CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 821

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: FEBRUARY 1, 2006

Change Request 4272

SUBJECT: Billing and Payment of Certain Colorectal Cancer Screenings for Non-Patients Type of Bill (TOB) 14X

I. SUMMARY OF CHANGES: This instruction clarifies the use of TOB 14X for a non-patient laboratory specimen when billing for colorectal cancer screenings HCPCS G0107 or G0328 when performed in a hospital setting. Payment will be based on the Clinical Diagnostic Laboratory Fee Schedule for all hospitals, including critical access hospitals and hospitals located in Maryland under the jurisdiction of the Health Services Cost Review Commission.

NEW/REVISED MATERIAL

EFFECTIVE DATE: April 01, 2006

IMPLEMENTATION DATE: July 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/60/60.1/Payment
R	18/60/60.6/Billing Requirements for Claims Submitted to FIs

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-04	Transmittal: 821	Date: February 1, 2006	Change Request 4272

SUBJECT: Billing and Payment of Certain Colorectal Cancer Screenings for Non-Patients; Type of Bill (TOB) 14X

I. GENERAL INFORMATION

A. Background: Transmittal 734**,** Change Request 3835 titled "Redefined Type of Bill (TOB), 14X, for Non-Patient Laboratory Specimens" implements the redefined TOB 14X to be used by hospitals for billing of non-patient laboratory specimens effective for dates of service on and after April 1, 2006. A non-patient is defined as a beneficiary that is neither an inpatient nor an outpatient of a hospital that has a specimen that is submitted for analysis and the beneficiary is not physically present. In addition, this instruction requires fiscal intermediaries (FIs) to allow colorectal cancer screening HCPCS G0107 and G0328 to be billed on TOB 14X for non-patient laboratory specimens; payment will be based on the Clinical Diagnostic Laboratory Fee Schedule for all hospitals, including critical access hospitals and Maryland hospitals under the jurisdiction of the Health Services Cost Review Commission. All colorectal cancer screenings billed on TOB 13X or 85X will continue to be paid under current payment methodologies.

B. Policy: The National Uniform Billing Committee has redefined the TOB 14X to be limited in use for non-patient laboratory specimens.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4272.1	FIs shall instruct all hospitals when submitting claims containing HCPCS G0107 (fecal-occult blood tests) and G0328 (immunoassay, fecal-occult blood test) for a non-patient laboratory specimen to use TOB 14X.	X								
4272.2	FIs shall pay claims for non-patient laboratory specimens (TOB 14X) containing HCPCS codes G0107 and G0328 based on the Clinical Diagnostic Laboratory Fee Schedule.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4272.3	FISS shall accept HCPCS G0107 (fecal-occult blood tests) and G0328 (immunoassay, fecal-occult blood test) from hospitals for a non-patient laboratory specimen on TOB 14X.					X			X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4272.4	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: April 1, 2006. **Implementation Date:** July 3, 2006 **Pre-Implementation Contact(s):** Bill Ruiz 410-786-9283 william.ruiz@cms.hhs.gov Valeri Ritter 410-786-8652 valeri.ritter@cms.hhs.gov **Post-Implementation Contact(s):** Appropriate Regional Office	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

***Unless otherwise specified, the effective date is the date of service.**

60.1 - Payment

(Rev. 821, Issued: 02-01-06; Effective Date: 04-01-06; Implementation Date: 07-03-06)

Payment (carrier and FI) is under the MPFS except as follows:

- Fecal occult blood tests (G0107 and G0328) are paid under the clinical diagnostic lab fee schedule except reasonable cost is paid to CAHs *when submitted on TOB 85X. See section A below for payment to Maryland waiver on TOB 13X. Payment from all hospitals for non-patient laboratory specimens on TOB 14X will be based on the clinical diagnostic fee schedule, including CAHs and Maryland waiver hospitals.*
- Flexible sigmoidoscopy (code G0104) is paid under OPPS for hospital outpatient departments and on a reasonable cost basis for CAHs; *or current payment methodologies for hospitals not subject to OPPS*.
- Colonoscopy (G0105) and barium enemas (G0106 and G0120) are paid under OPPS for hospital outpatient departments and on a reasonable costs basis for CAHs *or current payment methodologies for hospitals not subject to OPPS.* Also colonoscopies may be done in an Ambulatory Surgical Center (ASC) and when done in an ASC the ASC rate applies. The ASC rate is the same for diagnostic and screening colonoscopies.

The following screening codes must be paid at rates consistent with the diagnostic codes indicated.

Screening Code	**Diagnostic Code**
G0104	45330
G0105 and G0121	45378
G0106	74280
G0120	74280

A. Special Payment Instructions for TOB 13X Maryland Waiver Hospitals

For hospitals in Maryland under the jurisdiction of the Health Services Cost Review Commission, screening colorectal services HCPCS codes G0104, G0105, G0106, G0107, G0120, G0121 and G0328 are paid according to the terms of the waiver, that is 94% of submitted charges minus any unmet existing deductible, co-insurance and non-covered charges. Maryland Hospitals bill TOB 13X for outpatient colorectal cancer screenings.

B. Special Payment Instructions for Non-Patient Laboratory Specimen (TOB 14X) for all hospitals

Payment for colorectal cancer screenings (G0107 and G0328) to a hospital for a non-patient laboratory specimen (TOB 14X), is the lesser of the actual charge, the fee

schedule amount, or the National Limitation Amount (NLA), (including CAHs and Maryland Waiver hospitals). Part B deductible and coinsurance do not apply.

60.6 - Billing Requirements for Claims Submitted to FIs

(Rev. 821, Issued: 02-01-06; Effective Date: 04-01-06; Implementation Date: 07-03-06)

Follow the general bill review instructions in Chapter 25. *Hospitals use the ANSI X12N 837I to bill the FI or on the hardcopy Form CMS-1450.* Hospital*s* bill revenue codes and HCPCS codes as follows:

Screening Test/Procedure	**Revenue Code**	**HCPCS Code**	***TOB***
Fecal Occult blood test	030X	G0107, G0328	*13X,14X,83X, 85X* **
Barium enema	032X	G0106, G0120, G0122	*13X,85X*
Flexible Sigmoidoscopy	*	G0104	*13X,83X, 85X*
Colonoscopy-high risk	*	G0105, G0121	*13X,83X, 85X*

***** The appropriate revenue code when reporting any other surgical procedure.
*** 14X is only applicable for non-patient laboratory specimens*

A - Special Billing Instructions for Hospital Inpatients

When these tests/procedures are provided to inpatients of a hospital, they are covered under this benefit. However, the provider bills on bill type 13X using the discharge date of the hospital stay to avoid editing in the Common Working File (CWF) as a result of the hospital bundling rules.