CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1295	**Date: JULY 13, 2007**
	Change Request 5675

Subject: Laboratory and Radiology: Adjustment to Common Working File (CWF) Duplicate Claim Edit for the Technical Component (TC) of Radiology and Pathology Laboratory Services Provided to Hospital Patients

I. SUMMARY OF CHANGES: This CR adjusts the edit which was created in CR 5347, Transmittal 1221, Issued April 18, 2007, to exclude the admission and discharge dates for radiology and pathology services.

New / Revised Material
Effective Date: April 1, 2007
Implementation Date: October 1, 2007

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-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1295	Date: July 13, 2007	Change Request: 5675

SUBJECT: Laboratory and Radiology: Adjustment to Common Working File (CWF) Duplicate Claim Edit for the Technical Component (TC) of Radiology and Pathology Laboratory Services Provided to Hospital Patients

Effective Date: April 1, 2007

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services implemented Change Request (CR) 5347, Transmittal 1221, issued on April 18, 2007 with an effective date of April 1, 2007 for claims with date of service January 1, 2007 and later. CR 5347 implemented a process to prevent payments of the TC of radiology services furnished to an inpatient of a hospital by any entity other than the admitting hospital.

CMS has determined that some imaging services performed on the admission and discharge dates are being denied based on the edit implemented by CR 5347. Imaging and pathology services performed on the admission date and discharge date by entities other than the admitting hospital are separately payable.

This CR adjusts the CWF edit to exclude the admission and discharge dates for radiology and pathology services so as to permit separate payment for the TC when billed by suppliers.

B. Policy: Imaging and pathology services performed on the admission date and discharge date by entities other than the admitting hospital are separately payable.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5675.1	The CWF System Maintainer shall adjust the edit established by Requirement 5437.1 to accept a Part B TC or globally billed radiology service line item received on or after April 1, 2007, with a service date that falls on the admission date or the discharge date of a covered hospital inpatient stay, type of bills										X	

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	(TOBs) 11X and 12X posted to the CWF.											
5675.2	The CWF System Maintainer shall adjust the edit established by Requirement 5437.2 to accept a Part B TC or globally billed physician pathology service line item received on or April 1, 2007 with a service date that falls on the admission date or discharge dates of a covered hospital inpatient stay, TOBs 11X and 12X posted to the CWF.										X	
5675.3	Carriers shall adjust claims if they are brought to their attention for claims received in CY 2007.	X			X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5675.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN 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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X							

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr at Wendy.Knarr@cms.hhs.gov or dial National Relay 711 and have agent call 410-786-0843.

Post-Implementation Contact(s): Your appropriate Regional Office

VI. FUNDING

A. *For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)*:
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC)*:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.