

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12325	Date: October 26, 2023
	Change Request 13396

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18 Section 50.3-50.4, To Remove 0359U Per The International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update Change Request (CR)13166

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make updates to remove HCPCS code 0359U from chapter 18 section 50.3 and 50.4 which was added in error. Change Request CR13166 - International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update was reissued to not include HCPCS code 0359U and the business requirement was deleted.

EFFECTIVE DATE: November 28, 2023

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

IMPLEMENTATION DATE: November 28, 2023

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	18/50/50.3/Payment Method - A/B MACs (A) and (B)
R	18/50/50.4/HCPCS, Revenue, and Type of Service Codes

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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EFFECTIVE DATE November 28, 2023

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IMPLEMENTATION DATE: November 28, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update Pub. 100-04, Chapter 18, Section 50.3 and 50.4 for the Billing Requirements of the Medicare Claims Processing manual 100-04 in reference to NCDs 210.1 - Prostate Screening Tests. In CR 13166, International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to NCDs – October 2023 Update, the Medicare contractors were advised to remove Healthcare Common Procedure Coding System (HCPCS) code 0359U from Chapter 18, section 50.3 and 50.4, due to 0359U being previously added in error to these sections. The CR was reissued and business requirement 13166.3 was deleted.

B. Policy: This CR does not involve any changes in policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13396.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 18, Sections 50.3 and 50.4.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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

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

50.3 - Payment Method - A/B MACs (A) and (B)

(Rev.12325; Issued:10-26-23; Effective:11-28-23; Implementation:11-28-23)

Screening PSA tests (G0103) are paid under the clinical diagnostic lab fee schedule.

Screening rectal examinations (G0102) are paid under the MPFS except for the following bill types identified (A/B MAC (A) only). Bill types not identified are paid under the MPFS.

12X = Outpatient Prospective Payment System

13X = Outpatient Prospective Payment System

14X = Outpatient Prospective Payment System

71X = Included in All Inclusive Rate

73X = Included in All Inclusive Rate

85X = Cost (Payment should be consistent with amounts paid for code 84153 or code 86316.)

Effective 4/1/06 the type of bill 14X is for non-patient laboratory specimens.

The RHCs and FQHCs should include the charges on the claims for future inclusion in encounter rate calculations.

50.4 - HCPCS, Revenue, and Type of Service Codes

(Rev.12325; Issued:10-26-23; Effective:11-28-23; Implementation:11-28-23)

The appropriate bill types for billing the A/B MAC (A) on Form CMS-1450 or its electronic equivalent are 12X, 13X, 14X, 22X, 23X, 71X, 73X, 75X, and 85X. Effective 4/1/06, type of bill 14X is for non-patient laboratory specimens.

The HCPCS code G0102 - for prostate cancer screening digital rectal examination.

- A/B MAC (B) TOS is 1
- A/B MAC (A) revenue code is 0770

The HCPCS code G0103 - for prostate cancer screening PSA tests

- A/B MAC (B) TOS is 5
- A/B MAC (A) revenue code is 030X