

Report on Medicare Compliance Volume 28, Number 8. March 04, 2019 CMS to Reject Claims in April if Off-Campus Addresses Don't Match Enrollment Forms

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In April, CMS is slated to turn on edits that will reject Medicare claims for services provided at off-campus locations, including provider-based space, if their addresses on claims aren't a perfect match with their addresses on enrollment forms. The edits may put a dent in hospitals' cash flow, at least temporarily, and expose flaws in the accuracy of their enrollment information in the Provider Enrollment, Chain and Ownership System (PECOS), and they could be picked up by commercial payers.

CMS has been reminding hospitals this day would come in a series of *MLN Matters* articles and related change requests over the past three years. Most recently, in an Oct. 12, 2018, *MLN Matters* (SE18023), CMS said it would activate validation edits for outpatient prospective payment system (OPPS) providers with multiple service locations. In a preview of looming rejections, CMS said national testing of edits in July uncovered noncompliance. "This national test brought to light that many providers are not sending the correct exact service facility location on the claim that produces an exact match with the Medicare enrolled location as based on the information entered into the PECOS for their off-campus provider departments," the *MLN Matters* stated. "Most discrepancies had to do with spelling variations. For example, in PECOS the word entered was 'Road' as part of their address, but the provider entered 'Rd' or 'Rd.' as part of their address on the claim submission."

CMS emphasized that providers who need to add a practice location or correct a location address must submit a new 855 enrollment form.

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