Public Meeting for New Clinical Laboratory Tests for 2008

Summary Chart of Payment Recommendations
Payment Determinations

New codes for clinical laboratory tests will become effective January 1, 2008 under the Medicare Part B clinical laboratory fee schedule for outpatient testing. The codes represent clinical laboratory tests important to Medicare beneficiaries for conditions such as renal function, inflammatory bowel disease, and vancomycin resistance. In accordance with regulation 42 CFR §414.506, the Centers for Medicare & Medicaid Services (CMS) hosted a public meeting on July 16, 2007 to receive payment recommendations for the new test codes. Notice of the meeting was announced in the Federal Register on May 27, 2007 and on the CMS website on June 18, 2007. The announcements described how to register and present at the meeting along with information on audio listening and a question and answer period for the meeting. Also, the announcements indicated written comments could be submitted to CMS on or before August 1, 2007.

Approximately 50 members of the public representing laboratories, manufacturers, medical societies and the press attended the public meeting. Sixteen members of the public utilized the opportunity to orally present payment recommendations for the new codes at the public meeting. Written comments were received during the comment period. After review of the public comments, CMS is providing summary charts of the comments, proposed payment determinations, and associated rationale as required by 42 CFR §414.506. The charts display for each new code, CMS' proposed determination to use a gap-fill method of local pricing by carriers or a cross-walk method and, if the latter, to which other code(s) the new test code will be cross-walked for a payment rate on the clinical laboratory fee schedule.

CMS' proposed determination for the hemoglobin A1C test is to continue using codes 83036 and 83037 rather than to replace them by a HCPCS alphanumeric code. CMS proposes to accept a comment from the American Medical Association's CPT Editorial Panel requesting that CMS postpone any action related to this issue pending discussion of these codes at the upcoming October 2007 CPT Editorial Panel meeting. CMS will consider any coding changes for these services as part of the process for developing the 2009 clinical laboratory fee schedule.

In addition, 42 CFR §414.506 requires that an additional written comment period on the proposed payment determinations be available to the public. Therefore, CMS is providing an additional comment period until October 5, 2007. Comments can be submitted on or before October 5, 2007 to the public meeting's coordinator Deborah Cooley at Mail Stop C4-03-06, 7500 Security Boulevard, Baltimore MD 21244-1850 or deborah.cooley@cms.hhs.gov. The 2008 clinical laboratory fee schedule will be developed taking into consideration all comments received.

The 2008 clinical laboratory fee schedule will be effective for services provided January 1 to December 31, 2008. CMS expects to issue instructions and fees to Medicare carriers/intermediaries for implementation of the 2008 clinical laboratory fee schedule on

or after the last week of October 2007. Internet access to the instructions will be available at www.cms.hhs.gov/manuals. The data file for the 2008 Medicare clinical laboratory fee schedule will be available on or after the third week of November 2007 at www.cms.hhs.gov/ClinicalLabFeeSched.