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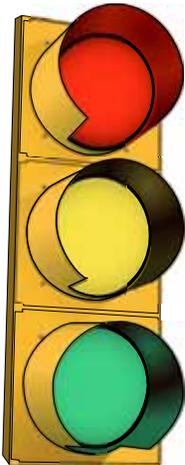
Medlearn Matters Number: MM3267

MMA - Clarification for CR3064 - Medicare Secondary Payer (MSP) Policy for Hospital Reference Lab Services and Independent Reference Lab Services

Provider Types Affected

Hospitals, Critical Access Hospitals (CAHs), and Independent Reference Laboratories

Provider Action Needed



STOP – Impact to You

Hospitals are no longer required to collect MSP information where there is no face-to-face encounter with a beneficiary because independent reference laboratories no longer need the information to bill Medicare for reference laboratory services.

CAUTION – What You Need to Know

This clarification of CR3064 and Medlearn Matters article MM3064 provides additional information regarding preparation of the CMS-1500 claims form. Compliance with this instruction will help assure prompt and correct processing of reference laboratory claims.

GO – What You Need to Do

Affected providers should ensure that billing staff enter “None” in block 11 of the CMS-1500 when filing claims to Medicare for reference laboratory services when there is not a face-to-face encounter with the Medicare beneficiary.

Background

Section 943 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) mandates that:

“(T)he Secretary shall not require a hospital (including a critical access hospital) to ask questions (or obtain information) relating to the application of section 1862(b) of the Social Security Act (relating to Medicare Secondary Payer provisions) in the case of reference laboratory services described in subsection (b), if the Secretary does not impose such requirement in the case of such services furnished by an independent laboratory.”

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Prior to the enactment of MMA, hospitals were required to collect MSP information every 90 days in order to bill Medicare for reference lab services.

Further, those providers billing carriers are reminded to enter "None" in Block 11 of the CMS-1500 claims form for reference laboratory services in order to bill Medicare for the reference laboratory services, as described in Section 943(b).

Additional Information

Because of these policy changes, Medicare intermediaries have been instructed not to include claims for reference laboratory services, as described in Section 943(b) of MMA, in the sample of claims that are reviewed during MSP hospital audits. This is effective for reference laboratory service claims with dates of service of December 8, 2003 and later.

To view the actual instruction issued to your carrier/intermediary, go to:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

Once at that site, scroll down the right hand CR NUM column to CR3267 and click on the link for that CR.

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