

## Eli's Hospice Insider

### Billing: Don't Risk Denials With Incorrect Address On 5010

**Warning: Your contractor could be issuing incorrect information.**

If you're sticking to your guns and leaving a P.O. box as your place of service address on the new 5010 form that will be required starting Jan. 1, expect denials. That's the word from CMS's **Chris Stahlecker**, who spoke about this issue during the agency's Nov. 9 HIPAA Version 5010 National Provider Call.

A caller phoned in to the forum and said that her Medicare Administrative Contractor told her that it would not enforce the restriction on the 5010 form that will prohibit providers from putting a P.O. box on 5010 forms as the place of service address. The **Centers for Medicare & Medicaid Services**, however, sang a different tune.

"That's a very interesting comment for you to raise," Stahlecker said. "The billing provider address line cannot be a P.O. box, and, no, CMS has not taken the position that that edit is going to be lifted at this time, so right now the edit is in place and the software that we have distributed to the MACs for them to be executing should cause a claim that comes in with a P.O. box to reject."

Although the P.O. box issue has been a point of contention among providers, CMS has not formally issued anything that says you can use the P.O. box address. "We appreciate this difficulty," Stahlecker added. "That said, we're still not, as a payer, permitted to ignore such a requirement." She noted that CMS would have to "think very hard about impact" before such a change could be implemented.

Do this: Until further notice, using a P.O. box will cause claims to reject, so you should stick with using a street address as the place of service address on your claims.

A second caller went even further in questioning CMS on this issue, noting that not only did her trading partner tell her that the P.O. box rejection would be suppressed, but would be "permanently turned off." Stahlecker explained that this is the case when payers are paying one another, but not when paying providers. A "separate project is underway that is not between a provider to a payer -- it's something that's being handled as separate from a HIPAA-compliant activity, and instead involves a flow going from a payer to a payer," she said. In these transactions, because it is not an exchange between "covered entities," Medicare can turn off the P.O. box edit and not be at risk of violating HIPAA compliance.

Although some trading partners have interpreted that as meaning that all MACs should turn off their P.O. box claim edit, CMS stressed the fact that this is not the case. Stahlecker reiterated the fact that the P.O. box issue is very real and will cause claim rejections as of Jan. 1.

Paper form exception: One caller to the forum noted that when using paper forms, CMS recommends that Box 33 should be a physical address and not a P.O. box so it can be mapped to a 5010 form. However, "Providers are perfectly welcome to put a P.O. box on the 5010 form," said CMS's **Brian Reitz**. "What the NUCC recommends is just that -- recommendations -- there's no force of law behind them."