

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2213</b>	<b>Date: December 14, 2018</b>
	<b>Change Request 10957</b>

**SUBJECT: Implementing the Revised Patient's Request for Medical Payment Form CMS-1490S, Version 01/18**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services (CMS) has revised the Patient's Request For Medical Payment Form CMS-1490S. This change request (CR) instructs Medicare Administrative Contractors (MACs) to implement the revised Form CMS-1490S (version 01/18). The instructions allow for a period of dual use of the new version (01/18) and previous version (01/05). The newly revised Form CMS-1490S will reduce administrative burden for the beneficiaries and the MACs. The form combines all the various beneficiary claim forms and instructions into one form with precise instructions included within each section of the form that the beneficiary must complete. The form also includes instructions to collect information regarding the physician or eligible practitioner that orders or refers services within the Medicare program according to a change in policy. The new Form CMS-1490S is 508 compliant with fillable fields.

**EFFECTIVE DATE: January 1, 2019**

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

**IMPLEMENTATION DATE: January 7, 2019**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 2213	Date: December 14, 2018	Change Request: 10957
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**SUBJECT: Implementing the Revised Patient's Request for Medical Payment Form CMS-1490S, Version 01/18**

**EFFECTIVE DATE: January 1, 2019**

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**IMPLEMENTATION DATE: January 7, 2019**

## I. GENERAL INFORMATION

**A. Background:** As a rule, beneficiaries do not submit claims for reimbursement. However, if there is a reason for a beneficiary to submit a claim for reimbursement, the beneficiary uses the Form CMS-1490S.

The Centers for Medicare & Medicaid Services (CMS) has revised the Form CMS-1490S and is requiring the Medicare Administrative Contractors (MACs) to implement the revised Form CMS-1490S (version 01/18). The newly revised Form CMS-1490S will reduce administrative burden for the beneficiaries and the MACs. The form combines all the various beneficiary claim forms and instructions into one form with precise instructions included within each section of the form that the beneficiary must complete. The form also includes instructions to collect information regarding the physician or eligible practitioner that orders or refers services within the Medicare program according to a change in policy. The new Form CMS-1490S is 508 compliant with fillable fields. A draft of the revised Form CMS-1490S is attached.

CMS obtained the approval of the White House Office of Management and Budget (OMB). This process includes two public review periods during which the form is published in the *Federal Register*. The OMB has approved the revised form, OMB #0938-1197.

The go-live date for accepting and processing claims using the revised Form CMS-1490S is January 1, 2019, with a dual-use period for accepting and processing claims on both the old and revised forms from January 1, 2019 through March 31, 2019. On April 1, 2019, contractors are to accept and process beneficiary claims submitted only on the revised Form CMS-1490S (version 01/18).

Work will include readiness to process claims with the old format only, the new format only, or both, on January 1, 2019.

**B. Policy:** The Patient's Request For Medical Payment Form CMS-1490S is used only by beneficiaries (or their representatives) who complete and file their own claims. It contains comparable items of data that are on the Form CMS-1500. When the Form CMS-1490S is used, an itemized bill must be submitted with the claim. Some enrollees may want to keep the original itemized physician and supplier bills for income tax or complementary insurance purposes. Photocopies of itemized bills are acceptable for Medicare deductible and payment purposes if there is no evidence of alteration. Social Security offices use the Form CMS1490S when assisting beneficiaries in filing Part B Medicare claims.

The Social Security Act (Section 1848(g)(4)) requires physicians and suppliers to submit Part B Medicare claims for services furnished on or after September 1, 1990; however, contractors are to accept, process, and pay for covered services submitted by beneficiaries on a Form CMS-1490S if there is no clear indication that the service provider intends to file a claim. An itemized bill for services on or after September 1, 1990, which clearly indicates the physician or supplier intends to file a Part B claim for the patient, may be returned to the beneficiary.

