claim level service facility location.
- Providers may refer to the current implementation guide of the ASC X12N 837 to determine how information must be entered on a claim.

Paper Claims Submitted on Form CMS-1500

- It is acceptable for claims to contain POS “home” and an additional POS code on paper claims submitted on the Form CMS-1500. No service address for POS “home” needs to be entered in Item 32 in this situation because the address will be drawn from the beneficiary file and the information on the claim will apply to the other POS.
- The specific name, address, and zip code of the location where the services were furnished must be entered on the claim in Item 32. **This applies even if the place of service is “office.”** The zip code of the address entered in Item 32 will be used to price the claim.
- For carriers to be able to determine where services were provided and pay correct locality rates, no more than one name, address, and zip code may be entered in Item 32 of the Form CMS-1500.
- Assigned claims with more than one address entered in Item 32 will be rejected and unassigned claims will be denied.
- For paper claims, if POS “home” and more than one additional POS code is entered, assigned claims will be rejected and unassigned claims will be denied.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0429.pdf> on the CMS website.

The official instructions (CR2631) issued may be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R169CP.pdf> on the CMS website.