

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2435	Date: MARCH 29, 2012
	Change Request 7631

Transmittal 2435, dated March 29, 2012, is being rescinded and replaced by Transmittal 2561 to clarify when physicians and supplier entities may bill for a global diagnostic service code and the appropriate address to report for determining the payment locality assignment of global diagnostic service codes and professional diagnostic test interpretation service codes (as identified by modifier -26) when billed separately from the technical component. Additionally, clarification is provided regarding the appropriate address for determining the payment locality of professional diagnostic test interpretation service codes billed separately from the technical component that are furnished at an unusual and infrequent location (for example a hotel). Moreover, clarification has been provided on the appropriate POS code for services furnished to a registered inpatient and for outpatient hospital departments. The effective and implementation dates have also been revised to allow additional time to implement place of service (POS) instructions. Clarification on the POS for pathology services will be provided through another CR. All other information remains the same.

SUBJECT: Revised and Clarified Place of Service (POS) Coding Instructions