
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 190

Date: MAY 28, 2004

CHANGE REQUEST 3239

I. SUMMARY OF CHANGES: This change will expand the implementation procedures of reimbursement for Automated Multi-Channel Chemistry (AMCC) Tests to all bill types.

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

***IMPLEMENTATION DATE: October 4, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 190	Date: Amy 28, 2004	Change Request 3239
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SUBJECT: End Stage Renal Disease (ESRD) Reimbursement for Automated Multi-Channel Chemistry (AMCC) Tests

I. GENERAL INFORMATION

A. Background: The Office of Inspector General (OIG) conducted several studies which identified that Medicare payments for ESRD laboratory related services were not paid in compliance with Medicare payment policy. In response to the payment vulnerabilities identified by the OIG, the claims processing instructions contained in Pub 100-04, Transmittal 79, direct all contractors to implement changes to ensure that all ESRD laboratory claims are paid in accordance with Medicare payment policy.

B. Policy: Medicare will apply the rules identified in Pub 100-04, Chapter 16, Section 40.6.1 to all bill types for AMCC tests for ESRD beneficiaries.

C. Provider Education: "A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin."

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3239.1	The standard system shall apply the current instructions (A-03-080) to all applicable outpatient bill types: Hospital: 13X, 14X SNF: 23X Home Health (Not prospective payment systems (PPS)): 34X RHC: 71X RDF: 72X FQHC: 73X ORF: 74X CORF: 75X	Standard Systems

	CMHC: 76X Hospital Outpatient Surgery: 83X CAH: 85X Home Health (PPS): 32X, 33X	
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III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: October 1, 2004 Implementation Date: October 4, 2004 Pre-Implementation Contact(s): Linda Easter, X66978, Taneka Rivera, X69502 Post-Implementation Contact(s): Contact your appropriate regional office	Funding is available through the regular budget process for costs required for implementation.
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