

## Introduction

This specialty manual is linked to the appropriate sections of the Online CMS (Centers for Medicare & Medicaid Services) Manual System for your convenience and to assure that you always have access to the most up-to-date information on guidelines relating to this specialty.

CMS transitioned to a Web-based system in 2003. Their system is called the Online CMS Manual System and is located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>. The Online Manual System is organized by functional area and includes guidelines affecting all of Medicare (i.e. Part A (Hospital Services, Part B (Medical Services, etc.).

To use this manual, simply locate the topic of interest and note the corresponding section of the Online CMS Manual System, then click on the link to the Online CMS Manual System. This takes you to the appropriate Publication and Chapter; you then review the Table of Contents for your specific topic/section number. Most chapters in the Online CMS Manual allow you to click on the specific section in the Table of Contents which takes you directly to that section in the chapter. Other chapters require that you scroll through the chapter to find the section noted in the specialty manual.

## Disclaimer

This manual has been prepared as a tool to assist providers. Every reasonable effort has been made to assure the accuracy of the information; however, the ultimate responsibility for correct billing lies with the provider of the services.

CGS, Medicare Outreach and Education, their employees and their staff make no representation, warranty or guarantee that this compilation of Medicare information is all inclusive or error-free and will bear no responsibility for the results or consequences of the use of this manual. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

### Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

CMS Manual System, Pub 100-2, Medicare Benefit Policy Manual, Chapter 15, Section 80 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

### Medicare Physician Fee Schedule Relative Value Files with Indicators for Levels of Supervision - Diagnostic Tests

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

### Payment Conditions for Radiology Services

- Professional Component (PC)
- Technical Component (TC)
- Hospital and Skilled Nursing Facility (SNF) Patients
- Services Not Furnished in Hospitals
- Services Furnished in Leased Departments

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Sections 20-20.2.3 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

### Multiple Procedure Reduction on the Technical Component (TC) of Certain

Diagnostic Imaging Procedures and Cap on the TC of Imaging Procedures <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

### Physician Fee Schedule

<http://www.cgsmedicare.com/kyb/coverage/fees/fees.html>

<http://www.cgsmedicare.com/ohb/coverage/fees/fees.html>

*Be sure to check the Coverage & Pricing tab under your state's Part B page for updates as they become available.*

### Purchased Diagnostic Tests

Anti-Markup Payment Limitation Section 20.3 (Replaced Purchased Diagnostic Tests)

- 20.3.1 – B/MAC Payment Rules
- 20.3.2 - Billing for Services

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Section 20.3 – 20.3.2 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 1, Section 30.2.9 - Payment to Physician or Other Supplier for Diagnostic Tests Subject to the Anti-Markup Payment Limitation - Claims Submitted to A/B MACs (Rev. 1892; Issued: 01-15-10; Effective/Implementation Date: 03-15-10) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c01.pdf>

### ICD -9-CM Coding for Diagnostic Tests

- ICD-9-CM Diagnosis and Procedure Codes
- ICD-9-CM Coding for Diagnostic Tests
- Determining the Appropriate Primary ICD-9-CM Diagnosis Code for Diagnostic Tests
- Ordered Due to Signs and/or Symptoms
- Instructions to Determine the Reason for the Test
- Incidental Findings
- Unrelated Coexisting Conditions/Diagnoses
- Diagnostic Tests Ordered in the Absence of Signs and/or Symptoms
- Use of ICD-9-CM to the Greatest Degree of Accuracy and Completeness
- Coding Questions and Answers for Diagnostic Tests

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 23, Sections 10 – 10.1.7 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

### Billing Part B Radiology Services and Other Diagnostic Procedures

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Section 10.1 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

### Computerized Axial Tomography (CT) Procedures

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Section 30 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

### Low Osmolar Contrast Media (LOCM) Payment Criteria and Payment Level

CMS Medlearn Matters article MM3902 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3902.pdf>

### Magnetic Resonance Imaging (MRI) Procedures

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Section 40 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

### Magnetic Resonance Angiography

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Section 40.1-40.1.140.1.4 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

### Nuclear Medicine (CPT 78000 – 79999)

- Payment for Radionuclides
- Stressing Agent
- Application of Multiple Procedure Policy (CPT Modifier “-51”)
- Generation and Interpretation of Automated Data

CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 13, Sections 50, 50.1, 50.2, 50.3, 50.4 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

**Positron Emission Tomography (PET) Scans - General Information**  
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>

#### Section 60

- Billing Instructions
- Use of Gamma Camera and Full and Partial Ring PET Scanners for PET Scans
- Coverage for Myocardial Viability
- PET Scan Qualifying Conditions and HCPCS Code Chart
- Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005
- PET Scans for Imaging of the Perfusion of the Heart Using Rubidium 82(Rb 82)
- Expanded Coverage of PET Scans for Solitary Pulmonary Nodules (SPNs)
- Expanded Coverage of PET Scans Effective for Services on or After July 1, 1999
- Expanded Coverage of PET Scans Effective for Services on or After July 1, 2001
- Expanded Coverage of PET Scans for Breast Cancer Effective for Dates of Service on or after October 1, 2002

#### Other Related Links

Local Coverage Determinations <http://www.cgsmedicare.com>

*Click the appropriate “Part B” tab for your jurisdiction/state and select the “Coverage & Pricing” tab to locate the policies for your state.*