

CMS POSTPONES RULES FOR BILLING OFF-CAMPUS PROVIDER-BASED DEPARTMENTS UNTIL JULY 2019

In a previous [article](#), we reported on new billing edits that CMS is implementing, which will Return to Provider any hospital UB-04 claims that identify a service location that is not an exact match to a Medicare-enrolled location identified in Provider Enrollment, Chain and Ownership System (“PECOS”). Those edits were scheduled to be activated starting April 1, 2019.

However, on March 26, 2019, CMS released MLN Matters Article [SE19007](#), which postponed implementation of these edits until July 1, 2019. In the meantime, CMS will carry out another round of testing for the edits starting in April. CMS further stated that providers have had “ample time...to validate their claims submission system and the PECOS information for their off-campus provider departments are exact matches” based on the two plus years that the edits have not been active.

Providers should utilize this additional time to confirm that their PECOS files are updated and their billing systems can handle these new requirements. In addition, hospitals should perform a broader review of their locations for licensure, accreditation, 340B and other purposes to ensure consistency across all disciplines.

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