For Medicare covered services received on or after September 1, 1990, the Form CMS-1490S is used by beneficiaries (or their representatives) to submit Part B claims only if the service provider refuses to do so or if one of the following situations applies:

- Durable Medical Equipment (DME) purchases from private sources;
- Cases in which a physician/supplier does not possess information essential for filing a Medicare Secondary Payer (MSP) claim. Assume this is the case if the beneficiary files an MSP claim and encloses the primary insurer's payment determination notice and there is no indication that the service provider was asked to file but refused to do so;
- Services paid under the indirect payment procedure;
- Foreign claims;
- Services furnished by sanctioned physicians and suppliers which are approved for payment to the beneficiary per the Internet-Only Manual (IOM) Publication 100-04, Chapter 1, Sections 30.2.15, 70.8.8.6 and
- Other unusual or unique situations that are evaluated on a case-by-case basis.

## 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		
10957.1	Contractors shall implement the revised Form CMS-1490S, version 01/18, effective with claims received on or after January 1, 2019, to include receiving and processing the data from the revised claim Form CMS-1490S.		X		X						
10957.1.1	Contractors shall implement a period of dual use of the old and revised forms for claims received from January 1, 2019 through March 31, 2019.		X		X						
10957.1.2	Contractors shall ensure that they do not accept claims submitted on the revised Form CMS-1490S version (01/18) prior to January 1, 2019.		X		X						
10957.1.3	Contractors shall ensure that on and after April 1, 2019, claims are not accepted when submitted on the old (01/05) version of the Form CMS-1490S.		X		X						
10957.2	Contractors shall ensure that they have implemented these changes in advance of the go-live date for accepting the revised Form CMS-1490S: January 1, 2019.		X		X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**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):** Charlene Parks, 410-786-8684 or Charlene.Parks@cms.hhs.gov , Katrina Keyes, Katrina.Keyes@cms.hhs.gov

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

**VI. FUNDING**

**Section A: 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.

**ATTACHMENTS: 1**

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## PATIENT'S REQUEST FOR MEDICAL PAYMENT

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**IMPORTANT: PLEASE READ THE ATTACHED INSTRUCTIONS PRIOR TO SUBMITTING A CLAIM TO MEDICARE SEND ONLY THE COMPLETED FORM TO YOUR MEDICARE ADMINISTRATIVE CONTRACTOR – Include a copy of the itemized bill and any supporting documents. Make a copy of your claim submission for your records and allow at least 60 days for Medicare to receive and process your request.**

**Reference the Medicare Administrative Contractor Address Table for the correct address to mail your claim form.**

Medicare will not process a beneficiary request for payment for diabetic test strips, Part B drugs, or for items paid for under the DMEPOS Competitive Bidding program.

**Your reason for submitting this claim: (see the Instructions for additional information, check one box only)**

The provider or supplier refused to file a claim for Medicare Covered Services

The provider or supplier is unable to file a claim for the Medicare Covered Services

The provider or supplier is not enrolled with Medicare

**IF YOU NEED HELP, CALL 1-800-MEDICARE (1-800-633-4227). TTY USERS SHOULD CALL 1-877-486-2048.**

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**Type of Patient's Request (see instructions for additional information, check one box only):**

Influenza/Pneumococcal Vaccination, Part B (includes physician, laboratory, imaging services), Foreign Travel (including Canada and Mexico) and/or Shipboard Services

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

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**PLEASE TYPE OR PRINT INFORMATION**

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### SECTION 1 - PATIENT INFORMATION

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Patient's Name as shown on Medicare Card (*Last, First, Middle*)

Patient's Medicare Number exactly as it is shown on the Medicare card:	Date of Birth ( <i>mm/dd/yyyy</i> )	Male	Female
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Street address (or P.O. Box - include apartment number)

City	State	Zip code
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Telephone number

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## SECTION 2 - INFORMATION ABOUT SERVICES FURNISHED

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FOR ALL CLAIMS including Influenza and Pneumococcal Vaccinations, describe the illness or injury for which you received treatment.

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Attach all supporting documentation to the form including an itemized bill with the following information:

- Date of service
- Place of service
- Description of illness or injury
- Description of each surgical or medical service or supply furnished
- Charge for each service
- The doctor's or supplier's name and address
- The provider or supplier's National Provider Identifier (NPI) if known\_\_\_\_\_

**IMPORTANT:** If the itemized bill is from:

- A Clinical laboratory for ordered tests
- An independent diagnostic imaging center for ordered imaging procedures
- A supplier of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) for ordered DMEPOS

The ordering & referring providers legal name **MUST** be included on the itemized bill.

