

Related Change Request (CR) #: 3261

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Revised

Related CR Transmittal #: 353

Effective Date: April 1, 2005

Implementation Date: April 4, 2005

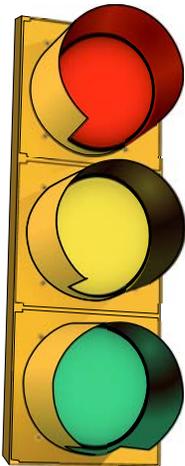
Durable Medical Equipment Carrier – Revision to CR 2631 for Durable Medical Equipment Carriers Only

Note: this article was revised on November 12, 2004 to delete language referring to Optical Character Reader and Keyshop claims. That language only applied to the durable medical equipment regional carriers.

Provider Types Affected

Durable medical equipment suppliers

Provider Action Needed



STOP – Impact to You

Effective April 1, 2005, instead of the 2010AA Billing Provider loop to document place of service (POS) in your Durable Medical Equipment Carrier (DMERC) claims, you must use the 2420C Service Facility loop (line level) or 2310D (claim level). If you use the 2010AA loop and not one of these latter two loops, your claims will be returned as unprocessable when the place of service is other than home.

CAUTION – What You Need to Know

In your DMERC claims, if the place of service reported in either the 2300.CLM05 or the 2400.SV105 is anything other than Home - 12 (or CMS equivalent POS codes of 4-homeless shelter, 13-assisted living, and 14-group home), the Medicare claims processing system will only use the 2420C and 2310D loops to make the appropriate place of service determination. The Medicare System will not use the 2010AA loop to determine the valid place of service in these instances.

GO – What You Need to Do

Make sure that your billing staff knows that, on your DMERC claims, they must use the 2420C and 2310D loops (and not the 2010AA Billing Provider loop) to document the place of service when that place is other than the home of the beneficiary.

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Background

This article addresses Change Request 3261 that revises an earlier one (CR 2631). CR 2631 (Transmittal 1813B3, dated August 1, 2003) implemented procedures to follow when the POS on your claim is other than home (Code – 12 or equivalent as mentioned earlier).

It required that, on version 4010/4010A of the ASC X12N 837 electronic claim format, you provide the name, address, and zip code of the location where the service was performed, for all claims received on or after April 1, 2004. More specifically, it required that Billing Provider loop 2010AA always be completed, and was to be heavily relied on to serve as the documentation of a valid place of service. The problem with this requirement in CR 2361 is that if the POS is not actually “home,” the 2010AA loop billing may not be where the service was provided. It could actually be supplier information and not the place of service.

Although all claims must have a completed 2010AA Billing Provider loop, beginning April 1, 2004, this does not ensure that your claim has been properly submitted, because the Billing or Pay To Provider’s location may not be where the services were rendered. Therefore, in order to process claims correctly, the following change must be made for DMERC claims only:

- The Medicare system will not use the 2010AA loop to make the appropriate facility determination. It will only use the 2420C and 2310D loops to determine POS. Requirements for the required information for these two loops are not being changed with these instructions.
- The Medicare system will provide edits that require you to supply complete facility information at either the 2310D or the 2420C loops if the place of service reported in either the 2300.CLM05 or the 2400.SV105 is other than Home – 12 (or the equivalent POS codes as determined by CMS). If you don’t, the claim will be returned to you with the appropriate remarks code as stated in CR2631.

Note: The Medicare Standard System first looks to the line item/2420C and then looks to the claim item/2310D for POS information. Currently, it then looks to the Header Information at 2010AA.

Implementation Date

The implementation date for these changes will be April 4, 2005.

Additional Information

You can find CR 3261 by going to:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

From that web page, look for CR 3261 in the CR NUM column on the right, and click on the file for that CR number. The revised pages of the online manual Pub 100-4, Chapter 1, Section 10 are attached to that CR. In addition you can find CR 2631 at:

http://www.cms.hhs.gov/manuals/pm_trans/R1813B3.pdf

Finally, if you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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