
Medicare

Carriers Manual

Part 4 – Professional Relations

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 26

Date: MAY 1, 2002

CHANGE REQUEST 1658

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Sec. 2010.2 (Cont.)	2-19 – 2-22 (4 pp.)	2-19 – 2-22 (4 pp.)

NEW/REVISED MATERIAL-- *EFFECTIVE DATE: October 1, 2002*
IMPLEMENTATION DATE: October 1, 2002

Section 2010.2, Items 14-33 - Provider of Service or Supplier Information, is revised to no longer allow “SAME” to be entered in Item 32 when the address is the same as in Item 33. It is also revised to include instructions on how to dispose of foreign claims that will not include zip code information. In addition, it revises the instructions for lab billings to conform to Part 3, §4020.2.

References to “NPI” have also been replaced with “PIN” as the NPI is not yet in effect.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

Item 24g. Enter the number of days or units. This field is most commonly used for multiple visits, units of supplies, anesthesia minutes, or oxygen volume. If only one service is performed, the numeral 1 must be entered.

Some services require that the actual number or quantity billed be clearly indicated on the claim form (e.g., multiple ostomy or urinary supplies, medication dosages, or allergy testing procedures). When multiple services are provided, enter the actual number provided.

For anesthesia, show the elapsed time (minutes) in item 24g. Convert hours into minutes and enter the total minutes required for this procedure.

Suppliers must furnish the units of oxygen contents except for concentrators and initial rental claims for gas and liquid oxygen systems. Rounding of oxygen contents is as follows:

- o For stationary gas system rentals, suppliers must indicate oxygen contents in unit multiples of 50 cubic feet in item 24g, rounded to the nearest increment of 50. For example, if 73 cubic feet of oxygen were delivered during the rental month, the unit entry "01" indicating the nearest 50 cubic foot increment is entered in item 24g.

- o For stationary liquid systems, units of contents must be specified in multiples of 10 pounds of liquid contents delivered, rounded to the nearest 10 pound increment. For example, if 63 pounds of liquid oxygen were delivered during the applicable rental month billed, the unit entry "06" is entered in item 24g.

- o For units of portable contents only (i.e., no stationary gas or liquid system used), round to the nearest five feet or one liquid pound, respectively.

Item 24h. Leave blank. Not required by Medicare.

Item 24i. Leave blank. Not required by Medicare.

Items 24j. Leave blank. Not required by Medicare.

Item 24k. Enter the **PIN** of the performing provider of service/supplier if they are a member of a group practice.

When several different providers of service or suppliers within a group are billing on the same Form HCFA-1500, show the individual **PIN** in the corresponding line item.

Item 25. Enter your provider of service or supplier Federal Tax I.D. (Employer Identification Number) or Social Security Number. The participating provider of service or supplier Federal Tax I.D. number is required for a mandated Medigap transfer.

Item 26. Enter the patient's account number assigned by the provider of service's or supplier's accounting system. This field is optional to assist you in patient identification. As a service, any account numbers entered here will be returned to you.

Item 27. Check the appropriate block to indicate whether the provider of service or supplier accepts assignment of Medicare benefits. If MEDIGAP is indicated in block 9 and MEDIGAP payment authorization is given in item 13, the provider of service or supplier must also be a Medicare participating provider of service or supplier and must accept assignment of Medicare benefits for all covered charges for all patients.

The following providers of service/suppliers and claims can only be paid on an assignment basis:

- o Clinical diagnostic laboratory services;
- o Physician services to individuals dually entitled to Medicare and Medicaid;
- o Participating physician/supplier services,
- o Services of physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, and clinical social workers;
- o Ambulatory surgical center services for covered ASC procedures; and
- o Home dialysis supplies and equipment paid under Method II.

Item 28. Enter total charges for the services (i.e., total of all charges in item 24f).

Item 29. Enter the total amount the patient paid on the covered services only.

Item 30. Leave blank. Not required by Medicare.

Item 31. Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alphanumeric date (e.g., January 1, 1998) the form was signed.

