Medicare Learning Network
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CMS
Information for Medicare Fee-For-Service Health Care Professionals

News Flash – A Special Edition MLN Matters provider education article is now available at *http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0837.pdf* on the CMS website. This Special Edition article assists all providers who will be affected by Medicare Administrative Contractor (MAC) implementations. It provides information to make you aware of what to expect as your FI or carrier transitions its work to a MAC. This article alerts providers as to what to expect and how to prepare for the MAC implementations and will help to minimize any disruption in your Medicare business.

MLN Matters Number: MM6356 | Related Change Request (CR) #: 6356
Related CR Release Date: February 20, 2009 | Effective Date: January 1, 2009
Related CR Transmittal #: R1687CP | Implementation Date: April 6, 2009

Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

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

Provider Types Affected

Clinical Laboratories submitting claims to Medicare Part A/B Medicare Administrative Contractors (A/B MACs) or carriers for laboratory services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6356. The Centers for Medicare & Medicaid Services (CMS) is issuing CR6356 to identify HCPCS code changes, including modifiers for 2009 that are both subject to CLIA edits and excluded from CLIA edits. Be sure billing staff is aware of the changes.

Background

The Clinical Laboratory Improvement Amendments (CLIA) regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare & Medicaid only pay for laboratory tests performed in certified facilities, each claim for a 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.

Discontinued Codes

The following HCPCS codes were discontinued on December 31, 2008:

- G0394 – Blood occult test (e.g., guaiac), feces for single determination for colorectal neoplasm (i.e., patient was provided three cards or single triple card for consecutive collection);
- 88400 – Bilirubin, total trancutaneous;
- 0026T – Lipoprotein, direct measurement, intermediate density lipoprotein (IDL) (remnamt lipoproteins);and
- 0041T – Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds.

New Codes

For 2009, the following new HCPCS codes are excluded from CLIA edits and do not require a facility to have a CLIA certificate:

- 88720 - Bilirubin, total trancutaneous;
- 88740 - Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin; and
- 88741 - Hemoglobin, quantitative, transcutaneous, per day; methemoglobin.

The HCPCS codes listed in the chart that follows are new for 2009 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) must not be permitted to be paid for these tests.

HCPCS	Description
83876	Myleoperoxidase (MPO)
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)

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, contractors will adjust such claims that you bring to their attention.

Additional Information

If you have questions, please contact your Medicare A/B MAC or carrier 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.

The official instruction (CR6356) issued to your Medicare A/B MAC or carrier is available at *http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1687CP.pdf* on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Shot! In the United States, the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Don't Get the Flu. Don't Give the Flu. Remember - Influenza and pneumococcal vaccinations plus their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. Health care professionals and their staff can learn more about Medicare's Part B coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0838 *http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0838.pdf* on the CMS website.