



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted the 2011 versions of the ICD-10-CM and ICD-10-PCS crosswalks, formally referred to as the General Equivalence Mappings (GEMs) at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the ICD-10 website. See the links on that page for 2011 ICD-10-CM and GEMs, and 2011 ICD-10-PCS and GEMs. In addition, CMS has also posted a document, “ICD-10 GEMs 2011 Version Update, Update Summary”. This document describes the number of comments CMS received, the type of changes recommended, the types of changes made based on the comments, the types of comments not accepted, and the reasons why some comments were not accepted.

MLN Matters® Number: MM7313

Related Change Request (CR) #: CR 7313

Related CR Release Date: February 11, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2153CP

Implementation Date: March 14, 2011

Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens

Note: This article was updated on August 17, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

Clinical Laboratories submitting claims to Medicare contractors (Carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for specimen collection services provided to Medicare beneficiaries are affected.

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 7313 which revises the payment of travel allowances for specimen collection services when billed on a per mileage basis using Health Care Common Procedure Coding System (HCPCS)

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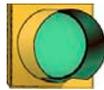
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code P9603 and when billed on a flat rate basis, using HCPCS code P9604 for Calendar Year (CY) 2011.



CAUTION – What You Need to Know

The per mile travel allowance (P9603) is \$0.96 per mile and the per flat-rate trip basis travel allowance (P9604) is \$9.60. Payment of the travel allowance is made only if a specimen collection fee is also payable. Your Medicare contractor has the option of establishing a higher per mile rate in excess of the minimum \$0.96 per mile if local conditions warrant it.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Change Request (CR) 7313 revises the Calendar Year (CY) 2011 payment of travel allowances when billed on a:

- Per mileage basis using Health Care Common Procedure Coding System (HCPCS) code P9603, and
- Flat rate basis using HCPCS code P9604.

Note: Payment of the travel allowance is made only if a specimen collection fee is also payable.

The travel allowance is intended to cover the estimated travel costs of collecting a specimen including the laboratory technician's salary and travel expenses.

Medicare contractors have the discretion to choose either the mileage basis or flat rate. In addition, your Medicare contractor can choose how to set each type of allowance. Also, many contractors established local policy to pay based on a flat rate basis only.

Under either method, when one trip is made for multiple specimen collections (e.g., at a nursing home), the travel payment component is prorated based on the number of specimens collected on that trip (for both Medicare and non-Medicare patients). This is done:

- At the time the claim is submitted by the laboratory, or
- When the flat rate is set by the Medicare contractor.

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Per Mile Travel Allowance (P9603) – The per mile travel allowance is a minimum of \$0.96 per mile. This per mile travel allowance rate is:

- Used in situations where the average trip to the patients' homes is longer than 20 miles round trip, and
- Prorated in situations where specimens are drawn from non-Medicare patients in the same trip.

The allowance per mile rate was computed using the Federal mileage rate of \$0.51 per mile plus an additional \$0.45 per mile to cover the technician's time and travel costs for a total of \$0.96 per mile.

The minimum mileage rate will be reviewed and updated throughout the year, as well as in conjunction with the Clinical Laboratory Fee Schedule, as needed. At no time will the laboratory be allowed to bill for more miles than are reasonable, or for miles that are not actually traveled by the laboratory technician.

Per Flat-Rate Trip Basis Travel Allowance (P9604) – The per flat-rate trip basis travel allowance is \$9.60.

The Internal Revenue Service (IRS) determines the standard mileage rate for businesses based on periodic studies of the fixed and variable costs of operating an automobile.

Additional Information

The official instruction, CR7313, issued to your carriers, FIs, and A/B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2153CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your carriers, FIs, or A/B MACs at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and continue to protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) recommends that patients, health care workers and caregivers be vaccinated against the seasonal flu. Protect your patients. **Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.**

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