

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash -

Re-released (new) product from the Medicare Learning Network® (MLN)

- ["Intensive Behavioral Therapy \(IBT\) for Obesity,"](#) Booklet, ICN 907800, Downloadable and Hard Copy.

MLN Matters® Number: MM8203

Related Change Request (CR) #: CR 8203

Related CR Release Date: March 15, 2013

Effective Date: January 1, 2013

Related CR Transmittal #: R2675CP

Implementation Date: June 17, 2013

Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens

Provider Types Affected

This MLN Matters® Article is intended for clinical diagnostic laboratories submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

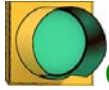
This article is based on Change Request (CR) 8203 which informs Medicare contractors and providers about changes to the Clinical Lab Fee Schedule related to travel allowances and specimen collection fees.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

**CAUTION – What You Need to Know**

CR8203 revises the payment of travel allowances when billed on a per mileage basis using Health Care Common Procedure Coding System (HCPCS) code P9603 and when billed on a flat rate basis using HCPCS code P9604 for CY 2013.

**GO – What You Need to Do**

Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Travel codes allow for payment either on a per mileage basis (P9603) or on a flat rate per trip basis (P9604). Payment of the travel allowance is made only if a specimen collection fee is also payable. The travel allowance is intended to cover the estimated travel costs of collecting a specimen including the laboratory technician's salary and travel expenses. Medicare contractor discretion allows Medicare contractors to choose either a mileage basis or a flat rate, and how to set each type of allowance. Because of audit evidence that some laboratories abused the per mileage fee basis by claiming travel mileage in excess of the minimum distance necessary for a laboratory technician to travel for specimen collection, many Medicare contractors established local policy to pay on a flat rate basis only.

Under either method, when one trip is made for multiple specimen collections (e.g., at a nursing home), the travel payment component is prorated based on the number of specimens collected on that trip, for both Medicare and non-Medicare patients, either at the time the claim is submitted by the laboratory or when the flat rate is set by the contractor.

Medicare Part B, allows payment for a specimen collection fee and travel allowance, when medically necessary, for a laboratory technician to draw a specimen from either a nursing home patient or homebound patient under Section 1833(h)(3) of the Act. Payment for these services is made based on the clinical laboratory fee schedule.

New Mileage Rates

The new rate for HCPCS Code P9603, where the average trip to patients' homes exceeds 20 miles round trip, is \$0.565 per mile, plus an additional \$0.45 per mile to cover the technician's time and travel costs, for a total of \$1.015 per mile. The actual total of \$1.015 is then rounded up to \$1.02 due to processing systems capabilities. Higher rates may be established if local conditions warrant it.

The new rate for HCPCS Code P9604 is paid on a flat-rate trip basis travel allowance of \$10.15.

Note: Claims for these services will not be automatically adjusted. Providers must bring any previously paid claims to their contractors' attention.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

Additional Information

The official instruction, CR 8203, issued to your carrier and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2675CP.pdf> on the CMS website.

More information may be found in Chapter 16, Section 60.2 of the Medicare Claims Processing Manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Activity Continues: Prompt Antiviral Treatment is Crucial for Seniors Sick with Flu

This season, flu activity started early and has placed a significant burden on people 65 years of age and older. In fact, so far this season, CDC has reported nearly four times more hospitalizations among people 65 and older than occurred during the entire 2011-2012 season. The CDC recommends that vaccination efforts continue as long as influenza viruses are circulating. People 65 years of age and older, as well as their close contacts and caregivers, should be vaccinated; and should seek medical treatment with antiviral drugs as soon as symptoms appear in order to reduce serious complications from flu infection, including hospitalizations, intensive care unit (ICU) admissions and deaths.

Note: Influenza vaccine and its administration is a Medicare Part B covered benefit. Influenza vaccines are NOT Part D-covered drugs.

For More Information:

- 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list.
- [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season".
- Visit the [CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources](#) and [CMS Immunizations](#) web pages for information on coverage and billing of the flu vaccines and their administration fees.
- [HealthMap Vaccine Finder](#) is a free, online service where users can find locations offering flu vaccines as well as other vaccines for adults.
- [CDC](#) website offers a variety of provider resources for the 2012-2013 flu season.
- CDC article [Seniors among Groups Hardest Hit by Flu this Season](#).

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.