Please also include the ordering & referring providers National Provider Identifier (NPI) if known.

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**Was the condition related to:**

- Yes No Employment
- Yes No Auto Accident
- Yes No Treatment for chronic dialysis or kidney transplant
- Yes No Other Accident
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## SECTION 3 - INFORMATION ABOUT HEALTH INSURANCE OTHER THAN MEDICARE

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Complete this section if you are age 65 or older and enrolled in a health insurance plan where you or your spouse are currently working and covered by any medical coverage other than Medicare.

Yes No Are you employed and covered under an employee health plan?

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Yes No Is your spouse employed and are you covered under your spouse's employee health plan?

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Yes No Do you have any medical coverage other than Medicare, such as private insurance, MEDIGAP, employment related insurance, Medicaid, or the Veterans Administration (VA)?

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Name of other Medical Insurance

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Policy Number including Medicaid ID Number

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Policyholder's Name (*Last, First, Middle*)

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Street Address (or P.O. Box) of other Medical Insurance

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City	State	Zip code

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Please attach a copy of your primary insurer's Explanation of Benefits if Medicare is secondary.

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## SECTION 4 - SIGNATURE

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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

I authorize any holder of medical or other information about me to release it to the Centers for Medicare & Medicaid Services or its designated contractor or the Social Security Administration for this Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to me.

Signature of Patient

Date Signed (mm/dd/yyyy)

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If you cannot sign your name, mark an (X) on the signature line. Have a witness sign his/her name next to the "X" and complete the section below.

If signing this form on behalf of a Medicare patient, on the 'Signature of Patient' line above, indicate the patient's name followed by "By" and sign your name. Provide your name, address, and relationship to the patient with a brief explanation why the patient cannot sign.

Name of Witness (Last, First, Middle)

Street Address

City

State

Zip code

Relationship to the Patient

Signature of Witness

Date Signed (mm/dd/yyyy)

Briefly explain why the Patient cannot sign:

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Send the completed form and supporting documentation to your Medicare contractor. Reference the Medicare Administrative Contractor Address table for the correct address to mail your claim form. If you still do not know the address of your Medicare contractor, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to be XX hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850. **DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.**

## COLLECTION AND USE OF MEDICARE INFORMATION

We are authorized by the Centers for Medicare & Medicaid Services to ask you for information needed in the administration of the Medicare program. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act, as amended.

The information we obtain to complete your Medicare claim is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made.

The information may also be given to other providers of services, Medicare Administrative Contractor (MAC), medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information to a hospital or doctor about the Medicare benefits you have used.

With one exception, which is discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of the claim. Failure to furnish any other information, such as name or Medicare number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for the treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information. If you are being treated for a work related injury be sure to check the appropriate box in Section 2 titled 'Condition Related to'.

Physicians and other suppliers, such as clinical laboratories, imaging service suppliers, and durable medical equipment suppliers are required by law to submit a claim for Medicare covered services furnished to you, the Medicare beneficiary, within one year of the date of service.

To reduce your out-of-pocket expenses, Medicare beneficiaries should always obtain medical care from physicians and other suppliers who are enrolled in the Medicare program. If you submit a claim for covered services furnished by a physician or other supplier who is not enrolled with the Medicare program, your claim may be denied.

For a list of participating Medicare enrolled physicians in your area, please go to [www.medicare.gov/physiciancompare](http://www.medicare.gov/physiciancompare) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If a physician or supplier furnishes Medicare covered services to you and refuses to submit a claim on your behalf for those services, please call 1-800-MEDICARE (1-800-633-4227) in order to file a complaint with the Medicare contractor. TTY users should call 1-877-486-2048.

When you submit your own claim to Medicare, complete the entire form. If the claim form has incomplete or invalid information, the Medicare contractor will return the claim along with a letter to you clearly stating what information is missing or invalid.

