



Related MLN Matters Article #: MM3239

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Related CR #: 3239

## *End Stage Renal Disease (ESRD) Reimbursement for Automated Multi-Channel Chemistry (AMCC) Tests*

### Key Words

MM3239, CR3239, R190CP, Renal, Disease, ESRD, Automated, Multi-Channel, Chemistry, AMCC

### Provider Types Affected

Physicians, suppliers, and providers that bill Medicare carriers/fiscal intermediaries for ESRD AMCC tests

### Key Points

- The effective date of the instruction is October 1, 2004.
- The implementation date is October 4, 2004.
- Change Request (CR) 3239 expands the implementation of certain processing rules to all bill types for Automated Multi-Channel Chemistry (AMCC) Tests for ESRD beneficiaries.
- Medicare will apply the following rules identified in the *Medicare Claims Processing Manual*, Pub 100-4, Chapter 16 (Laboratory Services from Independent Labs, Physicians, and Providers), Section 40.6.1 (Automated Multi-Channel Chemistry (AMCC) Tests for ESRD Beneficiaries – fiscal intermediaries (FIs)) to all bill types for AMCC tests for ESRD beneficiaries:
  - Payment is at the lowest rate for services performed by the same provider, for the same beneficiary, for the same date of service.
  - The facility must identify, for a particular date of service, the AMCC tests ordered that are included in the composite rate and those that are not included.
  - If 50 percent or more of the covered tests are included under the composite rate payment, then all submitted tests are included within the composite payment; in this case, no separate payment in addition to the composite rate is made for any of the separately billable tests.
  - If less than 50 percent of the covered tests are composite rate tests, all AMCC tests submitted for that Date of Service (DOS) for that beneficiary, are separately payable.
    - A non-composite rate test is defined as any test separately payable outside of the composite rate or beyond the normal frequency covered under the composite rate that is reasonable and necessary.

- The FI shared system must calculate the number of AMCC tests provided for any given date of service. The FI sums all AMCC tests with a CD modifier and divides the sum of all tests with a CD, CE, and CF modifier for the same beneficiary and provider for any given date of service.
  - If the result of the calculation for a DOS is 50 percent or greater, the FI does not pay for the tests.
  - If the result of the calculation for a DOS is less than 50 percent, the FI pays for all of the tests.
- All tests for a date of service must be billed on the monthly ESRD bill. Providers must send in an adjustment if they identify additional tests that have not been billed.

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3239.pdf> on the CMS website.

The official instruction (CR3239) regarding this change may be found by going to

<http://www.cms.hhs.gov/Transmittals/downloads/R190CP.pdf> on the CMS website.

If affected providers have any questions, they should contact their carrier/intermediary at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.