

MLN Matters Number: MM5376

Related Change Request (CR) #: 5376

Related CR Release Date: November 9, 2006

Effective Date: April 1, 2007

Related CR Transmittal #: R1111CP

Implementation Date: April 2, 2007



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/NationalProviderStand/index.html/NationalProviderStand/> on the CMS website.

## Clarification on Billing for Cryosurgery of the Prostate Gland

**Note:** This article was updated on October 31, 2012, to reflect current Web addresses. This article was previously revised on November 16, 2006 to add a sub-heading on page 3 to specify that CAHs must do the stated process annually. All other information remains the same.

### Provider Types Affected

Hospitals submitting claims to Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for services related to cryosurgery of the prostate gland.

### Provider Action Needed

This article is based on Change Request (CR) 5376, which revises sections of the *Medicare Claims Processing Manual* related to cryosurgery of the prostate, expands revenue codes permissible for billing for this service, and corrects the payment method for Indian Health Service (IHS) facilities. Be sure your billing staff are aware of the revenue code information.

### Background

Cryosurgery of the prostate, also known as cryoablation of the prostate (CAP), destroys prostate gland tissue by applying extremely cold temperatures; this reduces the size of the prostate gland.

This article is based on Change Request (CR) 5376 which:

- Relocates the section on cryosurgery of the prostate **from** Chapter 18, Screening and Preventive Services, in the *Medicare Claims Processing*

#### 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.

*Manual* (Publication 100-04) to Chapter 32, Billing Requirements for Special Services, in the same manual, and

- Expands the revenue codes permissible for billing this service to include 0360 and 0369, as well as 0361.

CR5376 also changes the manual to clarify the payment method for cryosurgery in Indian Health Service (IHS) facilities. These revised sections of the manual are included as attachments to CR 5376.

## Additional Information

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### CAHs That Elect Method II Must Do So Annually

In addition, CR5376 revises the *Medicare Claims Processing Manual* by clarifying that Critical Access Hospitals (CAHs) wishing to be paid using the optional method (Method II) for professional outpatient services must make the election to do so annually.

**Note:** There are no policy changes related to these clarifications.

For complete details, please see the official instruction, CR5376, issued to your FI or A/B MAC regarding this change. That instruction may be viewed at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1111CP.pdf> on the CMS website.

If you have any questions, please contact your 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.

**Flu Shot Reminder-** Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot.** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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