

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – On Wednesday, February 22, 2012, President Obama signed into law the Middle Class Tax Relief and Job Creation Act of 2012 (Job Creation Act). This new law prevents a scheduled payment cut for physicians and other practitioners who treat Medicare patients from taking effect on March 1, 2012. The new law extends the current zero percent update for such services through December 31, 2012. President Obama remains committed to a permanent solution to eliminating the Sustainable Growth Rate reductions, which result from the existing statutory methodology. The Administration will continue to work with Congress to achieve this goal, as well as implement the policies in the Affordable Care Act to move toward a patient-centered, quality oriented system. **Be on the alert for more information about the Job Creation Act and the provisions which take effect later in the year.**

MLN Matters® Number: MM7778

Related Change Request (CR) #: CR 7778

Related CR Release Date: April 6, 2012

Effective Date: January 1, 2012

Related CR Transmittal #: R2441CP

Implementation Date: July 2, 2012

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

### Provider Types Affected

This MLN Matters® Article is intended for clinical laboratories and providers that submit claims to Medicare Carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for laboratory test services provided to Medicare beneficiaries.

### What You Need to Know

This article is based on Change Request (CR) 7778 which informs Medicare Carriers and A/B MACs about the new Healthcare Common Procedure Coding System (HCPCS) codes for 2012 that are subject to Clinical Laboratory Improvement Amendments (CLIA) edits and excluded from CLIA edits. Please be sure your staffs are aware of these changes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

## 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 in a facility with a valid, current CLIA certificate, laboratory claims are 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, 2011:

- 88107 – Cytopathology fluids, washings or brushings, except cervical or vaginal; smears and simples filter preparation with interpretation; and
- 88318 – Determinative histochemistry to identify chemical components (eg, copper, zinc).

### New Codes

There were 101 new HCPCS codes for molecular pathology (i.e., 81200 through 81408) in 2012. The testing described by these codes is subject to the CLIA regulations; however, they are not payable by Medicare. Hence, these 101 codes were not included in this CR.

The HCPCS codes listed in the chart that follows are new for 2012 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 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, 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) are not permitted to be paid for these tests.

HCPCS	Description
0279T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)
0280T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report
86386	Nuclear Matrix Protein 22 (NMP22), qualitative
87389	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple-step method; HIV-1 antigens(s), with HIV-1 and HIV-2 antibodies, single result.

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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**

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The official instruction, CR7778, issued to your Medicare Carrier or A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2441CP.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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