



News Flash – The *Clinical Laboratory Fee Schedule Fact Sheet*, which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at http://www.cms.hhs.gov/MLNProducts/downloads/clinical_lab_fee_schedule_fact_sheet.pdf on the CMS website. The *Clinical Laboratory Fee Schedule Fact Sheet*, is also available in print format. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

MLN Matters Number: MM5815

Related Change Request (CR) #: 5815

Related CR Release Date: May 16, 2008

Effective Date: June 16, 2008

Related CR Transmittal #: R1504CP

Implementation Date: June 16, 2008

New Chapter in Medicare Claims Processing Manual for Independent Diagnostic Testing Facilities (IDTF)

Provider Types Affected

Independent Diagnostic Testing Facilities (IDTFs) submitting claims to Medicare Administrative Contractors (A/B MACs) fiscal intermediaries (FIs) or carriers for services provided to Medicare beneficiaries.

Impact on Providers

Change Request (CR) 5815 alerts providers to the fact that information from the Medicare Program Integrity Manual, Chapter 10, regarding claims processing instructions for IDTF's is being excerpted and added to Medicare Claims Processing Manual via Chapter 35—a new chapter in the Medicare Claims Processing Manual. Currently, the Medicare Claims Processing Manual does not have claims processing instructions for IDTFs and this CR notifies providers of the availability of this information in that manual. No changes in policy are conveyed in CR5815.

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Key Points of CR5815

Providers note that information regarding IDTF claims processing has been excerpted from the Medicare Program Integrity Manual, chapter 10, and **moved to the Medicare Claims Processing Manual, chapter 35**, which is a new chapter. The new chapter 35 is available as an attachment to the official instruction of CR 5815. The new chapter contains information on the following:

- General coverage and payment policies applicable to IDTFs;
- Medicare's definition of an IDTF;
- Claims processing instructions with emphasis on:
 - Billing issues;
 - Transtelephonic and electronic monitoring services; and
 - Slide preparation facilities and radiation therapy centers.
- Ordering of tests;
- Purchased diagnostic tests;
- Interpretations of tests performed off the premises of the IDTF; and
- Restrictions that do not allow billing for strictly therapeutic procedures.

IDTFs are reminded that the National Provider Identifier (NPI) of the ordering physician must be supplied in box 17B of the CMS-1500 form and in the appropriate loop of the ANSI X12 837P electronic claim format, effective for services on or after May 23, 2008.

Additional Information

To see the official instruction (CR5815) issued to your Medicare Carrier, FI, or A/B MAC refer to <http://www.cms.hhs.gov/Transmittals/downloads/R1504CP.pdf> on the CMS website. As already mentioned, the new Chapter 35 of the Medicare Claims Processing Manual is attached to CR5815.

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

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