



News Flash – A HIPAA 5010 Special Edition MLN Matters provider education article is now available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0904.pdf> on the CMS website. This Special Edition article alerts providers regarding the implementation of HIPAA 5010, which presents substantial changes in the content of the data that providers submit with their claims as well as the data available to them in response to their electronic inquiries and outlines how providers need to plan for implementation of these changes.

MLN Matters® Number: MM6515 **Revised**

Related Change Request (CR) #: 6515

Related CR Release Date: July 10, 2009

Effective Date: July 31, 2009

Related CR Transmittal #: R1769CP

Implementation Date: July 31, 2009

ESRD: Placement of a List of Diagnostic Tests that are Considered End Stage Renal Disease (ESRD) Related in Publication 100-04, Chapter 16

Note: This article was revised on July 13, 2009, to reflect the revised CR 6515 issued by the Centers for Medicare & Medicaid Services on July 10, 2009. The effective and implementation dates of CR 6515 were revised to July 31, 2009. Also, the CR release date, transmittal number, and Web address for viewing CR 6515 were revised. All other information is the same.

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries

Provider Action Needed

This article is informational in nature and conveys that the purpose of Change Request (CR) 6515 is to place a listing of diagnostic tests that are considered ESRD-related as Exhibit 1 (new) at the end of Chapter 16 of the *Medicare Claims Processing Manual*.

Background

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. CPT only copyright 2008 American Medical Association.

Change Request (CR) 6515 places the listing of diagnostic tests that are considered End Stage Renal Disease (ESRD)-Related as Exhibit 1 (formerly Attachment 1 in CR 2906) at the end of Chapter 16 of the *Medicare Claims Processing Manual*. This listing was inadvertently omitted from the manual during the implementation of CR 2906 (Transmittal 69, January 25, 2004; see <http://www.cms.hhs.gov/transmittals/downloads/R69CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website).

The purpose of CR 2906 was to address specific areas of concerns regarding Medicare system edits for Skilled Nursing Facilities (SNF) consolidated billing (CB) to permit payment for certain diagnostic services furnished to beneficiaries receiving treatment for ESRD at an Independent Provider-based dialysis facility. One of the areas of concern was that providers and suppliers needed a listing of diagnostic tests that are considered ESRD-Related that would require the "CB" modifier. Consequently, a list defining specific diagnostic tests as ESRD-Related was included in CR 2906. This list applies only to SNF CB. According to CR 2906, any diagnostic services related to the beneficiary's ESRD treatment/care must be submitted using the "CB" modifier, however, if these services are not on the list labeled as Attachment 1 in CR 2906 or the list being added to the *Medicare Claims Processing Manual* by CR6515, your Medicare contractor may require supporting medical documentation.

To view the list being added to the end of Chapter 16 of the *Medicare Claims Processing Manual*, see CR6515, which is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1763CP.pdf> on the CMS website.

Additional Information

The official instruction, CR 6515, issued to your carrier, FI, and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1769CP.pdf> on the CMS website.

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

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. CPT only copyright 2008 American Medical Association.