



## Provider Inquiry Assistance

### New Waived Tests – JA6370

Related CR Release Date: February 27, 2009

Date Job Aid Revised: March 9, 2009

Effective Date: April 1, 2009

Implementation Date: April 6, 2009

**Key Words** MM6370, CR6370, R1689CP, Waived, Tests

**Contractors Affected**

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

**Provider Types Affected** Clinical laboratories and providers that submit claims to Medicare Carriers and/or A/B MACs for laboratory test services provided to Medicare beneficiaries



The Centers for Medicare & Medicaid Services (CMS) has listed latest tests approved by the Food and Drug Administration (FDA) as waived tests under Clinical Laboratory Improvement Amendments of 1988 (CLIA).

- The table on page 2 of MLN Matters article MM6370 lists the latest tests approved by the FDA as waived tests under CLIA. The Current Procedural Terminology (CPT) codes for these new tests must have the modifier QW to be recognized as a waived test.

**Provider Needs to Know...**

- However, the tests mentioned on the first page of the attachment in CR6370 (i.e., CPT codes: 81002, 81025, 82270, 82272, G0394, 82962, 83026, 84830, 85013, and 85651) do not require a QW modifier to be recognized as a waived test.

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- Background**
- CLIA regulations require a facility to be appropriately certified for each test it performs. To ensure that Medicare and Medicaid only pay for laboratory tests categorized as waived complexity under CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certificate level.
  - CMS identifies CLIA waived tests by providing an updated list of waived tests to the Medicare contractors on a quarterly basis via a Recurring Update Notification.
  - To be recognized as a waived test, some CLIA waived tests have unique Healthcare Common Procedure Coding System (HCPCS) procedure codes, and some must have a QW modifier included with the HCPCS code.
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**Operational Impact**

The Medicare contractor will not search their files to retract payment or retroactively pay claims processed before CR6370 is implemented. However, they will adjust 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/MM6370.pdf> on the CMS website.

The official instruction (CR6336) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1689CP.pdf> on the CMS website.

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