



The *Clinical Laboratory Fee Schedule Fact Sheet*, which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/clinical\\_lab\\_fee\\_schedule\\_fact\\_sheet.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/clinical_lab_fee_schedule_fact_sheet.pdf) on the CMS website.

MLN Matters Number: MM5987

Related Change Request (CR) #: 5987

Related CR Release Date: April 11, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R3310TN

Implementation Date: May 12, 2008

## Clinical Laboratory Fee Schedule - Implementation of Section 113 Medicare, Medicaid and State Children's Health Insurance Program (MMSCHIP) Legislation

**Note:** This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Clinical laboratories billing Medicare contractors (carriers, fiscal intermediaries, or Part A/B Medicare Administrative Contractors (A/B MACs)) for services to Medicare beneficiaries

### Provider Action Needed

This article is based on Change Request (CR) 5987 which alerts clinical laboratories that, effective for tests furnished on or after April 1, 2008, the MMSCHIP Extension Act of 2007 sets payment for code 83037 and 83037QW (Hemoglobin; glycosylated (A1c) by device) by crosswalking it to be the same as 83036 (glycosylated (A1c)). Make certain your billing staffs are aware of this change.

#### Disclaimer

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## Background

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The MMSCHIP Extension Act of 2007 passed in December 2007 and included Section 113. Section 113 of the legislation set the price for any diagnostic test for HbA1C that is labeled by the Food and Drug Administration (FDA) for home use equal to the payment rate for a glycosylated hemoglobin test (identified as of October 1, 2007, by Healthcare Common Procedure Coding System (HCPCS) code 83036 (and any succeeding codes)). **The legislation is effective for tests furnished on or after April 1, 2008.**

- For Calendar Year (CY) 2006, the Current Procedural Terminology (CPT) established new code 83037 Hemoglobin; glycosylated (A1C) by device cleared by the FDA for home use. CPT code 83036, glycosylated (A1c), already existed and was priced at \$13.56 on the clinical laboratory fee schedule.
- For calendar year 2006, CMS determined that code 83037 should be paid via carrier gap filling.
- For calendar year 2007, CMS set the payment for code 83037 by crosswalking it to code 82985 (Glycosylated protein).
- For tests furnished on or after April 1, 2008, the payment for 83037 or 83037QW will be the same as the payment on the clinical laboratory fee schedule for 83036.

Your Medicare contractor will adjust claims for services on or after April 1, 2008, processed prior to implementation of this change if you bring such claims to the contractor's attention.

## Additional Information

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To see the official instruction (CR5987) issued to your Medicare contractor visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R3310TN.pdf> on the CMS website.

If you have questions, please contact your Medicare contractor 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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