



## Clinical Laboratory Fee Schedule (CLFS) - Medicare Travel Allowance Fees for Collection of Specimens – JA6864

Related CR Release Date: March 19, 2010

Date Job Aid Revised: March 23, 2010

Effective Date: January 1, 2010

Implementation Date: April 5, 2010

**Key Words** MM6864, CR6864, 1933CP, Travel, Allowance, Specimens

**Contractors Affected**

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers
- Fiscal Intermediaries (FIs),

**Provider Types Affected**

Clinical laboratories submitting claims to Carriers, FIs, and/or A/B MACs for clinical laboratory specimen collection services provided to Medicare beneficiaries



Change Request (CR) 6864 updates the Medicare travel allowance fees for collection of specimens for Calendar Year (CY) 2010. Annual updated travel allowance amounts will be issued via a recurring update CR.

### 2010 Travel Allowances for Collection of Specimens

**Provider Needs to Know...**

**Per-Mile Travel Allowance (HCPCS Code P9603)**

- The per-mile travel allowance is to be used when the average trip to the patients' homes is longer than 20 miles round trip and is to be prorated when specimens are also drawn from non-Medicare patients in the same trip.

- Medicare contractor will pay for Healthcare Common Procedure Coding System (HCPCS) code **P9603**, when the average trip to the patients' homes exceeds 20 miles round trip, at a total of **\$0.95 per mile**. This includes:
  - The federal mileage rate of \$0.50 per mile **plus**
  - An additional \$0.45 per mile to cover the technician's time and travel costs.
- Medicare contractor has the option to establish a higher per mile rate for HCPCS code P9603, in excess of the minimum \$0.95 per mile, if local conditions warrant it.
- In addition, the minimum mileage rate will be reviewed and updated in conjunction with the clinical laboratory fee schedule (CLFS) as needed.

#### Per Flat-Rate Trip Basis Travel Allowance (HCPCS Code P9604)

- Medicare contractors will pay for HCPCS code **P9604** on a flat-rate trip basis travel allowance of **\$9.50 per trip**.

**Note:** At no time will the laboratory be allowed to bill for more miles than are reasonable or for miles that are not actually traveled by the laboratory technician.

#### Background

- Under Part B, Medicare covers a specimen collection fee and travel allowance for a laboratory technician who draws a specimen from either a nursing home or homebound patient under the Social Security Act (Section 1833(h)(3)).
- Payment is made based on the clinical laboratory fee schedule, which may be viewed at [http://www.ssa.gov/OP\\_Home/ssact/title18/1833.htm](http://www.ssa.gov/OP_Home/ssact/title18/1833.htm) on the Internet.
- The travel allowance, which is intended to cover the estimated travel costs of collecting a specimen (including the laboratory technician's salary and travel expenses), is made only if a specimen collection fee is also payable.
- The travel codes allow for such payment either on a per mileage basis (HCPCS code P9603 – Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled), or on a flat rate per trip basis (HCPCS code P9604 – Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge).
- Under either method, when one trip is made for multiple specimen collections (e.g., at a nursing home), the travel payment component is prorated based on the number of specimens collected on that trip, for both Medicare and non-Medicare patients, either at the time the claim is submitted by the laboratory or when the flat rate is set by the contractor.

Operational  
Impact

- Medicare allows contractors to choose either the mileage or flat rate basis for payment and to choose how to set each type of allowance.
  - Contractors will not search their files to either retract payment or retroactively pay claims.
  - However, contractors should adjust claims that are brought to their attention.
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Reference  
Materials

The related MLN Matters® article can be found at  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6864.pdf> on the CMS website.

The official instruction (CR6864) issued regarding this change may be viewed at  
<http://www.cms.hhs.gov/Transmittals/downloads/R1933CP.pdf> on the CMS website.

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