



## Attention Providers!

Effective October 1, 2006, Medicare will only generate Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice transactions -- 835 version 004010A1—to all electronic remittance advice receivers. For more details, see MLN Matters article SE0656 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0656.pdf> on the CMS website.

MLN Matters Number: MM5210

Related Change Request (CR) #: 5210

Related CR Release Date: September 1, 2006

Effective Date: December 1, 2006

Related CR Transmittal #: R1046CP

Implementation Date: December 1, 2006

**Note:** This article was updated on June 5, 2013, to reflect current Web addresses. This article was previously revised on April 20, 2007, to show that important new information on this issue is available in *MLN Matters* article MM5468 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5468.pdf>). In essence, according to MM5468, qualifying independent laboratories may continue to bill Medicare for the TC of physician pathology services furnished to Medicare patients of a covered hospital stay during calendar year 2007. Be sure to view MM5468 for details.

## MMA - Independent Laboratory Billing for the Technical Component (TC) of Physician Pathology Services

### Provider Types Affected

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Independent laboratories that bill Medicare carriers

### Impact of CR5210 on Independent Laboratories

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Independent laboratories may not bill for the Technical Component (TC) of physician pathology services furnished to a patient of a hospital after December 31, 2006.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

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In CR5210, the Centers for Medicare & Medicaid Services' (CMS) proposes to implement the 1999 final physician fee schedule regulations (at 42 CFR § 415.130).

Prior to this proposal, any independent laboratory could bill the carrier under the physician fee schedule for the TC of physician pathology services for hospital inpatients.

Section 732 of the Medicare Modernization Act (MMA) extended, for 2005 and 2006, the provision of section 542 of the Benefits Improvement Act of 2000 (BIPA) that allowed certain independent laboratories to bill under the physician fee schedule for the technical component of physician pathology services furnished to patients of a covered hospital.

CR5210 instructs Medicare carriers to **notify all independent laboratories that they may no longer bill** for these services after the MMA provision expires on December 31, 2006.

## Additional Information

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To review the related article that extended the provision of Section 542 of the Benefits Improvement Protection Act of 200 (BIPA) for services furnished in 2005 and 2006 go to <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3467.pdf> on the CMS website.

The official instructions, CR 5210, issued to your Medicare carrier regarding this change can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1046CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier at their toll-free number which may be found at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1046CP.pdf> on the CMS website.

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