

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal:12955</b>	<b>Date: November 8, 2024</b>
	<b>Change Request 13783</b>

**SUBJECT: Implementation CR - To Send Provider-Based Practice Location Types to the Fiscal Intermediary Shared System (FISS) on Provider Enrollment Chain & Ownership System (PECOS) Extract Files and for FISS to Process so Medicare Administrative Contractors (MACs) Do Not Have to Check Manually for These Locations**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement sending provider-based practice location types to FISS on PECOS extract files and for FISS to process, so MACs don't have to check manually for these locations.

**EFFECTIVE DATE: July 7, 2025**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 7, 2025 - Begin design and coding. Note: With the April release the one-time extract process will be informally NDM'd to the VDCs to be used in the creation of the PECOS Daily extract file needed for the July release.; July 7, 2025 - Complete coding, testing and implementation**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12955	Date: November 8, 2024	Change Request: 13783
-------------	--------------------	------------------------	-----------------------

**SUBJECT: Implementation CR - To Send Provider-Based Practice Location Types to the Fiscal Intermediary Shared System (FISS) on Provider Enrollment Chain & Ownership System (PECOS) Extract Files and for FISS to Process so Medicare Administrative Contractors (MACs) Do Not Have to Check Manually for These Locations**

**EFFECTIVE DATE: July 7, 2025**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 7, 2025 - Begin design and coding. Note: With the April release the one-time extract process will be informally NDM'd to the VDCs to be used in the creation of the PECOS Daily extract file needed for the July release.; July 7, 2025 - Complete coding, testing and implementation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement sending provider-based practice location types to FISS on PECOS extract files and for FISS to process, so MACs don't have to check manually for these locations.

## **II. GENERAL INFORMATION**

### **A. Background:**

Section 1833 (t) of the Act as amended to the Act by Subsection (§)603 of the Bipartisan Budget Act of 2015, authorizes CMS to implement amended policies related to treatment of off-campus outpatient department of a provider services.

Hospital providers are required to include all practice locations on the CMS 855A enrollment form. CMS has performed a re-validation process (March 25, 2011 – March 23, 2015) where in the last 4 years all hospital providers have completed an 855A enrollment form to either 1) initially enroll in Medicare, 2) add a new practice location, or 3) revalidate its enrollment information. If a hospital claim is submitted with a service facility location that was not included on the CMS 855A enrollment form, it will be Returned to the Provider (RTP'd) until the CMS 855A enrollment form and claims processing system is updated.

### **B. Policy:**

Starting on January 1, 2017, off-campus outpatient department(s) of a provider services that fall under §603 of the Bipartisan Budget Act of 2015 are required to be correctly identified. Collection and retention of CMS 855 enrollment data has been cleared through a Paperwork Reduction Act Notice in the **Federal Register**. The authority for the various types of data to be collected is found in multiple sections of the Social Security Act (the Act) and the Code of Federal Regulations (CFR), specifically in Sections 1816, 1819, 1833, 1834, 1842, 1861, 1866 and 1891 of the Act, and 42 CFR Chapter IV, Subchapter A.

## **III. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								Other
		A/B MAC			DM E MA C	Shared-System Maintainers				
		A	B	HH H		FIS S	MC S	VM S	CW F	
13783.1	<p>The Contractor shall include Long Term Care Hospitals (LTCHs) practice location(s) 04 child record from the PECOS extract for outpatient hospital Provider-Based Department(s) (PBD) as identified by the hospital PTAN/OSCAR for XX2000-XX2299 and not being the primary location and load these into the MAP1AB1 and MAP1AB2 screens.</p> <p><b>Note:</b> The following hospital Provider Transaction Access Number (PTAN)/OSCAR numbers were already included in CR 9613: XX0001-XX0999, XX1200-XX1399, XX3025-XX3099, XX3300-XX3399, and XX4000-XX4499.</p>					X				PECOS
13783.2	<p>The Contractor shall receive and process additional fields from the hospital-based enrollment records and corresponding hospital-based practice locations for each OSCAR/NPI (National Provider Identifier) combination supplied in the PECOS daily extract file. These fields identify whether the PECOS Record Type is for an Home Health Agency (HHA) Branch (as noted on position 76), OPT Extension (as noted on position 79), and Other Practice (as noted in position 81), or a PECOS Outpatient Provider-Based Department Site (POPBDS) (as noted on position 490) and the PECOS PBD (as noted on position 491) of the PECOS Extract File on the Child Record 04. These are all one-position alphanumeric fields. These fields are populated by the</p>					X				PECOS

