

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Crosswalk

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	10	A3-3660.7, A3-3110 (partial), A3-3157 (partial), A3- 3192 (partial),	B3-4480		SNF-536.2, SNF-534.A, RHC-614, HSP-303.6.A, B, HO-435.A, HHA-473.A, B, HO-230.4.C, RHC-404	Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
18	10.1	A3-3660.7, A3-A3-3110, A3-3157, A3-3192,	B3-4480		SNF-536.2.A, SNF-534.A, RHC-614, HSP-303.6.A, B, HO-435.A, HHA-473.A, B, HO-230.4.C, RHC-404	Coverage Requirements
18	10.1.1	See Above	See Above		See Above	Pneumococcal Pneumonia Vaccine (PPV)
18	10.1.2	See Above	See Above		See Above	Influenza Virus Vaccine
18	10.1.3	See Above	See Above		See Above	Hepatitis B Vaccine
18	10.2	A3-3660.7.B	B3-4480.1, B3-2049.4 (partial), B3-4480.4.C		SNF-536.2.B, RHC-614, RHC-504.1.B, HSP-303.6.C, HO-435.B, HHA-473.C, HHA 219,	Billing Requirements
18	10.2.1	A3-3660.7, A3-3660.	B3-4480.2, B3-4480.3,		SNF-536.2.C, HSP-303.6.D, HO-435.C, HHA-473, 7, SNF-534.D, E, HO-435.D-F, HHA-473.E-G, SNF-536.2.D, SNF-536.2.E	Healthcare Common Procedural Coding System (HCPCS) and Diagnosis Codes

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	10.2.2	A3-3660.7.D, E, I				Claims Submitted to Intermediaries
18	10.2.2.1	A3-3660.7				Intermediary Payment for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
18	10.2.2.2	A3-3660.7.G				Special Instructions for Independent and Provider-Based RHCs/FQHCs
18	10.2.3	A3-3660.7.H				Claims Submitted to Regional Home Health Intermediaries (RHHIs)
18	10.2.4	A3-3660.7.J, K				Claims Submitted by Hospices and Payment Procedures for Renal Dialysis Facilities (RDF
18	10.2.4.1				PR 1 2711.4	Hepatitis B Vaccine Furnished to ESRD Patients
18	10.2.5		B3-4480.10			Claims Submitted to Carriers
18	10.2.5.1					Carrier Indicators and for the Common Working File (CWF)
18	10.2.5.2		B3-4480.6. B3-4480.7			Carrier Payment Requirements

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	10.3	A3-3660.7	B3-4480.8, B3 3001.1 (partial) B3-4480.9, B3-4481, B3-4480.6.A, B3-4480.6.C, B3-4480.9		SNF-534.F, G, HSP-303.6.D, HO-435.G, H, HHA-473.H, I, SNF-536.2.F,	Simplified Roster Bills for Mass Immunizers
18	10.3.1		B3-4480.8.C			Roster Bills Submitted to Carriers for Mass Immunization
18	10.3.1.1		B3-4481, B3-4481.C, B3-4481.D, B3-4481.E, B3-4481.F, B3-4481.G, B3-4481.H, B3-4481.I, B3-4481.J			Centralized Billing for Flu and Pneumococcal (PPV) Vaccines to Medicare Carriers
18	10.3.2	A3-3660.7.L, A3-3660.7.N				Claims Submitted to Intermediaries for Mass Immunizations of Influenza and PPV
18	10.3.2.1	A3-3660.7.M				Simplified Billing for Influenza Virus Vaccine and PPV Services by HHAs
18	10.3.2.2	A3-3660.7.M				Hospital Inpatient Roster Billing
18	10.3.2.3	A3-3660.7.N				Electronic Roster Claims
18	10.4			AB-02-014 (CR1691),	CWF Release Documentation for July 02	Common Working File (CWF) Edits

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	10.4.1			See above	See above	CWF Edits on Intermediary Claims
18	10.4.2			See above	See above	CWF Edits on Carrier Claims
18	10.4.3			See above	See above	CWF A/B Crossover Edits for Intermediary and Carrier Claims
18	10.5			AB-01-155A		Medicare Summary Notice (MSN)
18	20	A3-3660.10 A3-3660.19	B3-4601.1, B3-13027, B3-4601		SNF-537, HO-451.A, RHC-623.A, RHC-404, SNF-537, SNF-537.2, SNF-537.2.A	Screening Mammography Services
18	20.1	A3-3660.16	B3-4601.2D, B3-4601.3,		SNF-537.1, SNF-537.1.A, SNF-537.1.B, SNF-537.1.D, SNF-538, HO-454, RHC-641	Mammography Quality Standards Act (MQSA)
18	20.1.1				SNF-537.1.C	Under Arrangements
18	20.2	A3-3660.16	B3-4601.2, B3-4601.2.C, B3-5266, B3-266B.1.c, B3-5266B.2.c, or 5266B.3.c, B3-5258		SNF-537.A-F, HO-451.B-F, RHC-623.B-E,	HCPCS and Diagnosis Codes for Mammography Services
18	20.2.1	A3-3660.10.B, A3-3660.20	B3-4601.2.B, B3-4601.2.G,			Computer-Aided Detection (CAD) Add-on Codes

