



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted the 2011 versions of the ICD-10-CM and ICD-10-PCS crosswalks, formally referred to as the General Equivalence Mappings (GEMs) at <http://www.cms.gov/ICD10> on the ICD-10 website. See the links on that page for 2011 ICD-10-CM and GEMs, and 2011 ICD-10-PCS and GEMs. In addition, CMS has also posted a document, “ICD-10 GEMs 2011 Version Update, Update Summary”. This document describes the number of comments CMS received, the type of changes recommended, the types of changes made based on the comments, the types of comments not accepted, and the reasons why some comments were not accepted.

MLN Matters® Number: MM7277 **Revised**

Related Change Request (CR) #: 7277

Related CR Release Date: February 11, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2156CP

Implementation Date: April 4, 2011

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

Note: This article was revised on August 8, 2011, to add a reference to MLN Matters® article MM7513 (<http://www.cms.gov/MLN MattersArticles/downloads/MM7513.pdf>), to notify providers of 4 additional HCPCS codes (with modifiers) that are subject to CLIA edits and were not mentioned previously in MM7277. All other information is the same.

Provider Types Affected

Clinical laboratories and providers that submit claims to Medicare carriers or Medicare Administrative Contractors (MACs) for laboratory test services provided to Medicare beneficiaries may be affected by this issue.

What You Need to Know

This article is based on Change Request (CR) 7277, which informs your Medicare carriers and MACs about the new HCPCS codes for 2011 that are subject to Clinical Laboratory Improvement Amendments (CLIA) edits and excluded from CLIA edits. Be sure that your staff is informed of these changes.

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Background

The CLIA regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare and Medicaid only pay for laboratory tests performed in certified facilities, each claim for a Healthcare Common Procedure Coding System (HCPCS) code that is considered a CLIA laboratory test is currently edited at the CLIA certificate level.

The HCPCS codes that are considered a laboratory test under CLIA change each year. You need to know about the new HCPCS codes that are both subject to CLIA edits and excluded from CLIA edits.

Discontinued Codes

The following HCPCS codes were discontinued on December 31, 2010:

- G0430 – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure,
- 82926 - Gastric acid, free and total, each specimen,
- 82928 - Gastric acid, free or total, each specimen,
- 86903 - Blood typing; antigen screening for compatible blood unit using reagent serum, per unit screened,
- 89100 - Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure,
- 89105 - Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube,
- 89130 - Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology,
- 89132 - Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation,
- 89135 - Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour,
- 89136 - Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); two hours,
- 89140 - Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); two hours including gastric stimulation (e.g., histalog, pentagastrin),
- 89141 - Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); three hours, including gastric stimulation,
- 89225 - Starch granules, feces, and
- 89235 - Water load test.

New Codes

The following HCPCS codes are new for 2011, are excluded from CLIA edits, and do not require a facility to have any CLIA certificate:

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- 88177 – Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (list separately in addition to code for primary procedure), and
- 88749 - Unlisted in vivo (e.g., transcutaneous) laboratory service.

For 2011, the HCPCS code 88172 (Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site) is not subject to CLIA edits and does not require a facility to have any CLIA certificate.

The HCPCS codes listed in the chart that follows are new for 2011 and are subject to CLIA edits. The list does not include new HCPCS codes for waived tests or provider-performed procedures. The HCPCS codes listed below require a facility to have 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, with a current CLIA certificate of waiver (certificate type code 2), or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) may not be paid for these tests.

HCPCS	Description
G0432	Infectious agent antibody detection by Enzyme Immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by Enzyme-Linked Immunosorbent Assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimens
82930	Gastric acid analysis, includes pH if performed, each specimen
83861	Microfluidic analysis utilizing an integrated collection and analysis device; tear osmolarity
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative
85598	Phospholipid neutralization; hexagonal phospholipid
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon producing T-cells in cell suspension

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HCPCS	Description
86902	Blood typing; antigen testing of donor blood using reagent serum, each antigen test
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, reverse transcription and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, multiplex for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or subtype beyond 2 (List separately in addition to code for primary procedure)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (e.g., integrase, fusion)
88120	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
88363	Examination and selection of retrieved archival (i.e., previously diagnosed) tissue(s) for molecular analysis (e.g., kras mutational analysis)

Note that Medicare contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims processed prior to implementation of these changes. However, they will adjust such claims that you bring to their attention.

Additional Information

The official instruction, CR7277, issued to your Carrier or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2156CP.pdf> on the CMS website. If you have any questions, please contact your Carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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