

Medlearn Matters Number: MM4182

Related Change Request (CR) #: 4182

Related CR Release Date: January 6, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R807CP

Implementation Date: February 6, 2006

Note: This article was updated on October 23, 2012, to reflect current Web addresses. All other information remains unchanged.

MMA - Revision to the Medicare Claims Processing Manual Regarding Accessing Information on Use of the "AQ" Modifier

Provider Types Affected

Physicians and providers billing Medicare carriers for services provided in a Health Professional Shortage Area (HPSA)

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4182, which revises the *Medicare Claims Processing Manual* (Chapter 12, Sections 90.4.1.1 and 90.4.2).



CAUTION – What You Need to Know

CR4182 instructs carriers and providers to visit the Health Professional Shortage Areas (HPSAs) and Physician Scarcity Areas (PSAs) bonus payments web pages on the Centers for Medicare & Medicaid Services (CMS) web site for instructions on determining a census tract when self designating through the use of the "AQ" modifier.



GO – What You Need to Do

See the *Background* section of this article for further details regarding this change.

Disclaimer

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Background

CMS is removing instructions on how to determine census tracts when self-designating through the use of the "AQ" modifier (physician providing a service in a HPSA) from the *Medicare Claims Processing Manual* (Pub. 100-04) and placing the instructions on the HPSAs and PSAs specialty web pages. This is being done as a result of recent inquiries CMS has received and because of the volatility of data on other government web sites that CMS depends upon to determine census tract information.

Beginning with 2005, an automated file of designations is updated on an annual basis and will be effective for services rendered with dates of service on or after January 1 of each calendar year beginning January 1, 2005, through December 31, 2005.

Physicians are allowed to self-designate throughout the year for newly designated HPSAs and HPSAs not included in the automated file based on the date of the data run used to create the file. To determine whether an "AQ" modifier is needed, physicians must review the information (referred to as "Instructions on Using the HPSA/PSA Specialty Page") provided on the CMS web site for HPSA designations to determine if the location where they render services is, indeed, within a HPSA bonus area. The specific CMS web site for this information is at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses/index.html/HPSAPSAPhysicianBonuses> on the CMS website.

Additional Information

For complete details, please see the official instruction issued to your carrier <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R807CP.pdf> on the CMS website.

If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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