



Related MLN Matters Article #: MM5675

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Laboratory and Radiology: Adjustment to Medicare System Common Working File (CWF) Duplicate Claim Edit for the Technical Component (TC) of Radiology and Pathology Laboratory Services Provided to Hospital Patients

Key Words

MM5675, CR5675, R1295CP, Radiology, CWF, Duplicate, TC, Pathology, Laboratory

Provider Types Affected

Radiology suppliers, clinical diagnostic laboratories, and other providers billing Medicare carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for the TC of **radiology and pathology** services provided to Medicare fee-for-service hospital inpatients

Key Points

- The effective date of the instruction is April 1, 2007.
- The implementation date is October 1, 2007.
- Previously, the Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5347 that established duplicate claims edits, which included consideration of the admission and discharge dates of a hospital stay in identifying duplicate claims for radiology and pathology services.
- The general rule is that the TC of radiology services provided during an inpatient stay may be billed only by the admitting hospital.
- Radiology suppliers that render services to beneficiaries in an inpatient stay may not bill the Medicare carrier for the technical portion of the service.
- In addition, the TC of physician pathology services provided to a hospital inpatient may be billed only by the admitting hospital.
- CR5675 is being implemented to avoid denying claims that were legitimately provided to beneficiaries on the admission and discharge dates.
- Effective with implementation of CR5675 on October 1, 2007, claims with dates of service on or after April 1, 2007, **that provide radiology and pathology services to Medicare beneficiaries on the day of admission and the day of discharge will be paid.**

- If providers, radiology suppliers, or clinical diagnostic laboratories had claims with dates of service on or after April 1, 2007, that would have been paid had these edits been in place on April 1, 2007, they should resubmit those claims on or after October 1, 2007.
- Medicare carriers and A/B MACs will be ready to process resubmitted claims using these new edits as of October 1, 2007.
- Claims resubmitted on or after October 1, 2007, will not deny as duplicates, since they were not paid initially. For information regarding recoupment/demand letters, see Chapter 4, Section 90.2 of the *Medicare Financial Management Manual* located at <http://www.cms.hhs.gov/manuals/downloads/fin106c04.pdf> on the CMS website.
- Carriers and A/B MACs will not reprocess claims already processed, but they will adjust previously processed claims if affected providers bring such claims to their attention.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5675.pdf> on the CMS website.

The official instruction (CR5675) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R1295CP.pdf> on the CMS website.

Related MLN Matters articles and CRs that providers may review include:

- MM5347 (Common Working File (CWF) Duplicate Claim Edit for the Technical Component (TC) of Radiology and Pathology Laboratory Services Provided to Hospital Patient) located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5347.pdf> and CR5347 located at <http://www.cms.hhs.gov/Transmittals/downloads/R1221CP.pdf> on the CMS website.
- MM5468 (Tax Relief and Health Care Act of 2006 Changes to Independent Laboratory Billing for the Technical Component (TC) of Physician Pathology Services) located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5468.pdf> and CR5468 located at <http://www.cms.hhs.gov/Transmittals/downloads/R1148CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their Medicare carrier or A/B MAC at their toll-free number, which may be found at

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