



News Flash – The "Medicare Billing Information for Rural Providers and Suppliers" (ICN 006762)(Sept. 2011) booklet is designed to provide education on Medicare rural billing. It includes information for Rural Health Clinics, Federally Qualified Health Centers, Skilled Nursing Facilities, Home Health Agencies, Critical Access Hospitals, and Swing Beds. To access the downloadable version of the Rural Health Bookmark, visit <http://go.cms.gov/MLNProducts>, scroll down to "Related Links" and select "MLN Product Ordering Page."

MLN Matters® Number: MM6685

Related Change Request (CR) #: 6685

Related CR Release Date: November 20, 2009

Effective Date: January 1, 2010

Related CR Transmittal #: R1857CP

Implementation Date: January 4, 2010

Note: This article was updated on January 18, 2013, to reflect current Web addresses. All other information remains unchanged.

New Waived Tests

Provider Types Affected

Clinical diagnostic laboratories billing Medicare Carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for laboratory tests are impacted by this article.

Provider Action Needed



STOP – Impact to You

If you do not have a valid, current, Clinical Laboratory Improvement Amendments of 1998 (CLIA) certificate and submit a claim to your Medicare Carrier or A/B MAC for a Current Procedural Terminology (CPT) code that is considered to be a laboratory test requiring a CLIA certificate, your Medicare payment may be impacted.

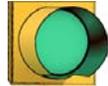
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CAUTION – What You Need to Know

CLIA requires that for each test it performs, a laboratory facility must be appropriately certified. The CPT codes that the Centers for Medicare & Medicaid Services (CMS) considers to be laboratory tests under CLIA (and thus requiring certification) change periodically. CR 6685, from which this article is taken, informs carriers and A/B MACs about the latest new CPT codes that are subject to CLIA edits.



GO – What You Need to Do

Make sure that your billing staff is aware of these CLIA-related changes and that you remain current with certification requirements.

Background

Listed below are the latest tests approved by the Food and Drug Administration as waived tests under CLIA. The tests are valid as soon as they are approved. The CPT codes for the following new tests MUST have the modifier QW to be recognized as a waived test.

CPT Code	Effective Date	Description
80101QW	March 10, 2009	Amedica Biotech Amedica Drug Screen Test Cup
80101QW	May 11, 2009	Twin Spirit, Inc. DrugSmart Cup
84443QW	June 3, 2009	CLIAwaived Inc. Thyroid Test Rapid TSH Cassette {Whole Blood}
86308QW	July 16, 2009	ProAdvantage by NDC Infectious Mononucleosis Test Device (Whole Blood Only)
86318QW	August 7, 2009	Pro-Advantage by NDC H. pylori Device (Whole Blood)
87804QW	August 18, 2009	BinaxNOW Influenza A & B Test, K092223

Other Key Points of CR6685

- Only tests with the following CPT codes DO NOT require a QW modifier to be recognized as a waived test: 81002, 81025, 82270, 82272, 82962, 83026, 84830, 85013, and 85651.

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- For 2009, the description for the CPT code 84155 was modified from “Protein, total, except by refractometry; serum” to “Protein, total, except by refractometry; serum, plasma or whole blood.” Therefore, the CPT codes assigned for the total protein test performed on the following test systems have been changed from 84157QW to 84155QW:
 - Abaxis Piccolo Blood Chemistry Analyzer (General Chemistry 13 Panel){Whole Blood},
 - Abaxis Piccolo xpress Chemistry Analyzer (General Chemistry 13 Panel){Whole Blood},
 - Abaxis Piccolo Point of Care Chemistry Analyzer (Liver Panel Plus Reagent Disc){whole blood},
 - Abaxis Piccolo xpress Chemistry Analyzer {Liver Panel Plus} (Whole Blood), and
 - Arkey SPOTCHEM EZ Chemistry Analyzer (Spotchem II Basicpanel 2){Whole Blood}.
- As a result, Medicare will permit the use of 84155QW for claims submitted by facilities with a valid and current CLIA certificate of waiver with dates of service on or after January 1, 2009, but Medicare will deny the use of code 84157QW from such facilities with the dates of service on or after January 1, 2010.
- Medicare Carriers and A/B MACs will not search their files to adjust claims affected by this change, but processed prior to the implementation of CR 6685. They will, however, adjust such claims that you bring to their attention.

Additional Information

The official instruction (CR6685) issued to your Medicare Carrier and/or A/B MAC is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1857CP.pdf> on the CMS website.

If you have questions, please contact your Medicare Carrier and/or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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