Item 32. Enter the name, address, and zip code of the facility if the services were furnished in a hospital, clinic, laboratory, or facility other than the patient's home or physician's office. Providers of service (namely physicians) must identify the supplier's name, address, zip code and PIN when billing for purchased diagnostic tests. When more than one supplier is used, a separate HCFA-1500 should be used to bill for each supplier.

For foreign claims, per §2312.2C, only the enrollee can file for Part B benefits rendered outside of the United States. These claims will not include a valid zip code. When a claim is received for these services on a beneficiary submitted HCFA-1490S, before the claim is entered in the system, it should be determined if it is a foreign claim. If it is a foreign claim, follow instructions in §2312ff for disposition of the claim. The carrier processing the foreign claim will have to make necessary accommodations to verify that the claim is not returned as unprocessable due to the lack of a zip code.

This item is completed whether the supplier personnel performs the work at the physician's office or at another location.

If a QB or QU modifier is billed, indicating the service was rendered in a Health Professional Shortage Area (HPSA), the physical location where the service was rendered must be entered if other than home.

If the supplier is a certified mammography screening center, enter the 6-digit FDA-approved certification number.

Item is completed for all laboratory work performed outside a physician's office. If an independent laboratory is billing, the place where the test was performed, and the UPIN must be indicated.

Item 33. Enter the provider of service/supplier's billing name, address, zip code, and telephone number.

Enter the **PIN** for the performing provider of service/supplier who is not a member of a group practice.

Enter the group **PIN** for the performing provider of service/supplier who is a member of a group practice.

2010.3 Place of Service Codes (POS) and Definitions.--

New Place of Service Codes.--The new HCFA-1500 POS codes, as well as a crosswalk to the "old" HCFA-1500 POS codes, are listed below. The current CWF POS codes are identical to those of the new HCFA-1500.

<u>New HCFA-1500 (12/90)</u>	<u>Old HCFA-1500</u>
00-10 Unassigned	
11 Office 3 - (O)	
12 Home	4 - (H)
13-20 Unassigned	
21 Inpatient Hospital	1 - (IH)
22 Outpatient Hospital	2 - (OH)
23 Emergency Room - Hospital	2 - (OH)
24 Ambulatory Surgical Center	B - (ASC)
25 Birthing Center	0 - (OL)
26 Military Treatment Facility	0 - (OL)
27-30 Unassigned	
31 Skilled Nursing Facility	8 - (SNF)
32 Nursing Facility	7 - (NH)
33 Custodial Care Facility	0 - (OL)
34 Hospice	0 - (OL)
35-40 Unassigned	
41 Ambulance	Land
42 Ambulance	Air or Water
43-49 Unassigned	
50 Federally Qualified Health Center	
51 Inpatient Psychiatric Facility	0 - (OL)
52 Psychiatric Facility Partial Hospitalization	
53 Community Mental Health Center	
54 Intermediate Care Facility/ Mentally Retarded	D - (STF)
55 Residential Substance Abuse Treatment Facility	C - (RTC)
56 Psychiatric Residential Treatment Center	C - (RTC)
57-59 Unassigned	
60 Mass Immunization Center	
61 Comprehensive Inpatient Rehabilitation Facility	0 - (OL)
62 Comprehensive Outpatient Rehabilitation Facility	E - (COR)
63-64 Unassigned	
65 End-Stage Renal Disease Treatment Facility	F - (KDC)
66-70 Unassigned	

POS Definitions.

<u>CODES</u>	<u>DEFINITIONS</u>
71	State or Local Public Health Clinic 0 - (OL)
72	Rural Health Clinic 0 - (OL)
73-80	Unassigned
81	Independent Laboratory A - (IL)
82-98	Unassigned
99	Other Unlisted Facility
00-10	(Unassigned)
11	Office Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Patient's Home Location, other than a hospital or other facility, where the patient receives care in a private residence.
13-20	(Unassigned)
21	Inpatient Hospital A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.