

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13644	Date: February 19, 2026
	Change Request 14382

SUBJECT: Updating Consistency Editing Logic for Provider-Based Department (PBD) Claims Processing

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update consistency editing within the Fiscal Intermediary Shared System (FISS) to validate the practice location on outpatient off-campus provider-based department (PBD) claims that contain a modifier “ER”, “PO”, or “PN”.

EFFECTIVE DATE: July 1, 2026

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

IMPLEMENTATION DATE: July 6, 2026

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

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II. GENERAL INFORMATION

A. Background: Hospitals that operate an off-campus, outpatient, PBD are required to report a service facility address on claim lines that contain one of the modifiers “ER”, “PO”, or “PN” for a service provided at an off-campus PBD.

B. Policy: No new policy is being implemented.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14382.1	The Shared System Maintainer (SSM) shall create a consistency edit to validate the service facility address is present on the claim when all service lines contain one of the modifiers “ER”, “PO”, or “PN”. The edit will have the ability to be overridden, and the edit will be bypassed for the following: <ul style="list-style-type: none"> • The incoming claim is a contractor adjustment, where the type of bill (TOB) frequency = F, G, H, I, J, K, M, or P; or • Ambulance Services (0540 Revenue Code) 					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	are present on the claim; <ul style="list-style-type: none"> • Provider is a VA Provider (Demonstration Code 31); or • The Statement From Date of Service is on or after 01/01/17 and Condition Code A7 is present. 									
14382.1.1	Contractors shall set the new consistency edit to Return to Provider (RTP).	X								

IV. PROVIDER EDUCATION

CR as Provider Education: MACs shall use the content in the CR to develop relevant education material. Provide a link to the entire instruction in the education content. You can also supplement with local information that would help your provider community bill and administer the Medicare Program correctly. You don't need to separately track and report on this education.

Impacted Contractors: A/B MAC Part A

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	See CRs 9613, 9907, 10965, and 11417

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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0