

[REDACTED]  
Current Authorized Official  
Or [REDACTED] Authorized Official  
[REDACTED]

**SUBJECT: Hospital Practice Locations**  
Provider Number: [REDACTED]

Dear [REDACTED]:

We are reviewing Hospital practice locations in anticipation of claim editing that will take place in the near future. The editing will compare the address on the claim to the address we have on file that was obtained from the CMS 855A enrollment form. The edit will check the practice location address billed in the service facility location 2310E loop of the 837I, MAP171F DDE submitter, or FL01 of a paper claim form, for off-campus, outpatient, provider-based departments of a hospital. In addition, there will be editing regarding practice locations that need to be submitted with PO, PN or ER modifiers.

- **PO Modifier** – Services, procedures, and/or surgeries furnished at excepted off-campus provider-based outpatient departments
- **PN Modifier** – Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital
- **ER Modifier** – Items and services furnished by a provider-based off-campus emergency department

Based on this information, we need to verify the practice location information on the Attachment #1. Please identify the type of practice location (on campus, remote location, emergency department, off campus, non-OPPS or mobile facility/portable unit) (see Attachment #2 for definitions) for each practice location.

Please email the attached information spreadsheet back to **PBExceptions@wpsic.com** by [REDACTED] so we can appropriately update the facility practice location information.

In addition, you may want to review the practice location address; effective and termination dates. Any changes to that information would need to be made through the CMS 855A enrollment form.

We appreciate your assistance in verifying this information timely to avoid any claim edits.

Sincerely,  
Provider Based Coordinators  
Medicare Audit & Reimbursement

Attachment #1

								TYPE OF PRACTICE LOCATION: 1-On Campus 2-Remote Location 3-Emergency Department 4-Off Campus 5-Non-OPPS 6-Mobile/Portable Note: See Attachment #2 for definitions
NPI	OSCAR	EFF DT	TERM DT	ADDRESS	CITY	STATE	ZIP	

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

## **Attachment #2**

**1-On Campus:** means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings, but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis to be part of the provider's campus. Hospital provider fulfills the obligations of hospital outpatient department.

**2-Remote location of a hospital:** means a facility or organization that is either created by, or acquired by, a hospital that is the main provider for the purpose of furnishing inpatient hospital services under the name, ownership, and financial and administrative control of the main provider. A remote location of a hospital comprises both the specific physical facility that serves as the site of services for which separate payment could be claimed under the Medicare program, and the personnel and equipment needed to deliver the services at that facility. The Medicare conditions of participation do not apply to a remote location of a hospital as an independent entity. As described at 42 CFR 413.65 (a)(2).

**3-Emergency Department:** As described at 42 CFR 489.24(b). Provider-based off-site Hospital Emergency Departments (ED) must demonstrate compliance with the hospital Conditions of Participation (CoPs). They must also be in compliance with the provider-based regulations at 42 CFR 413.65.

**4-Off Campus:** The practice facility is not located on the campus of the main provider, (greater than 250 yards) and the Hospital provider fulfills the obligations of Hospital outpatient department.

**5-Non-OPPS Provider:** The practice location is a non-OPPS location.

**6-Mobile Facility and or Portable Units:** Practice location is a mobile facility and or portable unit.