FREQUENTLY ASKED QUESTIONS

This document addresses some Frequently Asked Questions about Billing Provider Address reporting requirements in the ASC X12 Version 005010 (5010) 837 claims transactions.

Background: In January 2009, the Centers for Medicare & Medicaid Services (CMS) issued a final rule requiring the replacement of the HIPAA-named ASC X12 Version 004010A1 (4010A1) transactions with version 005010 (5010). All HIPAA covered entities using the HIPAA-named transactions will be required to send and receive only the 5010 transactions as of the compliance date, January 1, 2012.

Overall, the address portion of the Pay-to loop (2010AB N3 and N4) in the 837 health care claim transactions did not change from version 4010A1 to 5010. The functionality of this loop is to allow the provider to report the address, when it is different from the Billing Provider Address, where they want their payment to be sent. The absence of a Pay-to Address indicates that payment is to be sent to the Billing Provider Address.

Specific questions have been raised about the reporting requirement changes for Billing Provider Address. The WEDI 5010 837 Subworkgroup (SWG) developed this paper in order to answer commonly asked questions about these changes.

The Billing Provider Address is the street address or physical location where the services were rendered. Note that for providers without direct interaction with the patient, the Billing Provider Address is still where the provider is rendering the service, e.g. mail-order pharmacy, where the prescription is filled. The street address includes a street name and number (e.g., 123 Main Street). The physical location may be a description of the location. (e.g., Mile Marker 3 Route 45; Intersection of Route 45 and Route 144). The term “street address” will be used throughout this document for simplicity, which includes physical location.

Note: The following responses apply to and are consistent with the data requirements in the following transactions:

- Health Care Claim: Dental (837), 005010X224A2
- Health Care Claim: Institutional (837), 005010X223A2
- Health Care Claim: Professional (837), 005010X222A1
The following questions are addressed in this document.

- **Can I report a PO Box address in the Billing Provider Address fields?**
- **I'm in a rural location and have a PO Box because there is no mail delivery. Shouldn't my Billing Provider Address be my mailing address?**
- **Do I have to use a 9-digit ZIP code?**
- **I'm in a rural location. How do I know what my “street address” is?**
- **I did not use my street address when I enrolled with my payers. Will this cause a problem?**
- **What is the best way for a provider to validate that they are ready for the 5010 Billing Provider Address changes?**
- **My current physical address does not match my physical address in the NPI database. Will this cause a problem?**

**Question:** *Can I report a PO Box address in the Billing Provider Address fields?*

**Response:** No. The Billing Provider Address reported in N3 must be a street address. PO Box, also called Post Office Box, lock box, and lock bin, addresses cannot be reported in the Billing Provider Address segment. If you use a PO Box address as the delivery location for payments, you can continue to use this approach and report the address in the Pay-to Address segment.

**Question:** *I'm in a rural location and have a PO Box because there is no mail delivery. Shouldn't my Billing Provider Address be my mailing address?*

**Response:** The Billing Provider Address is the street address where the services were provided, which may or may not be the mailing address. If the mailing address is a PO Box, it is reported in the Pay-to Address segment.

**Question:** *Do I have to use a 9-digit ZIP code in the Billing Provider Address loop?*

**Response:** Yes. The ZIP code reported in the Billing Provider 2010AA N3 must be a 9-digit ZIP code. Adding “-0000” to create a 9-digit ZIP code is not accurate. If you do not know your 9-digit ZIP code, contact your local Post Office or go to www.usps.com. Nine-digit ZIP codes are only required for the Billing Provider and Service Facility Location loops.

CMS Transmittal 1920/Change Request 6816 issued on February 19, 2010 addresses what Medicare will use for Medicare-to-secondary payer coordination of benefits (COB) claims when the + 4 ZIP code is unknown. The CMS Transmittal does not apply to all payers.

**Question:** *I'm in a rural location. How do I know what my “street address” is?*

**Response:** You can no longer report a PO Box in the Billing Provider loop, so you need to report your street address. Your local Post Office can provide you with your street address or best description of your physical location if you are unsure what to report in the 2010AA loop. See the 837 TR3s for more information.
**Question:** I did not use my street address when I enrolled with my payers. Will this cause a problem?

**Response:** It might. Many payers use the address on their provider files that you provided at initial enrollment. You may not need to submit any changes to the payer if you want to receive payment exactly as you do today and you will be using the following 5010 provider loops correctly:

- **2010AA N3 Billing Provider Address**— can only contain street addresses
- **2010AB Pay-to Address**— use if you want to receive payment at a different address from the Billing Provider Address (This is the location where a PO Box is to be reported.)

If you change your billing address to a street address from a PO Box and do not include the Pay-to Address information, your payer might not be able to identify you, causing your claims to be pended or rejected. You are saying to the payer by excluding the Pay-to Address data in the EDI file that you want to be reimbursed at your Billing Provider Address. If you really are changing where you want payments to be sent, then you must update all payer(s) with the correct address you want payments to be sent to prior to submitting 5010 claims. You should begin this work now.

Payers and providers are encouraged to communicate with one another about any changes they plan to make in preparation for 5010 to the Pay-to Address they use for remittance today.

See the NPI SWG issues briefs related to NPI changes in 5010, specifically *The 005010 Claim Transactions Implementation: Communication Strategies* issue brief for additional information.

**Question:** What is the best way for a provider to validate that they are ready for the 5010 Billing Provider Address changes?

**Response:** If you will be making changes to your current billing provider address to meet the 5010 requirements, you can do this today in 4010A1 or your current format. Begin by contacting your clearinghouse or payer regarding their approach to validate these changes. At a minimum, it is recommended that you have a limited set of "production" claims in your current format sent through your usual claim submission channels for "end-to-end" processing to validate the changes to the Billing Provider Address. ("Production" claims are "real" claims that are sent through the "real" production systems. They are not test data sent through a test system. "End-to-end" processing means that the transaction goes through the normal channels for processing and the response transaction is returned to the provider in a production environment, i.e., 837 – 835.)

If your claim encounters a problem at the clearinghouse or payer system, then you need to work with that entity to resolve the issue. You will want to re-validate the changes to make sure that all problems have been resolved before submitting the changes in full production. You should begin this work now.

**Note:** The validation of data changes, described above, is different from the testing of 5010 transactions. Be aware that these changes still need to be tested as part of your overall 5010 testing.
Question: My current street address does not match my street address in the NPI database. Will this cause a problem?

Response: It might. Payers might use the NPI database, known as the National Plan & Provider Enumeration System (NPPES) (https://nppes.cms.hhs.gov/NPPES/Welcome.do), to validate the provider. Providers are responsible for keeping their information up-to-date in the NPPES. Failing to keep your information up-to-date may cause claims to be pended or rejected until the payer can validate your information. If you know that any of your information has changed since you applied for your NPI, update NPPES now.

Resources

