

MLN Matters®

Information for Medicare Fee-For-Service Health Care Professionals



News Flash - It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu! Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0748.pdf> on the CMS website.

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MMA - Outpatient Clinical Laboratory Tests Furnished by Hospitals with Fewer Than 50 Beds in Qualified Rural Areas

Note: Note: This article was updated on April 23, 2013, to reflect current Web addresses. This article was previously revised on December 23, 2007, to reflect that the 2-year period has been extended to a 3-year period by Section 105 of the Tax Relief and Health Care Act of 2006. This was implemented by CR5493 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1180CP.pdf>). This change is reflected in this article in bold. CR5493 also instructs your FI or A/B MAC to adjust any affected laboratory claims (those containing lines with revenue code 030X) from hospitals meeting the requirements for reasonable cost payment for such services during this additional year.

Provider Types Affected

Hospitals with fewer than 50 beds in a qualified rural area. Note that the change applies to covered outpatient clinical laboratory tests in such facilities.

Provider Action Needed

Affected hospitals should note that Section 416 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) alters the basis for payments for

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Medicare outpatient covered clinical laboratory services for hospitals with fewer than 50 beds in qualified rural areas. Such services will be paid on a reasonable cost basis during cost reporting periods beginning with cost reports that start on or after July 1, 2004, but before July 1, 2006. **As noted above, this has been revised to be for cost reporting periods beginning during the 3-year period (i.e., beginning on or after July 1, 2004, but before July 1, 2007).**

Background

Generally, Medicare outpatient covered clinical laboratory services are paid based on a fee schedule. Medicare beneficiaries are not liable for any coinsurance and deductible. Instructions for the calendar year 2004 Medicare clinical laboratory fee schedule were issued in:

- Pub. 100-20, Transmittal 20, Change Request (CR) 2959, *2004 Annual Update for Clinical Laboratory Fee Schedule*; and
- Pub. 100-20, Transmittal 31, Change Request (CR) 3013, *Emergency Revised 2004 Update of the DMEPOS and Clinical Laboratory Fee Schedules*.

MMA Section 416, however, states that payment for tests for Medicare beneficiaries provided by outpatient hospital laboratory testing by a hospital laboratory with fewer than 50 beds in a qualified rural area are paid on a reasonable cost basis for cost reporting periods beginning during the 2-year period that starts on July 1, 2004. **As noted above, this has been revised to be for cost reporting periods beginning during the 3-year period (i.e., beginning on or after July 1, 2004, but before July 1, 2007).**

Medicare beneficiaries are *not* liable for coinsurance and deductibles during the applicable time period. Section 416 eliminates the application of the clinical laboratory fee schedule in such cases.

The reasonable costs are determined using the ratio of costs to charges for the laboratory cost center, multiplied by the Provider Statistical & Reimbursement Report's (PS&R) billed charges for outpatient laboratory services for cost reporting periods beginning on or after July 1, 2004, but before July 1, 2006. **As noted above, this has been revised to be for cost reporting periods beginning during the 3-year period (i.e., beginning on or after July 1, 2004, but before July 1, 2007).**

Please note that a qualified rural area is one with a population density in the lowest quartile of all rural county populations. The Centers for Medicare & Medicaid Services (CMS) central office will determine the qualified rural areas and will identify the lowest 25% quartile population density areas.

A file of the eligible zip codes will be made available by CMS to Medicare intermediaries on or about **May 15, 2004**.

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In determining whether clinical laboratory services are furnished as part of outpatient services of a hospital, the same rules will apply that are used to determine whether clinical laboratory services are furnished as an outpatient critical access hospital service.

For cost reporting periods beginning July 1, 2004, intermediaries will use the designated zip codes to identify facilities in their files that are in qualified rural areas and have fewer than 50 beds for the purpose of making these reasonable cost payments required by Section 416 of the MMA.

Additional Information

The official instruction issued to your intermediary regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R100CP.pdf> on the CMS website.

The related MLN Matters article for CR5493 (MM5493) that revised this article may be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5493.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.

Transmittal 20, CR 2959, 2004 Annual Update for Clinical Laboratory Fee Schedule, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R200TN.pdf> on the CMS website.

Also, Transmittal 31, CR 3013, Emergency Revised 2004 Update of the DMEPOS and Clinical Laboratory Fee Schedules, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R310TN.pdf> on the CMS website.

Finally, Transmittal A-01-31, CR 1568, Clinical Diagnostic Laboratory Tests Furnished by Critical Access Hospitals (CAHs), can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/A0131.pdf> on the CMS website.

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