



## CSR Inquiry Assistance

Related Medlearn Matters Article #: MM4243

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### *Use of 12X Type of Bill (TOB) for Billing Screening Mammography, Screening Pelvic Examinations, and Screening Pap Smears*

#### Key Words

MM4243, CR4243, R827CP, 12X, billing, screening, mammography, pelvic, examinations, PAP, smears

#### Provider Types Affected

Providers who submit screening mammography, screening pelvic examinations, and screening pap smear claims to Medicare fiscal intermediaries (FIs)

#### Key Points

- The effective date of the instruction is July 1, 2006.
- The implementation date is July 3, 2006.
- Providing that applicable conditions of coverage are met and the applicable frequency limitations have not been exceeded by the patient, screening mammography, screening pelvic examinations, and screening pap smears provided to inpatients of a hospital are covered under Part B, even though the patient has Part A coverage for the hospital stay.
- Effective for claims submitted to FIs on or after July 1, 2006, providers must use 12x TOB in place of 13x TOB to bill for the following services provided to hospital inpatients:
  - Screening mammography;
  - Screening pelvic examinations; and
  - Screening pap smears.
- TOBs 13x, 14x, 22x, 23x, and 85x used for billing of screening mammography, screening pelvic examinations, and screening pap smears, **when provided to other than hospital inpatients under Part B**, remain unchanged.
- For additional information about this policy, please refer to the revised *Medicare Claims Processing Manual* attachments to CR4243 (Publication 100-04, Chapter 18) which can be found at: <http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf> on the CMS web site. The revised sections attached to CR4243 include the following:

- Section 20.4 – Billing Requirements – FI Claims;
- Section 20.4.1.2 – RHC/FQHC (Rural Health Center/Federally Qualified Health Center) Claims With Dates of Service on or after January 1, 2002;
- Section 30.7 – Type of Bill and Revenue Codes for the Centers for Medicare & Medicaid Services (CMS) Form CMS-1450; and
- Section 40.6 – Revenue Code and HCPCS (Healthcare Common Procedure Coding System) Codes for Billing.

### Important Links

<http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM4243.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R827CP.pdf>

<http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>

If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/apps/contacts> on the CMS web site.