

Bulletin Number: MSA 08-11

Distribution: All Providers

Issued: March 1, 2008

Subject: New Place of Service Code for Temporary Lodging; Clarification of Claim Completion for Service Facility Location; Claim Reporting Requirements for the Provider Tax Identification Number

Effective: April 1, 2008

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS, Plan First, Children's Waiver, and SED Waiver

The purpose of this bulletin is to notify providers of the update to the Place of Service (POS) code set and to clarify claim completion instructions for both the electronic and paper claim formats.

New POS Code (16) for Temporary Lodging

The Centers for Medicare and Medicaid Services (CMS) recently published a revised national POS code set. A new POS code (16) for temporary lodging was added and is defined as follows: a short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.

Effective April 1, 2008, Michigan Department of Community Health (MDCH) will accept the new POS code reported within both the 837 electronic and CMS-1500 (08/05) paper professional claim formats for the following provider groups:

- Children's Waiver Program
- Cochlear Implant Manufacturer
- Dispensing Ophthalmologist/Optician
- Maternal and Infant Health Program
- Medical Suppliers
- Optometrist
- Orthotists/Prosthetists
- Physicians
- Podiatrists
- Private Duty Nursing (RN/LPN)
- Shoe Store Provider
- SED Waiver Program

This new POS code will be added to the allowable list of POS codes included within the Billing and Reimbursement for Professionals Chapter of the Medicaid Provider Manual.

Clarification of Claim Completion for Service Facility Location - Professional 837 Electronic and CMS-1500 (08/05) Paper Claim Formats

The professional 837 Implementation Guide (electronic claims) and the National Uniform Claim Committee (NUCC) Instructions Manual (CMS-1500 - 08/05 paper claim form) must be followed for claims submitted to MDCH. Based on these instructions, the "Billing Provider" loop or field must include the current billing address with zip code. If this address does not also represent the location where the service(s) is rendered, then the "Service Facility Location" loop or field must also be completed on the claim.

For further clarification, the professional 837 Implementation Guide for electronic claims states that the "Services Facility Location" loop is to be completed to identify where the services was rendered. However if "home" is the site of service, then the place of service code in segment CLMO5-1 should be completed instead (Facility Code Value). **As a correction to the Reimbursement and Billing For Professionals Chapter of the Medicaid Provider Manual**, the "Service Facility Location" field on the CMS-1500 (08/05) paper claim form (Box 32) applies to services furnished in an office setting as well as a hospital, clinic, laboratory, or facility. This revision will be incorporated into the Medicaid Provider Manual during the April Quarterly Update.

Claim Reporting Requirements for the Provider Taxpayer Identification Number (TIN)

For proper claim adjudication of electronic or paper claims, MDCH requires the National Provider Identifier (NPI) to be reported as the primary provider identifier along with the providers' TIN as the secondary identifier for all claim types (Dental, Professional, and Institutional). The TIN reported is either the provider's Employer Identification Number (EIN) or Social Security Number (SSN).

For a Type 2 (Group) NPI, both the NPI and EIN must be reported at the "Billing Provider" loop for all electronic claims. For a Type 1 (Individual) NPI, both the NPI and EIN/SSN are required at the "Billing Provider" loop for electronic dental and professional claims when a Type 2 NPI does not apply.

For the paper claim formats, the TIN must be reported as follows:

- ADA Claim Form - Item 51
- CMS-1500 (08/05) Claim Form - Item 25
- UB 04 Claim Form - Form Locator 5

Please refer to the 837 4010A1 Implementation Guides, the National Uniform Billing Committee Manual (NUBC) or the NUCC Manual for more details regarding claim completion instructions.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual. If using the electronic version of the manual (maintained on the MDCH website), this bulletin will be incorporated into the April 2008 Manual Update.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved


Paul Reinhart, Director
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