# **CMS Manual System**

## **Pub. 100-04 Medicare Claims Processing**

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

Transmittal 174 Date: MAY 7, 2004

**CHANGE REQUEST 3258** 

I. SUMMARY OF CHANGES: This instruction notifies contractors of two HCPCS corrections. HCPCS code 0040T was erroneously associated as a laboratory service and was given a lab certification number. This instruction requires the common working file (CWF) to remove the lab category and the lab certification number from the CWF system in order for claims to process. In addition, the instruction directs contractors to end date HCPCS code A9603 as of December 31, 2003. HCPCS code A9603 is a duplicate of A9517. A9517 is the correct HCPCS code that shall be billed for this service.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2004 \*IMPLEMENTATION DATE: July 6, 2004

II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

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

#### \*III. FUNDING:

These instructions shall be implemented within your current operating budget.

### **IV. ATTACHMENTS:**

	<b>Business Requirements</b>	
	Manual Instruction	
	Confidential Requirements	
	One-Time Notification	
X	<b>Recurring Update Notification</b>	

<sup>\*</sup>Medicare contractors only

# **Attachment – Recurring Update Notification**

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SUBJECT: Healthcare Common Procedure Coding System (HCPCS) Corrections Involving 0040T and A9603

### I. GENERAL INFORMATION

- **A. Background:** This instruction notifies Medicare contractors of two HCPCS corrections involving 0040T and A9603. 0040T was erroneously categorized in the HCPCS database as a laboratory service and was given a lab certification number. The common working file shall remove the lab certification number and category from the CWF system so claims containing 0040T can go through for payment. HCPCS code A9603 was erroneously included in the 2003 HCPCS update, however, contractors were never notified of this. Therefore, contractors shall apply an end date of December 31, 2003, for A9603 in their system. A9603 is a duplicate of A9517. A9517 is the code that should be billed. The payment for A9603 and A9517 is the same.
- **B.** Policy: The HCPCS file is sent annually to Medicare contractors each October. Any corrections required after the release of the file shall be done via an instruction to the contractors.
- C. Provider Education: A provider education article related to the discontinued use of HCPCS code A9603 will be available shortly on <a href="http://www.cms.hhs.gov/medlearn/matters">http://www.cms.hhs.gov/medlearn/matters</a>. You will receive notification of the article release via the established "medlearn matters" listserve. Once the article is available, contractors shall post this article to their Web or post a link to the CMS Web site for the Medlearn Matters Article as soon as possible but no later than 30 days after release of this instruction. In addition, the provider education article shall be included in your next regularly scheduled bulletin.

### II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement "Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3258.1	CWF shall remove the category and the lab	CWF
	certification code from 0040T.	
3258.2	Carriers, Fiscal Intermediaries, and CWF shall	CWF, Local Part B
	end-date A9603 as of December 31, 2003, if	Carriers and FIs
	they have not already done so.	
3258.3	Contractors shall not pay for both A9603 and	Local Part B
	A9517 when billed on the same day.	Carriers and FIs

3258.4	Contractors shall educate the provider	Local Part B
	community regarding discontinuing HCPCS	Carriers and FIs
	code A9603 by following the information above	
	C. Provider Education.	
3258.5	Contractors shall adjust any claims brought to	Local Part B
	their attention.	Carriers and FIs

### III. SUPPORTING INFORMATION & 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: July 1, 2004 Implementation Date: July 6, 2004	These instructions shall be implemented within your current operating budget
<b>Pre-Implementation Contact(s):</b> Vera Dillard at vdillard@cms.hhs.gov	
<b>Post-Implementation Contact(s):</b> Appropriate Regional Office	