



Related MLN Matters Article #: MM4272

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Related CR #: 4272

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

Key Words

MM4272, CR4272, R821CP, Colorectal, Cancer, Screenings, TOB, 14X, CR3735, MM3835, R734CP, Revenue, HCPCS

Provider Types Affected

Providers billing Medicare Fiscal Intermediaries (FIs) for services related to colorectal cancer screening for non-patients on TOB 14X.

Key Points

- The effective date of the instruction is April 1, 2006.
- The implementation date is July 3, 2006.
- Change Request (CR) 3835 (Transmittal 734, dated October 28, 2005, <http://www.cms.hhs.gov/transmittals/downloads/R734CP.pdf>) 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.
- The National Uniform Billing Committee has redefined the TOB 14X to limit its use for non-patient laboratory specimens.
 - A *non-patient* is defined as a beneficiary who is neither an inpatient nor an outpatient of a hospital and has a specimen that is submitted for analysis and the beneficiary is not physically present.
 - A *MLN Matters* article is available on CR3835 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3835.pdf> on the CMS website.

Payment

- Payment for codes G0107 and G0328, when submitted on TOB 14X, will be based on the Clinical Diagnostic Laboratory Fee Schedule for all hospitals, including Critical Access Hospitals (CAHs) and Maryland hospitals under the jurisdiction of the Health Services Cost Review Commission.

Special Payment Instructions for Non-Patient Laboratory Specimen (TOB 14X) for All Hospitals

- Payment for colorectal cancer screenings (HCPCS Codes 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 (including CAHs and Maryland Waiver hospitals).
- Part B deductible and coinsurance do not apply.

Billing Requirements for Claims Submitted to FIs

- Hospitals use the ANSI X12N 837I to bill the FI or the hardcopy Form CMS-1450.
- Hospitals' bill revenue codes and HCPCS codes are listed in the table in the Background section of MLN Matters article MM4272.

Note: All colorectal cancer screenings billed on TOB 13X or 85X will continue to be paid under current payment methodologies.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4272.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R821CP.pdf>

If affected providers have any questions, they may contact their intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.