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	20.3	A3-3660.10.B,	B3-4601.2, B3-4601.2.E, B3-5266, B3-5266B.1.c, 5266B.2.c, or 5266B.3.c, B3 5258		SNF-537.A-F, SNF-537.2.B HO-451.B-F, RHC-623.B-E, SNF-537.2.E	Payment
18	20.3.1	A3-3660.10.B, A3-3660.10.C	B3-4601.2.E,			Payment for Services Prior to January 1, 2002
18	20.3.2	A3-3660.10.B	B3-4601.2.F,			Payment for Services On and After January 1, 2002
18	20.3.2.1	See above	See above			Outpatient Hospital Mammography Payment Table
18	20.3.2.2	A3-3660.19,	B3-4601.2.A			Payment for Computer Add-on Diagnostic Mammograms
18	20.3.2.3	A3-3660.10B, A3-3610.22B2, A3-3660.10A				Critical Access Hospital Payment
18	20.3.2.3. 1	See above				CAH Mammography Payment Table
18	20.3.2.4	See above				SNF Mammography Payment Table

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	20.4	A3-3610.22, A3-3660.10.D,	B3-4601.2, B3-5266, B3-5266.B.1.c, 5266.B.2.c, or 5266.B.3.c, B3-5258,		SNF-537.A-F, HO-451.B-F, RHC-623.B-E, SNF-537.2.C,	Billing Requirements - Intermediary Claims
18	20.4.1	A3-3660.10.D				Rural Health Clinics and Federally Qualified Health Centers
18	20.4.1.1	A3-3660.10.D				RHC/FQHC Claims With Dates of Service Prior to January 1, 2002
18	20.4.1.2	A3-3660.10.D				RHC/FQHC Claims With Dates of Service on or After January 1, 2002
18	20.4.2	A3-3660.10.E				Intermediary Requirements for Nondigital Screening Mammographies
18	20.4.2.1	A3-3660.10.E, A3-3660.10.F				Intermediary Data for CWF and Provider Statistical and Reimbursement Report (PS&R)
18	20.5	B3-4601.3, B3-4601.3.A				Carrier Processing Requirements
18	20.5.1	B3-4601.3.B				Part B Carrier Claim Record for CWF
18	20.5.2	B3-4601.2.J				Transportation Costs for Mobile Units
18	20.6	A3-3660.10.G, A3-3660.10.H	B3-4601.2.H,		SNF-537.2.F	Instructions When an Interpretation Results in Additional Films

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	20.7	A3-3660.20, A3-3660.20.A, A3-3660.20.B, A3-3660.20.C	B3-4601.6.A B3-4601.6, B3-4602,			Mammograms Performed With New Technologies
18	20.8	A3-3660.10I	B3-4601.4		SNF-537.2.G	Beneficiary and Provider Notices
18	20.8.1	A3-3660.10I	B3-4601.4,			MSN Messages
18	20.8.2	A3- 3660.10J	B3-4601.5,		SNF-537.I	Remittance Advice Messages
18	30	A3-3628.1	B3-4603.1, B3-4603.1A,		SNF-541.2	Screening Pap Smears
18	30.1	A3-3628.1A	B3-4603.1A.1 B3-4603.1A.2 B3-4603.1A.3			Pap Smears from January 1, 1998, Through June 30 2001
18	30.2	A3-3628.1A1	B3-4603.1B			Pap Smears On and After July 1, 2001
18	30.3	A3-3628.1A3	B3-4603.4, B3-4603.6, B3-4603.1.B			Deductible and Coinsurance
18	30.4		B3-4603.1C1 and 2			Payment Method
18	30.4.1	A3-3628.1A3, A3-3628.1A4				Payment Method for RHCs and FQHCs
18	30.5	A3-3628.1.A.3	B3-4603.1.C.1 and 2			HCPCS Codes for Billing
18	30.6		B3-4603.3	AB-03-054		Diagnoses Codes

