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EDUCATIONAL TOOL
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# Clinical Laboratory Fee Schedule Annual Payment Determination Process

Please note, the information and dates referenced in this publication are subject to change. For more detailed guidance, refer to 42 CFR 414.506, 42 CFR 414.508, 42 CFR 414.509, and sections 1833(h)(8), 1834A(c), and 1834(A)(f) of the Social Security Act.

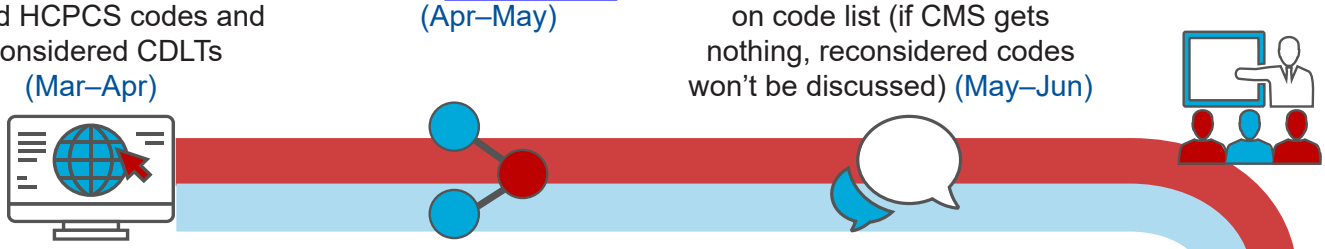
## New, Reconsidered & Revised HCPCS Code Process

### Step 1:
FR notice announces date and time of ALM; CMS posts list of new or substantially revised HCPCS codes and reconsidered CDLTs (Mar–Apr)

### Step 2:
CMS makes updates and revisions to code list on CMS website (Apr–May)

### Step 3:
The public submits to CMS recommendation and reconsideration presentations on code list (if CMS gets nothing, reconsidered codes won't be discussed) (May–Jun)

### Step 4:
CMS holds the public ALM (Jun–Jul)



### Step 5:
CDLT FACA Panel convenes and provides recommendations on codes discussed during the ALM (Jul–Aug)

### Step 6:
CMS reviews and considers information from ALM, public comments, and CDLT FACA Panel

### Step 7:
CMS posts proposed payment determinations (Aug–Oct)

### Step 8:
CMS accepts public comments on proposed payment determinations (that is, crosswalk or gapfill) for 30 days since initial posting (Oct–Nov)

**If Crosswalk**

### Step 9:
CMS posts final payment determinations (that is, crosswalk or gapfill); public has 60 days to request a reconsideration of payment determinations for the following year's meeting (Nov–Dec)

### Step 10:
CLFS rates effective January 1 of following year; for reconsiderations, if a prior gapfill decision is upheld, the rate from current gapfill process is implemented

**If Gapfill**

FR = Federal Register
ALM = Annual Laboratory Meeting
CDLT = Clinical Diagnostic Laboratory Test
FACA = Federal Advisory Committee Act
CLFS = Clinical Laboratory Fee Schedule



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## Gapfill Process

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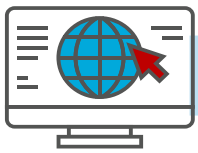
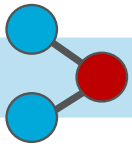


### Step 1:

CMS posts final payment determinations, which indicate if a code is to be gapfilled (Nov–Dec)



### Step 2:

Gapfilled codes are denoted as contractor priced in the CLFS (Jan)

### Step 3:

MAC reports local MAC-specific gapfilled amounts for each test code and reports the amount to CMS (Apr)

### Step 4:

CMS posts the MAC-specific payment amount recommendations reported by each MAC (Apr–May)

### Step 5:

CMS accepts public comments on MAC-specific payment amount for 60 days (May–Aug)

### Step 6:

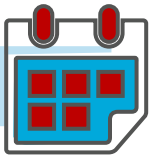
CMS posts final MAC-specific gapfill amounts online (Sep)

### Step 7:

Public has 30 days to submit written reconsideration requests in response to final gapfill recommendations (Oct)

### Step 8:

CMS implements a rate that's equal to the median of the MAC-specific amounts for the test code across all MACs over the past year (Nov)



### Step 9:

Final CLFS rates effective January 1 of following year

MAC = Medicare Administrative Contractor

CMS's CLFS Annual Public Meeting webpage has more information.

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