

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



News Flash -

Revised product from the Medicare Learning Network® (MLN)

- ["Medicare Vision Services,"](#) Fact Sheet, ICN 907165, Downloadable only.

MLN Matters® Number: MM8212

Related Change Request (CR) #: CR 8212

Related CR Release Date: March 15, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R2671CP

Implementation Date: July 1, 2013

New Waived Tests

Provider Types Affected

This MLN Matters® Article is intended for clinical diagnostic laboratories submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed



STOP - Impact to You

This article is based on Change Request (CR) 8212 which informs Medicare contractors of the nine newly added waived tests under the Clinical Laboratory Improvement Amendments of 1998 (CLIA) .

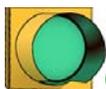
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CAUTION – What You Need to Know

CLIA requires that for each test it performs, a laboratory facility must be appropriately certified. The Current Procedural Terminology (CPT) codes that the Centers for Medicare & Medicaid Services (CMS) consider to be laboratory tests under CLIA (and thus requiring certification) change each year. CR 8212, from which this article is taken, informs carriers and MACs about the latest new CPT codes that are subject to CLIA edits.



GO – What You Need to Do

Make sure that your billing staffs are aware of these CLIA-related changes for 2012 and 2013 and that you remain current with certification requirements. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

CLIA regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare & Medicaid **only pay** for laboratory tests categorized as waived complexity under CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certificate level.

Listed below are the latest tests approved by the Food and Drug Administration (FDA) as waived tests under CLIA. The CPT codes for the following new tests must have the modifier QW to be recognized as a waived test.

Waived Tests (QW Modifier Required)

CPT Code	Effective Date	Description
82055QW	April 30, 2012	Germaine Laboratories AimStrip Alcohol Saliva
G0434QW	November 29, 2012	Chemtron Biotech, Inc. Chemtrue Single/Multi-Panel Drug Screen Cassette Tests
G0434QW	November 29, 2012	Chemtron Biotech, Inc. Chemtrue Single/Multi-Panel Drug Screen Dip Card Tests
G0434QW	January 4, 2013	American Screening Corporation, Inc., Multi-Drug Testing Cards
G0434QW	January 4, 2013	American Screening Corporation, Inc., Multi-Drug Testing Cups
G0434QW	January 10, 2013	UCP Biosciences, Inc. UCP Compact Drug Test Cards
G0434QW	January 10, 2013	UCP Biosciences, Inc. UCP Compact Drug Test Cups
85610QW	January 16, 2013	Coag-Sense Prothrombin Time (PT/INR) Monitoring System (Professional use)
81003QW	January 23, 2013	CLIA waived Inc. Automated Urinalysis Test System

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Note that the tests mentioned on the first page of the list attached to CR8212 (CPT codes: 81002, 81025, 82270, 82272, 82962, 83026, 84830, 85013, and 85651) do not require a QW modifier to be recognized as a waived test.

Note: Medicare contractors will not search files to either retract payment or retroactively pay claims based on the changes in CR8212, however, claims should be adjusted if you bring them to your contractor's attention.

Additional Information

The official instruction, CR 8212, issued to your carrier and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2671CP.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/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Activity Continues: Prompt Antiviral Treatment is Crucial for Seniors Sick with Flu

This season, flu activity started early and has placed a significant burden on people 65 years of age and older. In fact, so far this season, CDC has reported nearly four times more hospitalizations among people 65 and older than occurred during the entire 2011-2012 season. The CDC recommends that vaccination efforts continue as long as influenza viruses are circulating. People 65 years of age and older, as well as their close contacts and caregivers, should be vaccinated; and should seek medical treatment with antiviral drugs as soon as symptoms appear in order to reduce serious complications from flu infection, including hospitalizations, intensive care unit (ICU) admissions and deaths.

Note: Influenza vaccine and its administration is a Medicare Part B covered benefit. Influenza vaccines are NOT Part D-covered drugs.

For More Information:

- 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list.
- [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season".
- Visit the [CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources](#) and [CMS Immunizations](#) web pages for information on coverage and billing of the flu vaccines and their administration fees.
- [HealthMap Vaccine Finder](#) is a free, online service where users can find locations offering flu vaccines as well as other vaccines for adults.
- [CDC](#) website offers a variety of provider resources for the 2012-2013 flu season. CDC article [Seniors among Groups Hardest Hit by Flu this Season](#)

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