



Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits – JA6812

Related CR Release Date: February 5, 2010

Date Job Aid Revised: February 15, 2010

Effective Date: January 1, 2010

Implementation Date: April 5, 2010

Key Words MM6812, CR6812, R1912CP, HCPCS, CLIA

Contractors Affected

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

Provider Types Affected Clinical laboratories and providers that submit claims to Medicare Carriers or A/B MACs for laboratory test services provided to Medicare beneficiaries may be impacted by this issue.



Change Request (CR) 6812 informs carriers and A/B MACs about the new HCPCS codes for 2010 that are subject to, and those that are excluded from, CLIA edits.

New Codes Subject to CLIA Edits for 2010

Provider Needs to Know...

- The HCPCS codes listed in the table in the background section of MLN Matters® article MM6812 are new for 2010 and are subject to CLIA edits. They 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).
- A facility without a valid, current, CLIA certificate, or with a current CLIA certificate of waiver (certificate type code 2), or a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.
- The table does not include new HCPCS codes for waived tests or provider-performed procedures.

HCPCS Codes Discontinued on December 31, 2009

- 82307 – Calciferol (Vitamin D);
- 86781 – Antibody; Treponema pallidum confirmatory test (e.g., FTA-ABS); and
- 0087T – Sperm evaluation, hyaluronan sperm binding test.

New Codes Excluded From CLIA Edits for 2010 and Do Not Require a Facility to Have Any CLIA Certificate

- 83987 – pH; exhaled breath condensate;
- 88738 – Hemoglobin (Hgb), quantitative, transcutaneous; and
- 89398 – Unlisted reproductive medicine laboratory procedure.

Background

- CLIA regulations require a facility to be appropriately certified for each test it performs. Moreover, to ensure that Medicare and Medicaid only pay for laboratory tests that are 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.
- Since the HCPCS codes that are considered a laboratory test under CLIA change each year, the Center for Medicare & Medicaid Services (CMS) needs to inform carriers and A/B MACs about the new HCPCS codes that are subject to CLIA edits and those that are excluded from CLIA edits.
- CR6812 provides them this information for 2010.

Operational Impact

If a CLIA number is not included, carriers or A/B MACs will return (as unprocessable) claims that are submitted for the HCPCS codes listed in the table (those subject to CLIA edits).

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6812.pdf> on the CMS website.

The official instruction (CR6812) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1912CP.pdf> on the CMS website.