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# Program Memorandum Carriers

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Department of Health & Human  
Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal B-02-018

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This Program Memorandum re-issues Program Memorandum B-01-25, Change Request 1646 dated April 9, 2001. The only change is the discard date; all other material remains the same.

## CHANGE REQUEST 1646

**SUBJECT: Implementation of Carrier Jurisdiction Manual Instructions Based on the Medicare Carriers Manual (MCM) Part 3, §§3100 - 3101 for the Multi-Carrier System (MCS) Standard System and Associated Medicare Carriers**

Due to Y2k restrictions, CMS provided a waiver to the MCS standard system and associated carriers which allowed them to delay implementation of the manual instructions provided in CR 408 published in April 1998. Effective July 1, 2001, the waiver is revoked. MCS and associated carriers must come into compliance by July 1, 2001. Claims received on or after July 1, 2001, must be processed in compliance with MCM §§3100 - 3101.

In accordance with existing instructions for Item 32 in MCM, Part 4, §2010.2, when the place of service is other than the patient's home or the physician's office, providers must enter the name and address of the facility where the services were performed. A complete address includes the zip code. The entry of the zip code allows carriers and standard systems to determine the correct pricing locality for claims payment purposes. When the name and address of the facility where the services were furnished are the same as the biller's name and address shown in Item 33, enter "SAME" in Item 32. If "SAME" is entered, it is not necessary to include other address information including the zip code.

If they have not already done so, MCS-associated carriers must notify providers in their regularly scheduled bulletins, on their websites, and in any currently scheduled training sessions of the pricing policies associated with §§3100 - 3101. In addition, they must remind providers of the requirements in §2010.2 for completing Item 32 of Form CMS-1500. A claim received with Item 32 incomplete, i.e., neither the complete address nor "SAME" is entered, must be treated as any other incomplete claim.

**The *effective date* for this Program Memorandum (PM) is July 1, 2001.**

**The *implementation date* for this PM is July 1, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after April 6, 2003.**

**If you have any questions, contact the appropriate regional office.**