

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



**News Flash** – Medicare Fee-For-Service (FFS) and its business associates will implement the ASC X12, version 5010, and the National Council for Prescription Drug Program's (NCPDP) version D.0 standards as of January 1, 2012. To facilitate the implementation, Medicare has designated Calendar Year 2011 as the official 5010/D.0 transition year. As such, Medicare Administrative Contractors (MACs) will be testing with their trading partners throughout Calendar Year 2011. Medicare encourages its providers, vendors, clearinghouses, and billing services to schedule testing with their local MAC as soon as possible. CMS also encourages you to stay current on 5010/D.0 news and helpful tools by visiting <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html> on its website. **Test early, Test often!**

MLN Matters® Number: MM7325

Related Change Request (CR) #: 7325

Related CR Release Date: April 22, 2011

Effective Date: October 1, 2011

Related CR Transmittal #: R8820TN

Implementation Date: October 3, 2011

## **Adjudication of Laboratory Tests that are Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits**

**Note: This article was updated on August 17, 2012, to reflect current Web addresses. All other content remains the same.**

### **Provider Types Affected**

Clinical laboratories submitting claims to Medicare Carriers and/or Medicare Part A/B Medicare Administrative Contractors (A/B MACs) for laboratory services provided to Medicare beneficiaries are affected by this issue.

### **What You Need to Know**

Change Request (CR) 7325, from which this article is taken, instructs Medicare contractors to remove from CLIA editing all laboratory tests (and/or their components) that are included on the list of Healthcare Common Procedure Coding System

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(HCPCS) codes in the 80000 series that are excluded from CLIA editing. You may request contractors to reprocess any claim for services included on the aforementioned list that was previously denied for lack of a CLIA number. Please make sure that your billing staff is aware of the change.

## Background

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Claims for certain services that are included on the list of HCPCS codes in the 80000 series that are excluded from CLIA edits are being denied for the lack of a CLIA certificate. CR 7325 reiterates the policy that no CLIA certificate is required for a claim submitted for any test mentioned in the HCPCS codes in the 80000 series that are excluded from CLIA edits list. Contractors must ensure that the codes on this list are not subject to CLIA edits.

For a list of the specific HCPCS codes subject to CLIA edits, refer to <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/SubjecttoCLIA.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

For a list of the specific HCPCS codes in the 80000 series that are excluded from CLIA edits, refer to <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/cpt4exc.pdf> on the CMS website. This list is also attached to CR 7325.

## Additional Information

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The official instruction, CR7325, issued to your carrier or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R882OTN.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.

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