If the Patient is deceased, please contact your Social Security office for instructions on how to file a claim.

**NOTICE:** Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

## INSTRUCTIONS

### READ BEFORE SUBMITTING A CLAIM TO MEDICARE (PLEASE RETURN ONLY THE FORM AND NOT THE INSTRUCTION)

**Patient's Request for Medical Payment for the Influenza/Pneumococcal Vaccinations, Part B Services, (includes physician, laboratory, imaging services), Durable Medical Equipment, Prosthetics, Orthotics and Supplies, Foreign Travel (including Canada and Mexico) and Shipboard Services**

#### **Influenza and Pneumococcal Vaccination:**

Medicare may pay for seasonal influenza and pneumococcal vaccinations. Annual Part B deductible and coinsurance amounts do not apply. Medicare does not pay for the hepatitis B vaccines. All physicians, non-physician practitioners, and suppliers who administer seasonal influenza vaccinations must take assignment on the claim for the vaccine.

#### **Part B Services:**

In most situations, your physician, other practitioner or supplier will submit your claim to Medicare, if they do not, you can submit a claim.

#### **Durable Medical Equipment, Prosthetics, Orthotics and Supplies:**

In most situations, your supplier of DMEPOS will submit your claim to Medicare, if they do not, you can submit a claim for an item or services furnished by this supplier.

#### **Foreign Travel (including Canada and Mexico):**

Medicare law prohibits payment for health care services furnished outside the United States (U.S.) except in certain limited circumstances. The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Services furnished on a ship in a U.S. port or within 6 hours of when the ship arrived at or departed from a U.S. port are furnished inside the U.S.

There are three situations when Medicare may pay for certain types of health care services rendered in a foreign hospital (a hospital outside the U.S.):

1. You're in the U.S. when you have a medical emergency and the foreign hospital is closer than the nearest U.S. hospital that can treat your illness or injury.
2. You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat your illness or injury. Medicare determines what qualifies as "without unreasonable delay" on a case-by-case basis.
3. You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether it's an emergency.

In these situations, Medicare will pay for the Medicare-covered services you get in the foreign hospital and the physician and ambulance services furnished in connection with that foreign inpatient hospital stay.

#### **Shipboard Services:**

Medicare may pay for medically necessary services furnished on a ship in a U.S. port or within 6 hours of when the ship arrived at or departed from a U.S. port only if all of the following requirements are met:

- You have Part B benefits
- The physician is legally authorized to practice in the U.S.

If the ship is more than 6 hours away from a U.S. port, Medicare can pay for medically necessary services only if all of the following requirements are met:

1. You have a medical emergency within 6 hours of departing or arriving at a U.S. port that requires inpatient hospital services.
2. The nearest or most accessible hospital that can treat you is a foreign hospital rather than a U.S. hospital.
3. The services are to treat the emergency illness or injury.
4. You have Part B benefits.
5. The physician is legally authorized to practice where he or she furnished the services

For shipboard services please include a copy of the ship's itinerary.

## HOW TO FILL OUT THIS MEDICARE FORM

Medicare may pay you directly when you complete this form and attach an itemized bill from your doctor or supplier. Mail your completed claim form to the Medicare contractor responsible for processing your claim. If you need additional assistance, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### FOLLOW THESE INSTRUCTIONS CAREFULLY:

#### A. Your Reason for submitting this Claim

Check the box that applies to this claim

#### B. Type of Patient's Request

Check only one box that applies to this claim

#### Section 1 – PATIENT INFORMATION

- Print your name as shown on your Medicare card (Last Name, First Name, Middle Name).
- Print your Medicare Number exactly as it is shown on the Medicare card.
- Print your date of birth (mm/dd/yyyy)
- Check the appropriate box for the patient's sex.
- Furnish your mailing address and include your telephone number

#### Section 2 – INFORMATION ABOUT SERVICES FURNISHED

- Describe the illness or injury for which you received treatment
- Patient's Condition related to: Check the appropriate boxes

NOTE: You must attach an itemized bill in order for Medicare to process this claim.

