



The **Medicare Guide to Rural Health Services: Information for Providers, Suppliers, and Physicians (Second Edition)**, which provides rural information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005 is now available in downloadable format at

<http://www.cms.hhs.gov/MLNProducts/downloads/MedicareRuralHealthGuide.pdf>.

MLN Matters Number: MM5377

Related Change Request (CR) #: 5377

Related CR Release Date: November 24, 2006

Effective Date: April 1, 2007

Related CR Transmittal #: R1117CP

Implementation Date: April 2, 2007

## Reporting of Type of Bill (TOB) 12X for Billing of Diagnostic Mammographies

### Provider Types Affected

Hospitals that bill Medicare Administrative Contractors (A/B MACs) or Fiscal Intermediaries (FIs) for diagnostic mammography services provided to hospital inpatients under Medicare Part B.

### Provider Action Needed

A previous instruction, CR5050, from the Centers for Medicare & Medicaid Services (CMS), erroneously removed TOB 12X as an applicable TOB for diagnostic mammography services supplied to Medicare inpatients and billable under Medicare Part B. CR5377 announces that, effective April 1, 2007, TOB 12X is acceptable by FIs and A/B MACS as an appropriate bill type for such services. Be sure your billing staff are aware.

### Background

Effective April 1, 2007, hospitals should use TOB12X to bill Medicare FIs and/or A/B MACs for diagnostic mammography services provided to hospital inpatients, where those services are being billed to Medicare Part B. As appropriate, hospitals should continue to use TOBs 13X, 22X, 23X, or 85X when billing for diagnostic mammographies provided to Medicare patients who are other than hospital inpatients.

#### 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.

## Additional Information

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To view the official instruction, CR5377, issued to your FI or A/B MAC, visit <http://www.cms.hhs.gov/Transmittals/downloads/R1117CP.pdf> on the CMS website.

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

### Flu Shot Reminder

#### It's Not Too Late to Give and Get the Flu Shot!

The peak of flu season typically occurs between late December and March; however, flu season can last until May. **Protect yourself, your patients, and your family and friends by getting and giving the flu shot.** Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .

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