



Provider Inquiry Assistance

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits - JA6356

Related CR Release Date: February 20, 2009

Date Job Aid Revised: March 2, 2009

Effective Date: January 1, 2009

Implementation Date: April 6, 2009

Key Words MM6356, CR6356, R1687CP, HCPCS, CLIA, Laboratory

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected Clinical Laboratories submitting claims to Medicare A/B MACs or carriers for laboratory services provided to Medicare beneficiaries



Change Request (CR) 6356 identifies HCPCS code changes, including modifiers for 2009 that are both subject to CLIA edits and excluded from CLIA edits.

Discontinued Codes

- HCPCS codes discontinued on December 31, 2008 are listed on page 2 of MLN Matters article MM6356.

Provider Needs to Know...

New Codes

- For 2009, the new HCPCS codes **excluded from CLIA edits** and do not require a facility to have a CLIA certificate are listed on page 2 of MLN Matters article MM6356.

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- For 2009, the new HCPCS codes **subject to CLIA edits** can be found in the table on page 2 of MLN Matters are MM6356. These codes require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3).
 - The table does not include new HCPCS codes for waived tests or provider-performed procedures.
 - A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.
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Background

- CLIA regulations require a facility to be appropriately certified for each test performed.
 - To ensure that Medicare and Medicaid only pay for laboratory tests performed in certified facilities, each claim for a HCPCS code that is considered a CLIA laboratory test is currently edited at the CLIA certificate level.
 - The HCPCS codes that are considered a laboratory test under CLIA change each year.
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**Operational
Impact**

- Medicare Contractors will not search their files to retract payment for claims already paid or to retroactively pay claims processed prior to implementation of these changes.
 - However, they will adjust previously processed claims that providers bring to their attention.
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**Reference
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6356.pdf> on the CMS website.

The official instruction (CR6336) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1687CP.pdf> on the CMS website.