Attach all supporting documentation to the form including an itemized bill with the following information:

- Date of service
- Place of service
- Description of illness or injury
- Description of each surgical or medical service or supply furnished
- Charge for each service
- The doctor's or supplier's name and address
- The provider or supplier's National Provider Identifier (NPI) if known
- The ordering & referring Providers Full Legal Name if required as indicated in Section 2
- It is helpful if the diagnosis is shown on the physician's itemized bill. If not, be sure you have completed Section 2 of this form.
- Many times a bill will show the names of several doctors or suppliers. It is very important the provider who treated you be identified. Simply circle his/her name on the bill.
- Mark out any services on the itemized bill(s) you are attaching for which you have already filed a Medicare claim.
- Attach a copy of your primary insurer's Explanation of Benefits notice if you are requesting Medicare Secondary payment.
- Shipboard services please include a copy of the ship's itinerary.

#### Section 3 – INFORMATION ABOUT HEALTH INSURANCE OTHER THAN MEDICARE

- Complete this Section if you are age 65 or older and enrolled in a health insurance plan where you or your spouse are currently working and if you have any medical coverage other than Medicare.
- Check all boxes that apply
- Name of other Medical Insurance
- Policy Number including Medicaid ID Number
- Policyholder's Name
- Street Address of other Medical Insurance

#### Section 4 – SIGNATURE

Sign your name and date the form

If the Medicare beneficiary is not able to sign his/her name, follow the instructions on the form.

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
<b>Alabama</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Alaska</b>	Noridian Healthcare Solutions, LLC P.O. Box 6703 Fargo, ND 58108-6703
<b>American Samoa</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Arkansas</b>	Novitas Solutions, Inc. P.O. Box 3098 Mechanicsburg, PA 17055-1816  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Arizona</b>	Noridian Healthcare Solutions, LLC P.O. Box 6704 Fargo, ND 58108-6704
<b>California Northern (For Part B)</b>	Noridian Healthcare Solutions P.O. Box 6774 Fargo, ND 58108-6774
<b>California Southern (For Part B)</b>	Noridian Healthcare Solutions, LLC P.O. Box 6775 Fargo, ND 58108-6775
<b>Colorado</b>	Novitas Solutions P.O. Box 3107 Mechanicsburg, PA 17055-1823  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Connecticut</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Delaware</b>	Novitas Solutions P.O. Box 3397 Mechanicsburg, PA 17055-1842
<b>District of Columbia</b>	Novitas Solutions P.O. Box 3396 Mechanicsburg, PA 17055-1841

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
<b>Florida</b>	First Coast Service Options, Inc. P.O. Box 2525 Jacksonville, FL 32231-0019
<b>Georgia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Guam</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Hawaii</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Idaho</b>	Noridian Healthcare Solutions, LLC P.O. Box 6701 Fargo, ND 58108-6701
<b>Illinois</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475
<b>Indiana</b>	Wisconsin Physicians Service P.O. Box 8940 Madison, WI 53708-8940
<b>Iowa</b>	Wisconsin Physicians Service P.O. Box 8550 Madison, WI 53708-8550
<b>Kansas</b>	Wisconsin Physicians Service P.O. Box 7238 Madison, WI 53707-7238
<b>Kentucky</b>	CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202
<b>Louisiana</b>	Novitas Solutions, Inc. P.O. Box 3097 Mechanicsburg, PA 17055-1815  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Maine</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178

DO NOT SEND THIS PAGE WITH YOUR CLAIM

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
<b>Maryland</b>	<p>Novitas Solutions, Inc. P.O. Box 3398 Mechanicsburg, PA 17055-1843</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address: Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Massachusetts</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>Michigan</b>	<p>Wisconsin Physicians Service P.O. Box 8987 Madison, WI 53708-8987</p>
<b>Minnesota</b>	<p>National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475</p>
<b>Mississippi</b>	<p>Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address: Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Missouri</b>	<p>Wisconsin Physicians Service P.O. Box 14260 Madison, WI 53708-0260</p>
<b>Montana</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6735 Fargo, ND 58108-6735</p>
<b>Nebraska</b>	<p>Wisconsin Physicians Service P.O. Box 8667 Madison, WI 53708-8667</p>
<b>Nevada</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6776 Fargo, ND 58108-6776</p>
<b>New Hampshire</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>

**MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE**

**FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)**

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
<b>New Jersey</b>	<p>Novitas Solutions P.O. Box 3030 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>New Mexico</b>	<p>Novitas Solutions P.O. Box 3107 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>New York</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>North Carolina</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>
<b>North Dakota</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6706 Fargo, ND 58108-6706</p>
<b>Northern Mariana Islands</b>	<p>Noridian Healthcare Solutions P.O. Box 6777 Fargo, ND 58108-6777</p>
<b>Ohio</b>	<p>CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202</p>
<b>Oklahoma</b>	<p>Novitas Solution P.O. Box 3107 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Oregon</b>	<p>Noridian Healthcare Solutions P.O. Box 6702 Fargo, ND 58108-6702</p>

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**MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE**

**FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)**

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
<b>Pennsylvania</b>	<p>Novitas Solutions P.O. Box 3418 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Puerto Rico</b>	<p>First Coast Service Options, Inc. P. O. Box 45036 Jacksonville, Florida 32232-5036</p>
<b>Rhode Island</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-617</p>
<b>South Carolina</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>
<b>South Dakota</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6707 Fargo, ND 58108-6707</p>
<b>Tennessee</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306</p>
<b>Texas</b>	<p>Novitas Solutions P.O. Box 3108 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Utah</b>	<p>Noridian Healthcare Solutions P.O. Box 6725 Fargo, ND 58108-6725</p>
<b>Vermont</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>Virginia</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>

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**MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE**

**FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)**

<b>If you received a service in:</b>	<b>Mail your claim form, itemized bill and supporting documents to:</b>
<b>Virgin Islands</b>	First Coast Service Options, Inc. P. O. Box 45098 Jacksonville, Florida 32231-5098
<b>Washington</b>	Noridian Healthcare Solutions P.O. Box 6700 Fargo, ND 58108-6700
<b>West Virginia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190
<b>Wisconsin</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-647
<b>Wyoming</b>	Noridian Healthcare Solutions P.O. Box 6708 Fargo, ND 58108-6708

**FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) ONLY**

<b>If you live in:</b>	<b>Mail your form and supporting documentation to:</b>
<b>Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont</b>	Noridian JA P.O. Box 6780 Fargo, ND 58108-6780
<b>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin Indianapolis, IN 46207-7027</b>	CGS Administrators, LLC P.O. Box 20013 Nashville, TN 37202-0013
<b>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia, West Virginia</b>	CGS Administrators, LLC P.O. Box 20010 Nashville, TN 37202-0010
<b>Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, Wyoming</b>	Noridian JD P.O. Box 6727 Fargo, ND 58108-6727

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

<b>FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES</b>	
<b>If you live in:</b>	<b>Mail your claim form, itemized bill and supporting documents to:</b>
<b>Alabama</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Alaska</b>	Noridian Healthcare Solutions, LLC P.O. Box 6703 Fargo, ND 58108-6703
<b>American Samoa</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Arkansas</b>	Novitas Solutions, Inc. P.O. Box 3098 Mechanicsburg, PA 17055-1816  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Arizona</b>	Noridian Healthcare Solutions, LLC P.O. Box 6704 Fargo, ND 58108-6704
<b>California Northern (For Part B)</b>	Noridian Healthcare Solutions P.O. Box 6774 Fargo, ND 58108-6774
<b>California Southern (For Part B)</b>	Noridian Healthcare Solutions, LLC P.O. Box 6775 Fargo, ND 58108-6775
<b>Colorado</b>	Novitas Solutions P.O. Box 3107 Mechanicsburg, PA 17055-1823  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Connecticut</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Delaware</b>	Novitas Solutions P.O. Box 3397 Mechanicsburg, PA 17055-1842
<b>District of Columbia</b>	Novitas Solutions P.O. Box 3396 Mechanicsburg, PA 17055-1841

