
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 16

Date: OCTOBER 31, 2003

CHANGE REQUEST 2919

I. SUMMARY OF CHANGES: This change will allow fee schedule reimbursement for independent laboratories when billing the technical component of a purchased diagnostic service. The reimbursement would not consider the cost of the technical component service if it is lower than the fee schedule.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	16/40/2/ Payment Limit for Purchased Services

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

<input checked="" type="checkbox"/>	Business Requirements
<input checked="" type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input type="checkbox"/>	One-Time Special Notification

To download the Filename R16CP1.pdf associated with this instruction, click [here](#).

To download the Filename R16CP2.pdf associated with this instruction, click [here](#).