CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 813

SUBJECT: Instructions for the Payment of Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA) Bonuses When the Place of Service (POS) is "Home".

I. SUMMARY OF CHANGES: This change will allow physicians not receiving their HPSA/PSA bonuses when POS is 'Home,' because where the service was rendered does not match what is on the beneficiary file, to be able to bill and receive those bonuses.

NEW/REVISED MATERIAL
EFFECTIVE DATE: February 21, 2006
IMPLEMENTATION DATE: February 21, 2006

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

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 813	Date: January 20, 2006	Change Request 4275

SUBJECT: Instructions for the Payment of Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA) Bonuses When the Place of Service (POS) is "Home".

I.   GENERAL INFORMATION

A.   Background: When a service is rendered at POS "Home," carriers have been instructed to use the home address they have on the beneficiary file to determine eligibility for physician bonuses. However, sometimes this address is a representative payee address or mailing address that does not reflect the physical location of that beneficiary. This can cause incorrect payment/non-payment of the bonuses. When the next version of the Implementation Guide is published, this issue should be resolved as physicians will be required to enter on the claim where the service was performed, even when the POS is "Home."

B.   Policy: Eligibility for HPSA and PSA bonuses is based where the service was rendered.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4275.1	When carriers receive notification from a physician that they have not received a HPSA/PSA bonus for which they are eligible, and the service was provided in POS "Home," the carrier shall investigate the claim to determine the address where the service was actually performed.			X						
4275.2	If the carrier determines that the address where the service was actually performed is in an HPSA/PSA eligible bonus payment area, (even if it does not match the address on the beneficiary file), they shall pay the bonus on the claim.			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4275.3	Carriers shall direct the physician to submit future claims for this beneficiary, when provided at that address, using the appropriate HPSA or PSA modifier so that the bonus shall be paid.			X						
4275.4	Carriers shall make a note to the provider file that this has occurred.			X						
4275.5	Should any of these claims fall into the group of claims that get reviewed each quarter, carriers shall check the physician's file to see whether the physician had been notified to submit the services with the modifiers.			X						
4275.5.1	The carriers shall consider these claims appropriately billed.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4275.6	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.									

IV.   SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A.   Other Instructions: N/A

X-Ref Requirement #	Instructions

B.   Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C.   Interfaces: N/A

D.   Contractor Financial Reporting /Workload Impact: N/A

E.   Dependencies: N/A

F.   Testing Considerations: N/A

V.   SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: February 21, 2006 **Implementation Date:** February 21, 2006 **Pre-Implementation Contact(s):** Leslie Trazzi; leslie.trazzi@cms.hhs.gov **Post-Implementation Contact(s):** Appropriate regional office	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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