



Related MLN Matters Article #: MM4101

Date Posted: March 15, 2006

Related CR #: 4101

Repeat Tests for Automated Multi-Channel Chemistries (AMCC) for End Stage Renal Disease (ESRD) Beneficiaries

Key Words

MM4101, CR4101, R733CP, Tests, Multi-Channel, Chemistries, Renal, ESRD, Modifier 91

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers and/or fiscal intermediaries (FIs) for services provided to Medicare ESRD beneficiaries

Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is April 3, 2006.
- Clinical diagnostic laboratory tests ordered by an ESRD facility must follow accepted Current Procedural Terminology (CPT) guidelines.
- Specifically, providers must use **Modifier 91 (Repeat Clinical Diagnostic Laboratory Test)** on any **subsequent service** being billed if:
 - Any single service (same CPT code) is ordered (for the same beneficiary);
 - The specimen is collected more than once in a single day; and
 - The service is medically necessary.
- When using CPT Modifier 91, providers must use it without regard to whether it is a:
 - Composite rate test (Healthcare Common Procedure Coding System (HCPCS) Modifier CD);
 - Composite rate test beyond the normal frequency (HCPCS Modifier CE); or
 - Non-composite rate test (HCPCS Modifier CF).
- Any line item on a claim with a modifier 91 will be included into the calculation of the 50/50 rule, and after the calculation of the 50/50 rule, services used to determine the payment amount may never exceed 22.

ESRD 50/50 Rule

- The ESRD 50/50 rule requires a count of AMCC tests ordered to capture:
 - The number of tests included in the composite payment rate paid to the ESRD facility; or
 - The monthly capitation payment made to the furnishing physician;

Versus

- The number of covered non-composite tests performed for the same beneficiary on the same date of service.
- The proportion of the composite payment rate tests **versus** the number of covered non-composite tests calculated by the billing laboratory is used to determine whether separate payment may be made for all tests performed on that day.

Important Links

<http://www.cms.hhs.gov/MLNMattersarticles/downloads/MM4101.pdf>

CMS issued CR3890, which required the implementation of the ESRD 50/50 rule for carriers, effective January 2006. Affected providers may view the transmittal at

<http://www.cms.hhs.gov/Transmittals/downloads/R598CP.pdf> on the Centers for Medicare and Medicaid Services (CMS) website.

A MLN Matters article, MM3890, is available for CR3890 at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3890.pdf> on the CMS website.

For complete details regarding CR4101, affected providers should see the official instruction issued to their carrier or intermediary regarding this change. That instruction may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R733CP.pdf> on the CMS website.