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	PECOS Extract File.									
13783.2.1	The Contractor shall create a new field (“ <b>PECOS Record Type</b> ”) on the 4J MAP1AB2 screen to receive the HHA Branch, OPT extension, Other Practice and POPBDS indicators from PECOS.					X				
13783.2.2	<p>The Contractor shall then populate the value from the HHA Branch (as noted on position 76), OPT Extension (as noted on position 79), Other Practice (as noted in position 81), or the POPBDS (as noted on position 490) field, when the value in the PECOS file is not equal to “N”, into the newly created “<b>PECOS Record Type</b>” field on the MAP1AB2 screen.</p> <p>This field is:</p> <p><b>PECOS Record Type: _</b></p> <p><u>Valid Values:</u></p> <p>H = HHA Branch (position 76)</p> <p>O = Other (Position 81)</p> <p>T = OPT extension site (Position 79)</p> <p>Y = PECOS Outpatient Provider-Based Department Site</p>					X			PECOS	

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	(POPBDS) (Position 490)									
13783.2.3	<p>The Contractor shall create a new field (“<b>PECOS PBD</b>”) to receive the PECOS PBD record (Position 491) and populate this value in the newly created “<b>PECOS PBD</b>” field on the MAP1AB2 screen. This value should only be sent when there is a “<b>H</b>”, “<b>O</b>”, “<b>T</b>” or “<b>Y</b>” in <b>Positions 76, 79, 81 or 490. If Positions 76, 79, 81 and 490 are all “N”, there will be no value sent in Position 491. The PECOS PBD field will be available for new and existing applications in PECOS.</b></p> <p>This field is:</p> <p><b>PECOS PBD: _</b></p> <p><u>Valid Values:</u></p> <p>0 = Off-campus of the main provider (does not satisfy the definition of “campus” at 42 CFR 413.65(a)(2))</p> <p>1 = On the “campus” of the main provider (as defined at 42 CFR 413.65(a)(2))</p> <p>2 = Remote location of a hospital (as defined at 42 CFR section 413.65(a)(2))</p> <p>3 = Dedicated Emergency Department (ED) (as described at 42 CFR section 489.24(b))</p> <p>4 = Excepted off-campus temporarily or permanently because of re-location due to</p>					X			PECOS	

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<p>extraordinary circumstances outside of the hospital's control (as defined at 42 CFR 419.48(b)).</p> <p>5 = Non-OPPS PBD</p> <p>6 = Mobile Facility or Portable Unit</p> <p>7 = Excepted off-campus (as defined at 42 CFR 419.48(b)).</p> <p>8 = Approved Mid-Build</p> <p>9 = Other PBD</p>									
13783.2.4	The Contractor shall ensure that information housed in these fields from Business Requirement (BR) 13783.2.1 and BR 13783.2.2 on MAP1AB2 screen on the provider file be populated only by the PECOS system interface and shall be locked from manual data entry.					X				
13783.2.5	The Contractor shall permit information housed in the field from BR 13783.2.3 on the MAP1AB2 screen on the provider file be open to be populated by the MAC with manual data entry.					X				
13783.2.6	The Contractor shall automatically recalculate either the <b>603 PBD EXCEPT</b> or the <b>GRANDFATHERED PBD EXCEPT</b> fields, when the "PECOS PBD" has been manually altered.					X				
13783.3	The Contractor shall create a crosswalk from the <b>PECOS PBD</b> field to the <b>603 PBD EXCEPT</b> or the <b>GRANDFATHERED PBD</b>					X				

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<p><b>EXCEPT</b> fields depending on the <b>603 PBD</b> value as follows:</p> <p>Value sent by PECOS</p> <p>PBD Value</p> <p>FISS enters into one of the PBD exception fields</p> <p>0 (603 = Y)      Blank</p> <p>1                    1</p> <p>2                    2</p> <p>3                    3</p> <p>4                    4</p> <p>5                    5</p> <p>6                    6</p> <p>7 (603 = N)      Blank</p> <p>8                    4</p> <p>9                    9</p>									
13783.4	<p>The Contractor shall create a daily exception report when:</p> <ul style="list-style-type: none"> <li>a “9” is captured in the <b>PECOS PBD</b> field</li> <li>a “0” is recorded in the <b>PECOS PBD</b> field and the <b>603 PBD</b> field = N</li> </ul>					X				

Number	Requirement	Responsibility								
		A/B MAC			DM E  MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<ul style="list-style-type: none"> <li>a “7” is recorded in the <b>PECOS PBD</b> field and the <b>603 PBD</b> field = Y</li> <li>Any non-valid value is captured in the <b>PECOS PBD</b> field. (i.e., A - Z)</li> </ul> <p>The report shall contain the following fields:</p> <ul style="list-style-type: none"> <li>NPI</li> <li>CCN</li> <li>PRACTICE LOCATION KEY</li> <li>PRACTICE EFF DATE</li> <li>POPBDS</li> <li>PECOS PBD</li> <li>603 PBD</li> </ul>									
13783.4.1	<p>The Contractor shall develop provider PBDs appearing on the report using any of the following:</p> <ul style="list-style-type: none"> <li>Correct any keying errors,</li> <li>Contact the provider to determine if the PECOS was completed in error,</li> <li>Review the PECOS application when a provider appears on the report, or</li> <li>Contact CMS provider enrollment for further direction.</li> </ul>	X								
13783.4.2	<p>The Contractor shall create a new edit to suspend claims when the <b>603 PBD EXCEPT</b> or the <b>GRANDFATHERED PBD EXCEPT</b> fields contain a “9”.</p>					X				



