

Report on Medicare Compliance Volume 28, Number 25. July 15, 2019 CMS Again Delays Edits That Reject Claims Without Address Match, Lab DOS Policy

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For the second time, CMS has delayed edits that will reject Medicare claims for services performed at off-campus provider-based departments if their addresses on claims don't exactly match their addresses on 855A enrollment forms or if hospitals with multiple service locations don't report the correct place where services were provided. Hospitals now have until October to ensure address perfection, according to a new *MLN Matters* (SE19007 Revised), which is dated June 28.

The edits were originally supposed to take effect in April, but hospitals got a reprieve until July because CMS said compliance wasn't great during the edit-testing phase ("CMS Delays Edits That Reject Claims Without Address Match, Correct Location Until July," *RMC* 28, no. 13; "CMS to Reject Claims in April if Off-Campus Addresses Don't Match Enrollment Forms," *RMC* 28, no. 8). The third time apparently is the charm, with CMS stating that "no major issues" surfaced during its third round of testing. But it still decided to postpone implementation and reminded hospitals that if they have to add or correct the address of an existing practice location, they must submit a new 855A enrollment application in the Provider Enrollment, Chain and Ownership System (PECOS). The edits have been tested for 2 years, providing "ample time" for hospitals to validate that the information in their claims submissions exactly matches their PECOS information, according to the *MLN Matters*.

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