



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html> on the CMS website.

MLN Matters Number: MM4272

Related Change Request (CR) #: 4272

Related CR Release Date: February 1, 2006

Effective Date: April 1, 2006

Related CR Transmittal #: R821CP

Implementation Date: July 3, 2006

Billing and Payment of Certain Colorectal Cancer Screenings for Non-Patients on Type of Bill (TOB) 14X

Note: This article was updated on June 5, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers billing Medicare fiscal intermediaries (FIs) for services related to colorectal cancer screening for non-patients on TOB 14X.

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4272 which clarifies the use of TOB 14X for a non-patient laboratory specimen when billing for colorectal cancer screenings Healthcare Common Procedure Coding System (HCPCS) G0107 or G0328 when performed in a hospital setting.



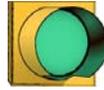
CAUTION – What You Need to Know

Payment will be based on the Clinical Diagnostic Laboratory Fee Schedule for all hospitals, including Critical Access Hospitals (CAHs) and hospitals located in Maryland under the jurisdiction of the Health Services Cost Review Commission (HSCRC) when billed on TOB 14X. All colorectal cancer screenings billed on TOB

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13X for all hospitals will continue to be paid under current payment methodologies. In addition, this instruction clarifies payment to Maryland Waiver hospitals for TOB 13X for colorectal cancer screenings.



GO – What You Need to Do

See the *Background* section of this article for further details regarding this change.

Background

Change Request (CR) 3835 (Transmittal 734, dated October 28, 2005, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R734CP.pdf>) implements the redefined type of bill (TOB) 14x to be used by hospitals for billing of non-patient laboratory specimens effective for dates of service on and after April 1, 2006.

The National Uniform Billing Committee (NUBC) has redefined the TOB 14X to be limited in use for *non-patient* laboratory specimens.

A *non-patient* is defined as a beneficiary that is neither an inpatient nor an outpatient of a hospital that has a specimen that is submitted for analysis and the beneficiary is not physically present.

A *MLN Matters* article is available on CR3835 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3835.pdf> on the CMS website.

Payment

Payment for codes G0107 and G0328, when submitted on TOB 14X, will be based on the Clinical Diagnostic Laboratory Fee Schedule for all hospitals, including Critical Access Hospitals (CAHs) and Maryland hospitals under the jurisdiction of the Health Services Cost Review Commission (HSCRC).

Special Payment Instructions for Non-Patient Laboratory Specimen (TOB 14X) for All Hospitals

Payment for colorectal cancer screenings (HCPCS Codes G0107 and G0328) to a hospital for a non-patient laboratory specimen (TOB 14X), is the lesser of the actual charge, the fee schedule amount, or the National Limitation Amount (NLA), (including CAHs and Maryland Waiver hospitals).

Part B deductible and coinsurance do not apply.

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Billing Requirements for Claims Submitted to FIs

Hospitals use the ANSI X12N 837I to bill the FI or the hardcopy Form CMS-1450. Hospitals bill revenue codes and HCPCS codes as follows:

Screening Test/Procedure	Revenue Code	HCPCS Code	TOB
Fecal Occult blood test	030X	G0107, G0328	13X, 14X, 83X, 85X**
Barium enema	032X	G0106, G0120, G0122	13X, 85X
Flexible Sigmoidoscopy	*	G0104	13X, 83X, 85X
Colonoscopy-high risk	*	G0105, G0121	13X, 83X, 85X

* The appropriate revenue code when reporting any other surgical procedure.

** 14X is only applicable for non-patient laboratory specimens

All colorectal cancer screenings billed on TOB 13X or 85X will continue to be paid under current payment methodologies.

Additional Information

For complete details, please see the official instruction issued to your carrier/DMERC/intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R821CP.pdf> on the CMS website.

If you have any questions, please contact your intermediary 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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