



## Medicare Administrative Contractors request hospitals to verify practice locations

March 5, 2020

3/25/2020 Update: On March 24, 2020, the Centers for Medicare & Medicaid Services (CMS) [announced](#) a delay until further notice to the activation of systematic validation edits for OPPS providers with multiple locations.

A Medicare Administrative Contractor (MAC) recently sent letters to some Medicare participating hospitals asking them to verify their hospital practice locations based on the information the MAC has from the hospital's previous Form CMS-855A filings in its enrollment records. The letters, which were sent by email to the hospital's designated contact on the 855 enrollment file, indicate that the MAC is reviewing hospital practice locations in anticipation of claims editing that will take place in the "near future." In particular, the editing will check the practice location address billed on paper claim forms for off-campus, outpatient, provider-based departments of a hospital. There will also be editing regarding practice locations that should be submitted with one of the following modifiers:

- PO Modifier – for services furnished at excepted off-campus provider-based outpatient departments;
- PN Modifier – for non-excepted services furnished at an off-campus provider-based location; and
- ER Modifier – for items and services furnished by a provider-based off-campus emergency department.

The MAC letters request hospitals to verify their practice location information by reviewing and revising an attached spreadsheet which lists the hospital's practice locations currently in the MAC's enrollment records. For each practice location, the hospital is

asked to verify whether it is one of the following types of locations: on campus, remote location, emergency department, off-campus, non-OPPS or mobile facility/portable unit. Responses must be submitted electronically to the MAC within a few weeks.

Hospitals that receive this type of letter from their MAC should check the attached spreadsheet to:

- Determine if the spreadsheet includes a complete list of their hospital practice locations and add any missing locations
- Indicate the type of location for each location from the options indicated above
- Submit their response to the MAC by the deadline indicated

In addition, hospitals should check to confirm that the address on claims for each hospital practice location matches the address that the MAC has on file, which is based on the hospital's Form CMS-855A filings. If the address does not match, hospitals should make necessary corrections. Similarly, some hospitals may find that the MAC's enrollment record does not include some of its hospital practice locations because they failed in the past to add hospital locations to their 855A enrollment records. As a result, hospitals should add that information now in advance of the future editing initiative to avoid any discrepancies. Any changes should be made through the Form CMS-855A.

CMS recently advised hospitals to review their [Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)](#) enrollment files to make sure all information for off-campus provider-based service locations is correct. Several hospitals that have received the MAC letter have found that the practice location listing provided as an attachment to the MAC letter does not match what is on file with PECOS. If a hospital finds that to be the case for its records, it should contact the signatory on its MAC letter as soon as possible to discuss and resolve the discrepancy.

# Authors

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