Number	Requirement	Responsibility								
		A/B MAC			DM E  MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
13783.4.3	The Contractor shall create a new edit to suspend claims when the <b>PECOS PBD FIELD</b> contains an “A thru Z”. This edit should be overridable on claim page 09.					X				
13783.5	The Contractor shall continue, if there is an “N” in the <b>603 PBD</b> field and the Parent Provider is not paid under OPPS, to auto-populate a “5” in the <b>GRANDFATHERED PBD</b> Exception field. This applies to non-OPPS hospitals (i.e., Certain hospitals in Maryland that are paid under Maryland waiver provisions, Critical Access Hospitals (CAHs); Indian Health Service hospitals; hospitals located in American Samoa, Guam, and Saipan; and hospitals located in the Virgin Islands).  <b>Note:</b> This is an exception to using the value that PECOS supplies in the <b>PECOS PBD</b> field, unless the value is already “5”.					X				
13783.6	The Contractor shall auto-populate a “4” in the <b>603 PBD EXCEPT</b> or <b>GRANDFATHERED PBD Exception</b> field, depending on the <b>603 PBD</b> field value when the child record is for a Cancer Hospital. <b>Provider Type 13 in the Outpatient Provider Specific File will be used as the criteria to identify Cancer Hospitals.</b>  <b>Note:</b> This is an exception to using the value that PECOS supplies in the <b>PECOS PBD</b> field, unless the value is already					X				

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	“4”.									
13783.7	<p>The Contractor shall auto-populate a “5” in the <b>GRANDFATHERED PBD</b> Exception field for a Rural Emergency Hospital (REHs) providers' child records. <b>Provider Type 24 in the Outpatient Provider Specific File to identify REH Provider type child records.</b></p> <p><b>Note:</b> This is an exception to using the value that PECOS supplies in the <b>PECOS PBD</b> field, unless the value is already “5”.</p>					X				
13783.8	<p>Contractors shall continue to educate Hospitals to use “other” and put “Mid-Build Exception” in the free form text field for paper 855A’s when the PBD record is for a hospital with an approved mid-build exception until the paper application is updated. The web application shall be updated to include “Approved Mid-Build Exception” as an option. PECOS processes shall auto-populate an “8” in the PECOS PBD field when Approved Mid-Build Exception PBD is selected in PECOS PI and AI.</p>	X							PECOS	
13783.9	<p>Contractors shall continue to educate providers to use the OPT extension site field for provider-based departments that provide only PT/OT/SLP therapy</p>	X								





Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	07/04/2025 – 07/07/2025 (dark days) as the changes are made to the production PECOS files for the additional PBD information.									
13783.15	PECOS shall ensure that A/B MAC (A) contractor site specific data will be captured for each A/B MAC (A) FISS region and not one large file that contains every A/B MAC (A) contractor's information.								DRaaS-CACHE Ashburn, DRaaS-CACHE Kent, PECOS	
13783.16	Medicare contractors shall send participant names and email addresses within three (3) business days of final issuance of this CR to kusum.jha2@cms.hhs.gov and dionna.fair-latta@cms.hhs.gov for the UAT calls.	X				X			PECOS	
13783.17	Maintainers shall take meeting minutes for impacts to their systems for the UAT calls.					X			PECOS	
13783.18	<p>PECOS shall send the Provider Types to FISS via updated FISS Child Record 04.</p> <ul style="list-style-type: none"> <li>• Provider Based Department Site: <ul style="list-style-type: none"> <li>○ Field Name: PBD</li> <li>○ Length: 1</li> <li>○ Position: 490</li> </ul> </li> <li>• Type of PBD: <ul style="list-style-type: none"> <li>○ Field Name: PBD-Type</li> <li>○ Length: 1</li> <li>○ Position: 491</li> </ul> </li> </ul> <p>Note: Logic for existing fields in the extract file will remain</p>					X			PECOS	

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	unchanged.									
13783.19	FISS shall process an update for an existing Practice Location Record if the PECOS Record Type or the PECOS PBD values do not match between the daily extract record and the existing Practice Location record.					X				PECOS
13783.20	MACs shall participate in four weeks of User Acceptance Test (UAT) testing.	X								PECOS
13783.21	FISS shall support MACs/ PECOS during UAT testing.					X				PECOS
13783.22	FISS and MACs shall participate in UAT kick off call and twice per week UAT status calls as well as a go/no go call, which will be held at the end of UAT to determine if there will be major impacts to the hospital community prior to implementation.	X				X				DRaaS-CACHE Ashburn, DRaaS-CACHE Kent, PECOS
13783.23	FISS shall update the Provider Practice Address Locations Report (RPTPLC1A) to run prior to the PECOS Daily Extract Process and add the new PECOS Record Type and PECOS PBD fields and their associated values.					X				

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
---	---

**Section B: All other recommendations and supporting information:**N/A

## **VI. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VII. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**