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	30.7	See Above	See Above		See Above	Type of Bill and Revenue Codes for Form CMS-1450
18	30.8	See Above	See Above		See Above	MSN Messages
18	30.9	See Above	See Above		See Above	Remittance Advice Codes
18	40	A3-3, 3628.1B	B3-4603.2			Screening Pelvic Examinations
18	40.1	A3-3628.1.B.1	B3-4603.2.A, B3-4603.5			Screening Pelvic Examinations From January 1, 1998, Through June 30 2001
18	40.2	A3-3628.1.B.1	B3-4603.2.B, C			Screening Pelvic Examinations on and After July 1, 2001
18	40.3	A3-3628.1.B.3, A3-3628.1.C.1	B3-4603.2C, B3-4603.4, B3-4603.6			Deductible and Coinsurance
18	40.4	A3-3628.1.B.3	B3-4603.2.C			Payment Method
18	40.5	A3-3628.1B4	B3-4603.4			Revenue Code and HCPCS Codes for Billing
18	40.6	A3-3628.1.C.2	B3-4603.7			MSN Messages
18	40.7	A3-3628.1.C.3	B3-4603.8			Remittance Advice Codes
18	50	A3-3 3616	B3-4182			Prostate Cancer Screening Tests and Procedures
18	50.1	A3-3616.A.1,2				Definitions
18	50.2		B3-4182.3			Deductible and Coinsurance

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	50.3	A3-3616.C	B3-4182.3			Payment Method - Intermediaries and Carriers
18	50.3.1		B3-4182.6			Correct Coding Requirements for Carrier Claims
18	50.4		See above			HCPCS, Revenue, and Type of Service Codes
18	50.5		B3-4182.7			Diagnosis Coding
18	50.6	A3-3616D, E	B3-4182.4, B3-4182.5			Calculating Frequency
18	50.7	A3-3616.F	B3-4182.8B			MSN Messages
18	50.8	A3-3616.G	B3-4182.8			Remittance Advice Notices
18	60	A3-3660.17	B3-4180, B3-4180.6			Colorectal Cancer Screening
18	60.1	See above	See above			Payment
18	60.2	A3-3660.17.A	B3-4180.2	AB-03-114		HCPCS Codes, Frequency Requirements, and Age Requirements (If Applicable)
18	60.2.1	A3-3660.17.H	B3-4180.7			Common Working Files (CWF) Edits
18	60.2.2	A3-3660.17.K	B3-4180.10			Ambulatory Surgical Center (ASC) Facility Fee
18	60.3	A3-3660.17	B3-4180.3,		HO-456.B	Determining High Risk for Developing Colorectal Cancer
18	60.4	A3-3660.17D	B3-4180.4		HO-456.D	Determining Frequency Standards

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	60.5	A3-3660.17	B3-4180.5		HO-456.C	Noncovered Services
18	60.6	A3-3660.17 E and G				Billing Requirements for Claims Submitted to Intermediaries
18	60.7	A3-3660.17I	B3-4180.8		HO-456.I	MSN Messages
18	60.8	A3-3660.17.J	B3-4180.9		HO-456.J	Remittance Advice Notices
18	70		B3-4184			Glaucoma Screening Services
18	70.1		B3-4184.2	A-01-105 (CR 1783), B-01-46 (CR 1717), A-01-132(CR 1914)		Claims Submission Requirements and Applicable HCPCS Codes
18	70.1.1		B3-4184.2	A-01-105 (CR 1783), B-01-46 (CR 1717), A-01-132(CR 1914)		HCPCS and Diagnosis Coding
18	70.1.1.1			A-01- 132 (CR 1914), A-01-105 (CR 1783), B-01-46 (CR 1717)		Additional Coding Applicable to Claims Submitted to Intermediaries
18	70.1.1.2			A-01- 132(CR 1914)		Special Billing Instructions for RHCs and FQHCs

Chap.	Sect.	Int. Pub 13	Carrier Pub. 14	PMs	Other	Description
18	70.1.2		B3-4184.4, B3-4184.5	A-01-132 (CR 1914),		Edits
18	70.2		B3-4184.7	A-01-132 (CR 1914), A-01-105(CR 1783), B-01-46	(CR 1717)	Payment Methodology
18	70.3		B3-4184.3	A-01-132 (CR 1914),		Determining the 11-Month Period
18	70.4		B3-4184.8	A-01-132 (CR 1914)		Remittance Advice Notices
18	70.5		B3-4184.9	A-01-132 (CR 1914)		MSN Messages