MLN Matters
Information for Medicare Fee-for-Service Health Care Professionals

News Flash - **Test Your Medicare Claims Now! After you have submitted claims containing both National Provider Identifiers (NPIs) and legacy identifiers and those claims have been paid, Medicare urges you to send a small batch of claims now with only the NPI in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch. (Reminder: For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.)**

MLN Matters Number: MM5874 | Related Change Request (CR) #: 5874

Related CR Release Date: February 15, 2008 | Effective Date: July 1, 2008

Related CR Transmittal #: R83BP | Implementation Date: July 7, 2008

Clinical Lab: New Automated Test for the Automated Multi-channel Chemistry Code (AMCC) Panel Payment Algorithm

Provider Types Affected

All physicians and providers, who submit claims for the AMCC to Medicare contractors (carriers, Medicare Administrative Contractors (A/B MACs), and Fiscal Intermediaries (FIs)) for services provided to Medicare beneficiaries.

Provider Action Needed

STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5874 to alert providers that existing current procedural terminology (CPT) code 82330, *Calcium; ionized* is being paid as in individual test and was not included in the AMCC Panel Payment Algorithm. That changes effective July 1, 2008.

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CAUTION – What You Need to Know

Effective July 1, 2008, CPT 82330 will become an automated chemistry test within the AMCC Panel Payment Algorithm for payment purposes.

GO – What You Need to Do

Make certain your office staffs are aware of this change.

Background

Effective January 1, 2008, the CPT Editorial Panel created a new code 80047 *Basic metabolic panel (Calcium, ionized)* which is an automated multi-channel chemistry (AMCC) code and is currently included in the automated multi-channel chemistry code (AMCC) Panel Payment Algorithm. The new code 80047 is comprised of eight component test codes (see table below). Also, new code 80047 is not a replacement for code 80048 *Basic metabolic panel*. Both codes 80048 and 80047 are included in the 2008 clinical laboratory fee schedule.

Key Points

- In order to determine payment for the new code 80047 using the AMCC Panel Payment Algorithm, existing code 82330, *Calcium; ionized,* will be added as an AMCC panel code.
- Payment code ATP23 has also been included in the clinical laboratory fee schedule data file to correspond to the AMCC panel code addition.
- The CPT code 80047 Basic metabolic panel (Calcium, ionized) is comprised of:
    - Calcium; ionized (82330);
    - Carbon dioxide (82374);
    - Chloride (82435);
    - Creatinine (82565);
    - Glucose (82947);
    - Potassium (84132);
    - Sodium (84295); and
    - Urea Nitrogen (BUN) (84520)

For ESRD dialysis patients, CPT code 82330 *Calcium; ionized* will be included in the calculation for the 50/50 rule (Pub 100-04, Chapter 16, Section 40.6). When CPT code 82330 is billed as a substitute for CPT code 82310, *Calcium; total*, it should be billed with modifier CD or CE. When CPT code 82330 is billed in addition to CPT 82310, it should be billed with CF modifier.

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Note that, in accordance with the Medicare Claims Processing Manual, section 40.6.1, the new panel code 80047 cannot be billed for services ordered through an ESRD facility. All tests billed for services ordered through an ESRD facility must be billed individually, not in an organ disease panel. The Medicare Claims Processing Manual is available at *http://www.cms.hhs.gov/Manuals/IOM/list.asp* on the CMS website.

Additional Information

To see the official instruction (CR5874) issued to your Medicare Carrier, FI, or A/B MAC, refer to *http://www.cms.hhs.gov/Transmittals/downloads/R83BP.pdf* on the CMS website.

If you have questions, please contact your Medicare Carrier, FI, or A/B MAC at their toll-free number which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf* on the CMS website.

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