



News Flash – The *Adult Immunizations* (October 2008) brochure for health care providers has been updated and is now available in downloadable PDF format from the Centers for Medicare & Medicaid Services Medicare Learning Network. This brochure provides an overview of Medicare’s coverage of influenza, pneumococcal, and hepatitis B vaccines and their administration. To view, download, and print, please go to http://www.cms.hhs.gov/MLNProducts/downloads/Adult_Immunization.pdf on the CMS website.

MLN Matters Number: MM6245

Related Change Request (CR) #: 6245

Related CR Release Date: December 31, 2008

Effective Date: January 1, 2009

Related CR Transmittal #: R1655CP

Implementation Date: February 2, 2009

End Stage Renal Dialysis (ESRD) Medicare Claims Processing Manual Clarification

Provider Types Affected

Providers and laboratories submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Medicare Administrative Contractors (MACs)) for ESRD services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on change request (CR) 6245 which clarifies existing policies related to laboratory billing procedures for laboratory services furnished to hospital-based and independent dialysis facility patients. Be sure billing staff is aware of these clarifications.

Key Points

CR 6245 clarifies existing policy located in the Medicare Claims Processing Manual, Chapters 8 and 16 regarding billing for ESRD related laboratory services. The clarified policy chapters are attached to CR 6245 at <http://www.cms.hhs.gov/Transmittals/downloads/R1655CP.pdf> on the Centers

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for Medicare & Medicaid Services (CMS) website. The revisions are summarized as follows:

- Hospital-based laboratories providing separately billable laboratory services to dialysis patients of the hospital's dialysis facility or another dialysis facility bill and are paid in accordance with the hospital outpatient laboratory provisions in Chapter 16, section 40.3. This may be reviewed at <http://www.cms.hhs.gov/manuals/Downloads/clm104c16.pdf> on the Center for Medicare and Medicaid Services (CMS) website.
- **If the ESRD patient also receives other hospital outpatient services on the same day as a specimen collection and/or laboratory test, then the patient is considered to be a registered hospital outpatient and cannot be considered to be a non-patient on that day for purposes of the specimen collection and laboratory test. When the patient does not also receive hospital outpatient services on the same day as the specimen collection and/or laboratory test, then the hospital may choose to register the beneficiary as an outpatient for the specimen collection or bill for these services as non-patient on the 14x bill type.**
- Independent laboratories and independent dialysis facilities with the appropriate clinical laboratory certification in accordance with the Clinical Laboratory Improvement Act (CLIA) may be paid for ESRD clinical laboratory tests that are separately billable. The laboratories and independent dialysis facilities are paid for separately billable clinical laboratory tests according to the Medicare laboratory fee schedule for independent laboratories. (See Chapter 16, Section 40.3 (as referenced above) for details on Part B hospital billing rules for laboratory services.)
- When a hospital laboratory is billing for laboratory services ordered by an ESRD facility and the patient (beneficiary) is a Skilled Nursing Facility (SNF) resident under a Part A stay, the hospital laboratory must use the "CB" modifier for those services excluded from consolidated billing.
- Beneficiaries in a SNF Part A stay are eligible for a broad range of diagnostic services as part of the SNF Part A benefit. Physicians ordering medically necessary diagnostic tests that are not directly related to the beneficiary's ESRD are subject to the SNF consolidated billing requirements. **Physicians may bill the contractor** for the professional component of these diagnostic tests. In most cases, however, **the technical component of diagnostic tests is included in the SNF PPS rate and is not separately billable to the contractor.**
- If you have claims that may not have been paid correctly based on the above clarifications, note that your Medicare contractor will not search its files to

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adjust the claims. However, they will adjust claims that you bring to their attention.

Additional Information

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

The official instruction, CR6245, issued to your Medicare MAC, carrier or FI regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1655CP.pdf> on the CMS website.

News Flash - It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. Re-vaccination is necessary each year because flu viruses change each year. So please encourage your Medicare patients who haven't already done so to get their annual flu shot--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 vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of the influenza vaccine and other Medicare Part B covered vaccines and related provider education resources created by the CMS Medicare Learning Network (MLN), by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0838.pdf> on the CMS website.

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