



The *Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet*, which provides information about Inpatient Rehabilitation Facility Prospective Payment System rates and classification criterion, is now available in downloadable format on the Centers for Medicare & Medicaid Services Medicare Learning Network Publications Page located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/InpatRehabPaymtfctsh09-508.pdf>.

MLN Matters Number: MM5541

Related Change Request (CR) #: 5541

Related CR Release Date: March 30, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1217CP

Implementation Date: July 2, 2007

Update to *Medicare Claims Processing Manual*, Publication 100-04, Chapter 18, Section 60.1 Regarding Colorectal Screening Services

Note: This article was updated on June 15, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers who submit claims for screening and diagnostic colorectal services to Medicare contractors (Fiscal intermediaries (FIs), carriers, Part A/B Medicare Administrative Contractors (A/B MACs))

Background

The Centers for Medicare & Medicaid Services (CMS) is aware that Chapter 18, Section 60.1 of the *Medicare Claims Processing Manual* (Publication 100-04) needed clarification regarding application of the annual Part B deductible for **diagnostic** colorectal services. Section 5113 of the Deficit Reduction Act (DRA) of 2005 **waived** the requirement for the annual Part B deductible for **screening** colorectal services, **NOT diagnostic** colorectal services. CR5541 clarifies that portion of the manual.

Key Points

The following are the key points of the revised portion of Chapter 18, Section 60.1 of the *Medicare Claims Processing Manual*, which is attached to CR5541 (the web

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address for CR5541 is provided in the *Additional Information* section of this article).

- **Prior to January 1, 2007**, deductible and coinsurance apply to HCPCS codes G0104, G0105, G0106, G0120, and G0121. **On or after January 1, 2007**, the annual Part B deductible is waived for the listed HCPCS coded screening services. **Coinsurance still applies.**
- **Coinsurance and deductible applies to the diagnostic colorectal service codes 45330, 45378, and 74280.**

Additional Information

You may see the official instruction (CR5541) issued to your Medicare carrier, FI, or A/B MAC by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1217CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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