



News Flash – Health care providers, health plans, clearinghouses and vendors should be finished with their internal testing of the Version 5010 HIPAA electronic health care transaction standards by the first recommended deadline for internal testing, December 31, 2010, and be ready to start testing with their external partners, beginning in January 2011, just about four months away. Please visit <http://www.cms.gov/Medicare/Coding/ICD10/index.htm/> for the latest news and sign up NOW for Version 5010 and ICD-10 e-mail updates!

MLN Matters® Number: MM7140

Related Change Request (CR) #: 7140

Related CR Release Date: September 24, 2010

Effective Date: October 26, 2010

Related CR Transmittal #: R776OTN

Implementation Date: October 26, 2010

Note: This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

Clarification on the Effective Date on the Procedure Status Indicator for Current Procedural Terminology (CPT) Code 80101

Provider Types Affected

This article is for clinical laboratories billing Medicare Carriers, Fiscal Intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs).

Provider Action Needed

This article is based on CR 7140, which clarifies that the effective date for the change of the Procedure Status indicator to "I" for Current Procedure Terminology (CPT) code 80101 has been set to January 1, 2010 for all claims and CR 7140 supercedes all other CRs in relation to this issue. Thus;

- For claims with Date of Service (DOS) on or after January 1, 2010, the new test code G0431 (Drug Screen, Qualitative; Single Drug Class Method) must be utilized by those clinical laboratories that do not require a Clinical Laboratory Improvement Act (CLIA) certificate of waiver as CPT codes 80101 and 80101QW are not valid on the Clinical Laboratory Fee Schedule as of January 1, 2010.

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- Clinical laboratories should identify claims that were filed and denied during the period of January 1, 2010 through June 30, 2010, as a result of CPT 80101, and resubmit these claims with HCPCS code G0431. However, do not resubmit such claims if they were paid by Medicare.
- For claims with DOS on or after January 1, 2010, clinical laboratories that do require a CLIA certificate of waiver must utilize the new test code G0431QW.

Background

The Center for Medicare & Medicaid Services (CMS) has been receiving inquiries on when the Medicare Procedure Status Indicator should be changed to "I" (Not valid for Medicare purposes, Medicare recognizes another code) for CPT 80101 (Drug Screen, Qualitative; Single Drug Class Method). There has been some confusion regarding the compliance between CR 6852 (Transmittal 653) issued on March 19, 2010 which changed the indicator effective April 1, 2010 and CR 6909 (Transmittal 1957) issued on April 28, 2010 which changed the indicator effective date to July 1, 2010 as well as a third source, the Clinical Laboratory Fee Schedule (CLFS) file that is utilized by the Medicare contractors, which changed the indicator effective date to January 1, 2010. CR 7140 clarifies that the effective date for the change of the Procedure Status indicator to "I" for CPT code 80101 has been set to January 1, 2010. This CR supersedes all previous CMS transmittals concerning the indicator change for CPT code 80101.

Beginning January 1, 2010, the new test code G0431 (Drug Screen, Qualitative; Single Drug Class Method) must be used by those clinical laboratories that do not require a Clinical Laboratory Improvement Act (CLIA) certificate of waiver.

For claims with DOS on or after January 1, 2010, those clinical laboratories that do require a CLIA certificate or waiver must utilize the new test code G0431QW.

Claims that were filed and denied for the period January 1, 2010 through June 30, 2010 with CPT code 80101 should be resubmitted with the Healthcare Common Procedure Coding System (HCPCS) Code G0431.

Additional Information

The official instruction, CR 7140 issued to your carrier, FI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R776OTN.pdf> on the CMS website. If you have any questions, please contact your carrier, FI, and 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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