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>Florida</b>	First Coast Service Options, Inc. P.O. Box 2525 Jacksonville, FL 32231-0019
<b>Georgia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Guam</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Hawaii</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Idaho</b>	Noridian Healthcare Solutions, LLC P.O. Box 6701 Fargo, ND 58108-6701
<b>Illinois</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475
<b>Indiana</b>	Wisconsin Physicians Service P.O. Box 8940 Madison, WI 53708-8940
<b>Iowa</b>	Wisconsin Physicians Service P.O. Box 8550 Madison, WI 53708-8550
<b>Kansas</b>	Wisconsin Physicians Service P.O. Box 7238 Madison, WI 53707-7238
<b>Kentucky</b>	CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202
<b>Louisiana</b>	Novitas Solutions, Inc. P.O. Box 3097 Mechanicsburg, PA 17055-1815  (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:  Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Maine</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>Maryland</b>	<p>Novitas Solutions, Inc.                      P.O. Box 3398                      Mechanicsburg, PA 17055-1843</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:                      Novitas Solutions, Inc.                      Attention: Claims Department                      2020 Technology Parkway, Suite 100                      Mechanicsburg, PA 17050</p>
<b>Massachusetts</b>	<p>National Government Services, Inc.                      P.O. Box 6178                      Indianapolis, IN 46206-6178</p>
<b>Michigan</b>	<p>Wisconsin Physicians Service                      P.O. Box 8987                      Madison, WI 53708-8987</p>
<b>Minnesota</b>	<p>National Government Services, Inc.                      P.O. Box 6475                      Indianapolis, IN 46206-6475</p>
<b>Mississippi</b>	<p>Novitas Solutions                      P.O. Box 3129                      Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:                      Novitas Solutions, Inc.                      Attention: Claims Department                      2020 Technology Parkway, Suite 100                      Mechanicsburg, PA 17050</p>
<b>Missouri</b>	<p>Wisconsin Physicians Service                      P.O. Box 14260                      Madison, WI 53708-0260</p>
<b>Montana</b>	<p>Noridian Healthcare Solutions, LLC                      P.O. Box 6735                      Fargo, ND 58108-6735</p>
<b>Nebraska</b>	<p>Wisconsin Physicians Service                      P.O. Box 8667                      Madison, WI 53708-8667</p>
<b>Nevada</b>	<p>Noridian Healthcare Solutions, LLC                      P.O. Box 6776                      Fargo, ND 58108-6776</p>
<b>New Hampshire</b>	<p>National Government Services, Inc.                      P.O. Box 6178                      Indianapolis, IN 46206-6178</p>

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<b>New Jersey</b>	<p>Novitas Solutions P.O. Box 3030 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>New Mexico</b>	<p>Novitas Solutions P.O. Box 3107 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>New York</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>North Carolina</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>
<b>North Dakota</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6706 Fargo, ND 58108-6706</p>
<b>Northern Mariana Islands</b>	<p>Noridian Healthcare Solutions P.O. Box 6777 Fargo, ND 58108-6777</p>
<b>Ohio</b>	<p>CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202</p>
<b>Oklahoma</b>	<p>Novitas Solution P.O. Box 3107 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Oregon</b>	<p>Noridian Healthcare Solutions P.O. Box 6702 Fargo, ND 58108-6702</p>

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<b>Puerto Rico</b>	<p>First Coast Service Options, Inc. P. O. Box 45036 Jacksonville, Florida 32232-5036</p>
<b>Rhode Island</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-617</p>
<b>South Carolina</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>
<b>South Dakota</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6707 Fargo, ND 58108-6707</p>
<b>Tennessee</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306</p>
<b>Texas</b>	<p>Novitas Solutions P.O. Box 3108 Mechanicsburg, PA 17055-1834</p> <p>(Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address:</p> <p>Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Utah</b>	<p>Noridian Healthcare Solutions P.O. Box 6725 Fargo, ND 58108-6725</p>
<b>Vermont</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>Virginia</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>

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<b>Washington</b>	Noridian Healthcare Solutions P.O. Box 6700 Fargo, ND 58108-6700
<b>West Virginia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190
<b>Wisconsin</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-647
<b>Wyoming</b>	Noridian Healthcare Solutions P.O. Box 6708 Fargo, ND 58108-6708

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