

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash –

REVISED product from the Medicare Learning Network® (MLN)

- [“Complying with Medicare Signature Requirements”](#) Fact Sheet, ICN 905364, Downloadable only.

MLN Matters® Number: SE1241

Related Change Request (CR) #: 7578

Related CR Release Date: February 17, 2012

Effective Date: January 1, 2012

Related CR Transmittal #: R1046OTN

Implementation Date: July 2, 2012

Correct Provider Billing of Line Item Rendering Physician on the Paper UB-04 Claims Form

Provider Types Affected

This MLN Matters® Special Edition Article is intended for providers who submit claims on the paper UB-04 claims form to Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

What You Need to Know

In collaboration with the National Uniform Billing Committee's (NUBC) reporting of the Line Item Rendering Physician element on paper claims, the Centers for Medicare & Medicaid Services (CMS) would like to inform you of the correct process for paper claims received on or after **January 1, 2012**. **This change does not apply for claims received prior to January 1, 2012.**

This special article informs you of the following for reporting the Line Item Rendering Physician element on paper claims when the Line Item Rendering Physician is required.

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The claim level Rendering Provider (Loop ID 2310D) is required when the Rendering Provider is different than the Attending Provider. For Medicare purposes this is required under federal regulatory requirements that call for a “combined claim”, that is, a claim that includes both facility and professional components (Critical Access Hospital Claim billing under Method II, Federally Qualified Health Centers, and Rural Health Clinics). The line level Rendering Provider is required when the Rendering Provider for this line is different than the Rendering Provider reported in Loop ID 2310D (claim level). Again, for Medicare purposes this is required under federal regulatory requirements that call for a “combined claim,” that is, a claim that includes both facility and professional components (Critical Access Hospital Claim billing under Method II, Federally Qualified Health Centers, and Rural Health Clinics*).

- Place the line item Rendering Physician National Provider Identifier (NPI) in Form Locator 43 (Revenue Code Description) for the line item that contains the services identified.

Medicare’s Fiscal Intermediary Shared System (FISS) edits require that the Line Item Rendering Physician information be transmitted when providers submit a combined claim; that is, claims that include both facility and professional components, need to report the rendering physician or other practitioner at the line level if it differs from the rendering physician/practitioner reported at the claim level. Affected Medicare providers are Critical Access Hospitals billing under Method II and Federally Qualified Health Centers.

For the 5010 version of the 837 I, FISS shall accept the line level rendering physician/practitioner information at the line level (loop 2420C). As a reminder, you should verify your systems edit logic for correct application of this data element.

* Rural Health Clinics are not impacted at this time since they do not do detailed billing.

Additional Information

You may also want to review the MLN Matters® Article related to CR7578. That article is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7578.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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