

## CMS Billing Location Intake Add-On (PDF)

(January 2025 OPPS Update)

**Purpose:** This intake add-on ensures billing location, program type, and OPPS applicability are captured correctly under CMS January 2025 OPPS wage index and Pricer logic updates. **Use this form in addition to your standard intake.** This is **not** a replacement intake form.

### SECTION 1 — PATIENT & INTAKE INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical Record # (if applicable): \_\_\_\_\_

Intake Date: \_\_\_\_\_

Completed By (Staff Name): \_\_\_\_\_

### SECTION 2 — BILLING FACILITY & LOCATION (REQUIRED)

Billing Facility Name: \_\_\_\_\_

**Facility Type (check one):**

- ☐ Hospital Outpatient Department (OPPS)
- ☐ Community Mental Health Center (CMHC)
- ☐ Partial Hospitalization Program (PHP)
- ☐ Intensive Outpatient Program (IOP)
- ☐ Outpatient Clinic (Non-OPPS)

**Hospital-Based Facility?**

- ☐ Yes    ☐ No    ☐ Unsure (billing to confirm)

### SECTION 3 — SERVICE LOCATION (WAGE INDEX TRIGGER)

State: \_\_\_\_\_

County: \_\_\_\_\_

*CMS uses county-level location data to apply wage index and OPPS payment logic.*

## SECTION 4 — PROGRAM / LEVEL OF CARE

**Program Level (check one):**

- ☐ PHP
- ☐ IOP
- ☐ Standard Outpatient
- ☐ Preventive Service
- ☐ Other: \_\_\_\_\_

**Expected Start Date of Program/Services:** \_\_\_\_\_

## SECTION 5 — BILLING REVIEW FLAG

- ☐ Location verified for OPPS billing
- ☐ Program level confirmed
- ☐ Routed to billing team for setup (if required)

**Billing / Intake Notes:**

## SECTION 6 — STAFF ATTESTATION

I confirm the information above reflects the **billing location and program type** for services to be rendered and is required for correct CMS OPPS reimbursement.

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### ☒ HOW THIS SHOULD BE USED IN PRACTICE

- Attach to **new patient intake packets**
- Use for **PHP / IOP enrollment**
- Use when **billing facility or program level changes**
- Store with administrative documents (not clinical notes)