



Related MLN Matters Article #: MM3481

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Related CR #: 3481

Implementation of the Medicare Physician Fee Schedule (MPFS) National Abstract File for Purchased Diagnostic Tests and Interpretations

Key Words

MM3481, CR3481, R341CP, ViPS, MPFS, Diagnostic, Testing, Abstract, Laboratories, HCPCS, MPFS

Provider Types Affected

Physicians, laboratories, and independent diagnostic testing facilities

Key Points

- The effective date of instruction is April 1, 2005.
- The implementation date is April 4, 2005.
- Change Request (CR) 3481 implements a national abstract file of the Medicare Physician Fee Schedule (MPFS) containing Healthcare Common Procedure Coding System (HCPCS) codes billable as a purchased diagnostic test/interpretation for every locality throughout the country.
- Medicare carriers using the ViPS Medicare Part B system to process claims will not implement this change at this time. (See **Update of Temporary Instructions** section below.)
- Suppliers, including laboratories, physicians, and independent diagnostic testing facilities, must bill their local carrier for purchased diagnostics tests and interpretations, regardless of the location where the service was furnished.
- The abstract file for purchased diagnostic tests/interpretations may not include all diagnostic services that may be purchased.
- Suppliers may request to add other HCPCS codes that are billable as purchased services to this file by sending a note to the Centers for Medicare & Medicaid Services (CMS) at the following address:
Centers for Medicare & Medicaid Services
Centers for Medicare Management/Provider Billing Group/Division of Supplier Claims Processing
7500 Security Blvd.
Baltimore, MD 21244
- CMS will review these requests periodically to determine when code additions or deletions are needed. CMS will make updates to the abstract file in conjunction with the MPFS quarterly releases.

- The billing physicians/suppliers are responsible for ensuring that the physician or supplier that furnished the purchased test/interpretation is enrolled with Medicare and is in good standing.
- The Office of Inspector General (OIG) maintains a database of information concerning parties that are excluded from participation in the Medicare, Medicaid, or other federal health programs. The OIG exclusions database is available to the public on the OIG website at the following address <http://oig.hhs.gov/fraud/exclusions.asp> on the CMS website.

Update of Temporary Instructions

- CR5543 (<http://www.cms.hhs.gov/Transmittals/downloads/R1250CP.pdf>) replaces the temporary physician billing instructions effective October 1, 2007.
- These new procedures allow **all physicians and suppliers** to receive the correct payment amount for all purchased diagnostic services (based on the ZIP code of the location where the service was rendered). The related article (MM5543) may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5543.pdf> on the CMS website.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3481.pdf> on the CMS website.

The official instruction (CR3481) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R341CP.pdf> on the CMS website. The revised portions of the *Medicare Claims Processing Manual* related to this change is attached.

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