



CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries

PROVIDER COMMUNICATION: POS (Place of Service) - Home

This notice is for physicians and other providers who bill Medicare contractors (carriers and Medicare Administrative Contractors (A/B MAC)) for services provided to Medicare beneficiaries in Place of Service (POS) Home -12 (or any other place of service that Medicare contractors consider to be home).

Effective January 1, 2011, Medicare and therefore Care Improvement Plus, requires that the address and zip code for services rendered be on the claim form for all places of service, including home. These services include anesthesia services and services payable under the Medicare Physician Fee Schedule (MPFS). This will affect the Care Improvement Plus (CIP) claims that are submitted on version 5010 of the ANSI X12N 837 P electronic form and paper claim forms CMS-1500. Care Improvement Plus (CIP) will use the zip code to determine the correct payment locality.

Claims will be returned to the provider if the information is not completed in the correct box. The adjustment reason code and or remittance advice remark code will deny the claims as:

- CARC-16 Claim/service lacks information which is needed for adjudication.
- A remark code of either RARC M77 – Missing/incomplete/invalid place of service or;
- RARC MA130 – Your claim contains incomplete and/or information, no appeal rights are afforded because the claim is not able to be processed. Please submit a new claim with the complete/correct information.

Note: Claims submitted on the 4010A1 electronic form are not impacted by this change.)

For More Information on Links to the MedLearn Matters Article and the official CMS Change Request:
[MLN Matters 6947](#)

<http://www.cms.gov/Transmittals/downloads/R2041CP.pdf>

Key Things to Remember When Billing for POS

Please note that you cannot submit the Form CMS-1500 with more than one POS. Separate CMS-1500 claims must be submitted for each POS.