

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2394	Date: November 15, 2019
	Change Request 11470

SUBJECT: Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Mobile Facility and/or Portable Units and Services Rendered in the Patient's Home

I. SUMMARY OF CHANGES: This Change Request (CR) will implement new bypass criteria for practice locations service facility claims matching.

EFFECTIVE DATE: January 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2394	Date: November 15, 2019	Change Request: 11470
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SUBJECT: Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Mobile Facility and/or Portable Units and Services Rendered in the Patient's Home

EFFECTIVE DATE: January 1, 2017

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I. GENERAL INFORMATION

A. Background: If a hospital claim is submitted with a service facility location that was not included on the CMS 855A enrollment form as a practice location, it will be Returned To the Provider (RTP'd) until the CMS 855A enrollment form and claims processing system is updated. However, there are exceptions to hospital claims where the service facility location will not be at a hospital owned location. Services rendered in a Mobile Facility and/or Portable Units and services rendered in the patient's home qualify as exceptions and should bypass the service facility location matching performed between the provider's claim and the provider's practice location file. The National Uniform Billing Committee approved Condition Code "A7" to identify claims with hospital services provided in a Mobile Facility or with Portable Units.

B. Policy: No new policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11470.1	<p>The Shared System Maintainer shall update the reason code "34978" to bypass Mobile Facility and/or Portable Units claims when a Condition Code "A7" is present on the claim for claims with Dates of Service on or after January 1, 2017.</p> <p>Note: The NUBC approved Condition Code A7 effective for claims received on or after April 1, 2020. Condition Code A7 indicates that hospital services were provided in a mobile facility or with portable units.</p>					X				

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
11470.1.1	The Shared System Maintainer shall ensure that Condition Code "A7" is accepted by front end and downstream systems like Combined Common Edits/Enhancements Modules (CCEM).					X						
11470.2	The Shared System Maintainer shall update the reason code "34977" to bypass Mobile Facility and/or Portable Units claims as identified when a Condition Code "A7" is present on the claim with Dates of Service on or after January 1, 2017.					X						
11470.3	<p>The Shared System Maintainer shall update the valid values for both the "603 PBD EXCEPT" and the "603 GRANDFATHERED PBD EXCEPT" fields with a new value "6".</p> <p>603 PBD EXCEPT</p> <p>1 = The PBD is considered on-campus 2 = The PBD is a remote location of a hospital 3 = The PBD is a dedicated emergency department (ED) 4 = The PBD is considered Grandfathered by Legislation 5 = Other 6 = Mobile Facility and/or Portable Units Blank = No exception has been made</p> <p>603 GRANDFATHERED PBD EXCEPT</p> <p>1 = The PBD is considered on-campus 2 = The PBD is a remote location of a hospital 3 = The PBD is a dedicated emergency department (ED) 4 = Other 5 = Non-OPPS Provider 6 = Mobile Facility and/or Portable Units Blank = No exception has been made</p>					X						
11470.4	The Shared System Maintainer shall update the reason code "34977" to create an additional new bypass when the service facility address on the claim matches the					X						

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	beneficiary's permanent or temporary address.									
11470.5	The Shared System Maintainer shall ensure that when a Condition Code "A7" is present on the claim, all the Provider Practice screens for the provider are interrogated and at least one is found that contains a value of "6" in the "603 PBD EXCEPT" field or the "GRANDFATHERED PBD EXCEPT" field. If a value of "6" is not found, a Reason Code shall be created to edit on the claim.					X				
11470.5.1	The Shared System Maintainer shall allow the Reason Code created in 11470.5 to be bypassed by the A/B MAC Part A.					X				
11470.5.2	The Shared System Maintainer shall ensure that the Reason Code created in 11470.5 not edit against contractor adjustments.					X				
11470.5.3	Contractors shall Return To Provider (RTP) claims that are identified by the above editing indicating that the provider is billing for Mobile or Portable unit services, but has not enrolled the Mobile or Portable unit with Medicare.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
11470.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or	X					

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Fred Rooke, fred.rooke@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0