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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1434 | Date: November 6, 2014 |
| | Change Request 8927 |

SUBJECT: Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System

I. SUMMARY OF CHANGES: This CR adds G0101 and Q0091 to the list of preventive services paid based on the all inclusive rate for RHCs and FQHCs.

EFFECTIVE DATE: January 1, 2014

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

IMPLEMENTATION DATE: April 6, 2015

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

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| 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 obliged 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

| | | | |
|--------------------|--------------------------|-------------------------------|-----------------------------|
| Pub. 100-20 | Transmittal: 1434 | Date: November 6, 2014 | Change Request: 8927 |
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SUBJECT: Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System

EFFECTIVE DATE: January 1, 2014

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

IMPLEMENTATION DATE: April 6, 2015

I. GENERAL INFORMATION

A. Background: CMS has determined that the screening pelvic and clinical breast examination, Healthcare Common Procedure Coding System (HCPCS) code G0101 and screening Papanicolaou smear, HCPCS code Q0091, are billable visits when furnished by a RHC or FQHC practitioner to a RHC or FQHC patient.

The purpose of this Change Request (CR) is to update the system to allow HCPCS codes G0101 or Q0091 to be billed as a stand-alone encounter/visit when furnished on a day when no other billable visit occurs. These services will be paid the AIR on RHC and FQHC claims effective for dates of service on or after January 1, 2014. If other billable visits are furnished on the same day as G0101 or Q0091, only one visit shall be paid.

G0101 or Q0091 are payable annually for women at high risk for developing cervical or vaginal cancer, and women of childbearing age who have had an abnormal Pap test within the past 3 years. It is payable every 2 years for women at normal risk. For FQHCs billing under the PPS, G0101 and Q0091 are qualifying visits when billed with FQHC payment HCPCS codes G0466 or G0467.

Separate instructions will be provided for FQHCs that are authorized to bill under the PPS.

B. Policy: The policy remains the same.

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | |
|--------|---|----------------|---|-------------|----------------------------------|-------------|------------------|-------------|-------|-------------|
| | | A/B MAC | | D M E | Shared- System Maintainers | | | | Other | |
| | | A | B | | H H H | M A C | F I S S | M C S | | V M S |
| 8927.1 | Contractors shall add HCPCS codes G0101 and Q0091 to the list of preventive services eligible to be paid at the AIR for 71X and 77X TOBs. NOTE: Payment for G0101 and Q0091 should be effective for dates of service on or after January 1, 2014. | | | | | X | | | X | |

| Number | Requirement | Responsibility | | | | | | | | Other |
|------------|--|----------------|---|-------------|----------------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | | D M E M A C | Shared-System Maintainers | | | | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | |
| 8927.2 | Contractors shall prevent a separate payment when G0101 or Q0091 is billed on the same day as an encounter/visit with revenue code 052X (This does not apply to IPPE for RHC and FQHC claims and FQHC claims with DSMT, MNT or modifier 59). | | | | | X | | | | |
| 8927.2.1 | Contractors shall use: Group Code CO - Contractual obligation CARC 97 –“The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present”, for the preventive service line(s). | | | | | X | | | | |
| 8927.2.1.1 | Contractors shall use MSN message 16.34 - You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column. | | | | | X | | | | |
| 8927.3 | Contractors shall ensure deductible and coinsurance are NOT applied to G0101 or Q0091. | | | | | X | | | | |
| 8927.4 | Contractors shall not search for claims that have been denied with HCPCS code G0101 or Q0091 prior to the implementation this CR. However, contractors shall adjust any claims brought to their attention. | X | | | | | | | X | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|--|----------------|---|-------------|----------------------------|------------------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | A | B | H H H | | |
| 8927.5 | MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning- | X | | | | |

| Number | Requirement | Responsibility | | | | |
|--------|---|----------------|---|-------------|-------------|------------------|
| | | A/B MAC | | | D M E | C E D I |
| | | A | B | H H H | M A C | |
| | Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | | | | | |

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: |
|--------------------------|--|
| | |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Simone Dennis, 410-786-8409 or simone.dennis@cms.hhs.gov, Tracey Mackey, 410-786-5736 or tracey.mackey@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