Use of 12X Type of Bill (TOB) for Billing Colorectal Screening Services – JA6760

Related CR Release Date: April 28, 2010 **Date Job Aid Revised:** May 6, 2010

Effective Date: October 1, 2010 **Implementation Date:** October 4, 2010

Key Words	MM6760, CR6760, R1953CP, 12X, Bill, Colorectal, Screening
Contractors Affected	• Fiscal Intermediaries (FIs) • A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Hospitals that bill Medicare FIs or A/B MACs for colorectal screening services provided for hospital inpatients

Change Request (CR) 6760 requires providers to use 12X TOB, in place of 13X TOB, to bill for colorectal screening services that they provide to hospital inpatients under Medicare Part B, or when Part A benefits have been exhausted.

Provider Needs to Know…	• Colorectal screening services may be covered under Part B (TOB 12X), even though the patient has Part A coverage for the hospital stay, if applicable conditions of coverage are met and the patient has not exceeded applicable frequency limitations.
	• Effective for claims with dates of service of October 1, 2010, and later, providers must use 12X TOB in place of 13X TOB to bill for colorectal screening services that they provide to hospital inpatients under Part B, or when Part A benefits have been exhausted.
	• This applies for services that providers bill using the following Current Procedural Terminology codes:
	  • 82270 (Fecal Occult Blood Test),
	  • G0104 (Flexible Sigmoidoscopy),

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- G0105 (Colonoscopy (high risk)),
- G0106 (Barium Enema (*alternative* to G0104)),
- G0120 (Barium Enema (*alternative* to G0105)),
- G0121 (Colonoscopy (not high risk)),
- G0122 (Barium Enema (non-covered)), or
- G0328 (Fecal Occult Blood Test (alternative)).

- When billing for services to other than hospital inpatients, providers should continue reporting appropriate TOBs: 13x, 14X, 22X, 23X, 83X, and 85X.

Background	• Currently, providers use TOB 13X to bill for colorectal screening services that they provide to hospital inpatients under Part B. • CR6760 announces that such services may be covered under Part B (TOB 12X), even though the patient has Part A coverage for the hospital stay, if applicable conditions of coverage are met and he/she has not exceeded applicable frequency limitations.

Operational Impact	N/A

Reference Materials	The related MLN Matters® article can be found at *http://www.cms.gov/MLNMattersArticles/downloads/MM6760.pdf* on the CMS website. The official instruction (CR6760) regarding this change may be viewed at *http://www.cms.gov/Transmittals/downloads/R1953CP.pdf* on the CMS website.

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