

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10885</b>	<b>Date: August 9, 2021</b>
	<b>Change Request 12343</b>

**SUBJECT: Clinical Laboratory Fee Schedule (CLFS) - Instructions to Remove Co-insurance/Deductible Multi-Carrier System (MCS) Logic**

**I. SUMMARY OF CHANGES:** This CR removes any remaining Multi-Carrier System (MCS) logic so that co-insurance/deductible is never applied for Clinical Laboratory Fee Schedule (CLFS) payable services no matter the Place Of Service (POS) code billed on the claim.

**EFFECTIVE DATE: January 1, 2022**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 3, 2022**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

### **III. FUNDING:**

#### **For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

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## I. GENERAL INFORMATION

**A. Background:** There is hardcoded logic in MCS that pays clinical laboratory procedures at 100% with no co-insurance/deductible applied with the exception of when the Part B claim is billed with Place of Service (POS) codes 19 (Off-campus outpatient hospital), 21 (Inpatient hospital), 22 (On-campus outpatient hospital), or 23 (Emergency room – hospital). MCS will not pay the clinical laboratory test at 100% when billed with one of these POS codes.

**B. Policy:** The following instructions are not intended to implement new or revise existing payment policy. They are intended to nationally ensure proper and accurate application of Medicare beneficiary financial obligations when receiving outpatient CLFS payable services. Such services should always adjudicate to ensure no co-insurance/deductible is applied, no matter the POS code billed on the Part B claim.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12343.1	Contractors shall remove any claims processing logic that causes a co-insurance/deductible amount to be applied on CLFS payable services upon adjudication of Part B claims when such services are billed with a particular POS code.		X				X			

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Vickie Poff, 410-786-0836 or vickie.poff1@cms.hhs.gov , Eric Coulson, 410-786-3352 or eric.coulson@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**