



Related MLN Matters Article #: MM3890

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*Implementation of Carrier Guidelines for End Stage Renal Disease (ESRD) Reimbursement for Automated Multi-Channel Chemistry (AMCC) Tests (Supplemental to Change Request 2813)*

### Key Words

MM3890, CR3890, R598CP, ESRD, AMCC, Chemistry, CR2813, MM2813

### Provider Types Affected

Physicians, providers, and suppliers billing automated multi-channel chemistry tests to Medicare carriers

### Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is January 1, 2006.
- MM3890 implements Medicare Carrier procedures for enforcing compliance with the payment policy for End Stage Renal Disease (ESRD)-related laboratory services.
- The ESRD 50/50 rule requires the billing laboratory to identify AMCC tests ordered and to classify them according to the following categories:
  - AMCC test ordered by an ESRD facility (or monthly capitation payment (MCP) physician) that is part of the composite rate and is not separately billable;
  - AMCC test ordered by an ESRD facility (or MCP physician) that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity; and
  - AMCC test ordered by an ESRD facility (or MCP physician) that is not part of the composite rate and is separately billable.
- When billing Medicare for ESRD-related AMCC tests, laboratories must identify which tests, if any, are not included within the ESRD facility composite rate payment.
- This proportion (or percentage) of composite tests to non-composite tests is used to determine whether separate payment may be made for all tests performed on the same day for the same beneficiary.
- Three pricing modifiers discreetly identify the different payment situations for ESRD AMCC services.

- The laboratory must identify the appropriate modifier for each test, as follows:
  - Modifier “CD” – AMCC test has been ordered by an ESRD facility (or MCP physician) that is part of the composite rate and is not separately billable.
  - Modifier “CE” – AMCC test has been ordered by an ESRD facility (or MCP physician) that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity.
  - Modifier “CF” – AMCC test has been ordered by an ESRD facility (or MCP physician) that is not part of the composite rate and is separately billable.
- ESRD clinical laboratory tests identified with modifiers “CD,” “CE,” or “CF” may not be billed as organ or disease panels.
- Upon the effective date of CR3890, all ESRD clinical laboratory tests must be billed individually.

### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3890.pdf>

<http://www.cms.hhs.gov/transmittals/downloads/R598CP.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM2813.pdf>

<http://www.cms.hhs.gov/transmittals/downloads/R198CP.pdf>