



News Flash – Recently, the Secretary of the Department of Health and Human Services (HHS) released a notice of proposed rulemaking (NPRM) outlining the proposed approach for establishing a certification program to test and certify electronic health records (EHRs). The HITECH Act mandates the development of a certification program which will give purchasers and users of EHR technology assurances that the technology and products have the necessary functionality and security to help meet meaningful use criteria. To view the NPRM and find out how to submit comments, visit <http://edocket.access.gpo.gov/2010/2010-4991.htm> on the Internet.

MLN Matters® Number: MM6627

Related Change Request (CR) #: 6627

Related CR Release Date: March 12, 2010

Effective Date: June 14, 2010

Related CR Transmittal #: R326PI and R1931CP

Implementation Date: June 14, 2010

Note: This article was updated on December 11, 2012, to reflect current Web addresses. All other information remains unchanged.

Revision of the Internet Only Manual (IOM) to Remove References to “Purchased Diagnostic Test” and Replace with Language Consistent with the Anti-Markup Rule

Provider Types Affected

Physicians and Independent Diagnostic Testing Facilities (IDTF) submitting claims for diagnostic tests subject to the anti-markup payment limitation to Medicare contractors (carriers and A/B Medicare Administrative Contractors (A/B MAC)) are affected.

Provider Action Needed

This article, based on CR 6627, informs physicians and IDTFs that the Centers for Medicare & Medicaid Services (CMS) will begin to change all references to “purchased diagnostic tests” in Medicare manuals to “anti-markup tests.” Until all changes are manualized, you and your billing staffs should consider any reference to a “purchased diagnostic test” to be a reference to an anti-markup test.

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Background

CMS is changing references to the term “purchased diagnostic test” in the Medicare Claims Processing Manual and the Medicare Program Integrity Manual to reflect the new anti-markup payment limitation language. As previously explained in MLN Matters® article MM6371, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6371.pdf>, CMS established claims processing instructions for diagnostic tests subject to the anti-markup payment limitation and the conditions under which the anti-markup provision applies and advised that related Medicare manuals would be updated at a later date to reflect the new anti-markup language. CMS noted that it would not change all of the references in the manual at one time, but would implement the changes over time. Until all changes are manualized, Medicare contractors will consider the term “purchased diagnostic test” to be obsolete and should instead use the nomenclature associated with the new anti-markup rule.

Additional Information

If you have questions, please contact your Medicare contractor 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.

The official instruction, CR 6627, issued to your Medicare contractor regarding this change consists of two transmittals, one for the Medicare Claims Processing Manual, which is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1931CP.pdf>, and one for the Medicare Program Integrity Manual, which may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R326PI.pdf> on the CMS website.

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