

# MEDICARE PART A BULLETIN

May 28, 1998

General Medicare Bulletin G-334

TO: All Participating Medicare Providers

FROM: Program Relations

SUBJECT: **GRACE PERIOD FOR DELETED AUTOMATED MULTI-CHANNEL TESTS**

**ATTENTION MEDICARE BUSINESS OFFICE MANAGER:** Please distribute to all appropriate health care personnel.

As of January 1, 1998, the automated profile codes 80002-80019 and G0058-G0060 are no longer reportable procedure/HCPCS codes. However, the payment calculations and associated pricing of the automated profile tests (multichannel) will continue. For example, if two automated profile tests are performed, the individual codes for the two automated tests must be billed instead of code 80002. Payment will be based on the sum/number of automated profile tests reported and reimbursed at the rate that would have been paid for code 80002. HCFA will continue to provide updated pricing for the deleted automated profile tests (i.e., 80002-80019 and G0058-G0060).

The purpose of this bulletin is to inform providers we are modifying the 1998 grace period for specific deleted automated multi-channel tests. These codes are 80002-80019, and G0058-G0060. The intermediary shall continue to pay services for those deleted codes with service dates January 1, 1998 through March 31, 1998, as long as the claims for these services are received prior to July 1, 1998. Payment amounts for these codes are included in the 1998 fee schedule update and are subject to all other payment rules applicable to these claims.

Claims shall be rejected/denied when a service is billed under a deleted code. The message that will be used for claims submitted using deleted codes during this period are as follows:

The procedure code you submitted is invalid for 1998 services. Beginning July 1, 1998, we will deny all laboratory tests using codes 80002-80019, and G0058-G0060 for dates of service beginning January 1, 1998.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.

SUPPORTING DOCUMENTATION  
221A/B

PROGRAM MEMORANDUM  
INTERMEDIARIES/CARRIERS

Department of Health  
and Human Services

Health Care Financing  
Administration

Transmittal No. AB-98-28      Date    MAY 1998

CHANGE REQUEST #507

SUBJECT: Grace Period for Deleted Automated Multi-Channel Tests—Clarification of Program Memorandum (PM) AB-97-17

Under the current policy, the grace period states that claims for services furnished in the current year and billed using codes/modifiers deleted by the most recent HCPCS update can be processed with these deleted codes/modifiers for a three-calendar month “grace period” after each HCPCS update. The normal grace period for deleted HCPCS codes applies to claims received prior to April 1 of the current year with dates of service for that period.

We are modifying the 1998 grace period for specific deleted automated multi-channel tests defined in PM AB-97-17 and PM AB-97-23. These codes are 80002-80019, and G0058-G0060. You should continue to pay services for those deleted codes with service dates January 1, 1998 through March 31, 1998, as long as the claims for these services are received prior to July 1, 1998. Payment amounts for these codes are included in the 1998 fee schedule update and are subject to all other payment rules applicable to these claims.

Reject claims for services for deleted codes received on or after July 1, 1998. If there are other valid service codes on these rejected claims, they must be rebilled.

Advise physicians and suppliers when a service billed under a deleted code is rejected. The message to use when claims are submitted using deleted codes during this period is the following:

The procedure code you submitted is invalid for 1998 services. Beginning July 1, 1998, we will deny all laboratory tests using codes 80002-80019, and G0058-G0060 for dates of service beginning January 1, 1998.

Claims filed after January 1, 1998 using these deleted codes with dates of service before January 1, 1998 are acceptable any time during the normal filing period with the following exception. For claims

received after January 1, 1998, expired codes 80002-80019 and G0058-G0060 cannot be billed with organ disease panel codes including codes 80061 and 80072. This exception includes claims with dates of service before January 1, 1998, but received by the contractor after January 1, 1998.

The contact person for this PM is Dolores Crujeiras on (410) 786-7169.

This instruction should be implemented within your current operating budget.

This PM may be discarded December 31, 1998.

HCFA-Pub. 60AB

Health Care  
DEPARTMENT OF HEALTH & HUMAN SERVICES          Financing Administration

Memorandum

Refer to: MCMG-DCM

DATE: May 13, 1998

FROM:          Director  
Medicare Contractor Management Group, CBS

SUBJECT:      Medicare Contractor Implementing Instruction Approved Through the  
HCFA  
Change Management Process—ACTION

TO:      Medicare Fiscal Intermediaries and/or Carriers

Attached is a HCFA instruction which should be implemented by all Medicare Fiscal Intermediaries and/or Carriers. The changes required as a result of this instruction have been evaluated and approved through the HCFA Change Management Process. Please proceed in taking necessary action to implement this manual instruction by the date indicated.

Any questions should be directed to your HCFA Regional Office.

/s/  
Gary P. Kavanagh

Attachment(s)  
Change Request #: 457, 490, 527, 507  
cc:      Regional Offices