

Read Me File for the 2008 Clinical Diagnostic Laboratory Fee Schedule (CLAB)  
Public Use File (PUF)

**File** 08CLPUF is a compressed file. When

**Contents:** decompressed, the executable explodes into four separate files: (1) CLAB2008.XLS, an Excel file containing the CLAB fee schedule data; (2) CLAB2008.CSV, a comma delimited file containing the CLAB fee schedule data; (3) CLAB2008.TXT, an ASCII text file which contains the fee schedule data in a non-grid format (i.e, one fee schedule per record); and (4) CLABREAD (in Word (.doc) format) which contains general information about the file's content, background, organization, update schedule, and record layout.

In order to facilitate the distribution of pricing information for specimen collection services, this file contains pricing information for codes 36415, P9610, and P9612.

CPT codes 80002 through 80019 for 1 through 19 non-specified automated multi-channel test and codes G0058-G0060 for 20-22 or more tests were deleted in 1998 and replaced by a new series of parallel HCFA payment codes (ATP02-ATP23).

Instructions on the 2008 Clinical Diagnostic Laboratory Fee Schedule and Laboratory Services Paid Under Reasonable Charge Payment Methodology were issued in Change Request 5362. The Program Transmittals can be accessed at the following URL:  
<http://www.cms.hhs.gov/manuals/transmittals>

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**Record Layout:** See Attachments A-1 and A-2.

## ATTACHMENT A-1

### Record Layout for the 2008 Clinical Lab Fee Schedule PUF CLAB2008.XLS AND CLAB2008.CSV

#### COLUMN NUMBER & NAME

#### COMMENT

1--HCPCS CODE	All current year active CPT and alpha-numeric codes subject to the Clinical Laboratory Fee Schedule.
2--MODIFIER	Where modifier is shown, QW denotes a CLIA waiver test.
3--2008 60% NATIONAL LIMITATION AMOUNT	The 60% National Limitation Amount is set at 74% of the 2008 median. The 62% National Limitation Amount can be computed using the following algorithm: $(60\% \text{ National Limitation Amount} / .60) * .62$ If the floor is applicable, then the National Limitation Amount is appropriately adjusted.
4--2008 60% MEDIAN	Median of the 2008 60% Updated Base Fee Amounts from all Medicare Part B Carriers.
5--2008 60% Floor	BBRA of 1999 requires a payment floor for all Pap Smears; the 62% floor equals the 60% floor.

**Notes:** (1) The 60% Pricing Amount is the lower of the National Limitation Amount or the Updated Base Fee Amount. If the floor is applicable, then the pricing amount is appropriately adjusted.

(2) The 62% Pricing Amount can be computed using the following algorithm:  $(60\% \text{ Pricing Amount} / .60) * .62$  If the floor is applicable, then the pricing amount is appropriately adjusted.

- 6--CARRIER 00510 (ALABAMA) 60% PRICING AMOUNT
- 7--CARRIER 00511 (GEORGIA) 60% PRICING AMOUNT
- 8--CARRIER 00512 (MISSISSIPPI) 60% PRICING AMOUNT
- 9--CARRIER 00520 (ARKANSAS) 60% PRICING AMOUNT
- 10--CARRIER 00521 (NEW MEXICO) 60% PRICING AMOUNT
- 11--CARRIER 00522 (OKLAHOMA) 60% PRICING AMOUNT
- 12--CARRIER 00523 (MISSOURI GENERAL AMERICAN) 60% PRICING AMOUNT
- 13--CARRIER 00524 (RHODE ISLAND) 60% PRICING AMOUNT
- 14--CARRIER 00528 (LOUISIANA) 60% PRICING AMOUNT

15--CARRIER 00590 (FLORIDA) 60% PRICING AMOUNT  
16--CARRIER 00591 (CONNECTICUT) 60% PRICING AMOUNT  
17--CARRIER 00630 (INDIANA) 60% PRICING AMOUNT  
18--CARRIER 00650 (KANSAS) 60% PRICING AMOUNT  
19--CARRIER 00655 (NEBRASKA) 60% PRICING AMOUNT  
20--CARRIER 00660 (KENTUCKY) 60% PRICING AMOUNT  
21--CARRIER 00740 (MISSOURI) 60% PRICING AMOUNT  
22--CARRIER 00801 (WESTERN NEW YORK) 60% PRICING AMOUNT  
23--CARRIER 00803 (EMPIRE NEW YORK) 60% PRICING AMOUNT  
24--CARRIER 00805 (NEW JERSEY) 60% PRICING AMOUNT  
25--CARRIER 00824 (COLORADO) 60% PRICING AMOUNT  
26--CARRIER 00826 (IOWA) 60% PRICING AMOUNT  
27--CARRIER 00831 (ALASKA) 60% PRICING AMOUNT  
28--CARRIER 00833 (HAWAII) 60% PRICING AMOUNT  
29--CARRIER 00834 (NEVADA) 60% PRICING AMOUNT  
30--CARRIER 00835 (OREGON) 60% PRICING AMOUNT  
31--CARRIER 00836 (WASHINGTON STATE) 60% PRICING AMOUNT  
32--CARRIER 00865 (PENNSYLVANIA) 60% PRICING AMOUNT  
33--CARRIER 00880 (SOUTH CAROLINA) 60% PRICING AMOUNT  
34--CARRIER 00883 (OHIO) 60% PRICING AMOUNT  
35--CARRIER 00884 (WEST VIRGINIA) 60% PRICING AMOUNT  
36--CARRIER 00900 (TEXAS) 60% PRICING AMOUNT  
37--CARRIER 00901 (MARYLAND) 60% PRICING AMOUNT  
38--CARRIER 00902 (DELAWARE) 60% PRICING AMOUNT  
39--CARRIER 00903 (DISTRICT OF COLUMBIA) 60% PRICING AMOUNT  
40--CARRIER 00904 (VIRGINIA) 60% PRICING AMOUNT  
41--CARRIER 00951 (WISCONSIN) 60% PRICING AMOUNT  
42--CARRIER 00952 (ILLINOIS) 60% PRICING AMOUNT  
43--CARRIER 00953 (MICHIGAN) 60% PRICING AMOUNT  
44--CARRIER 00954 (MINNESOTA) 60% PRICING AMOUNT  
45--CARRIER 00973 (PUERTO RICO) 60% PRICING AMOUNT  
46--CARRIER 03102 (ARIZONA) 60% PRICING AMOUNT  
47--CARRIER 03202 (MONTANA) 60% PRICING AMOUNT  
48--CARRIER 03302/01 (NORTH DAKOTA) 60% PRICING AMOUNT  
49--CARRIER 03402/02 (SOUTH DAKOTA) 60% PRICING AMOUNT  
50--CARRIER 03502 (UTAH) 60% PRICING AMOUNT  
51--CARRIER 03602 (WYOMING) 60% PRICING AMOUNT  
52--CARRIER 05130 (IDAHO) 60% PRICING AMOUNT  
53--CARRIER 05440 (TENNESSEE) 60% PRICING AMOUNT  
54--CARRIER 05535 (NORTH CAROLINA) 60% PRICING AMOUNT  
55--CARRIER 14330 (NEW YORK GHI) 60% PRICING AMOUNT  
56--CARRIER 31140 (NORTHERN CALIFORNIA) 60% PRICING AMOUNT  
57--CARRIER 31142 (MAINE) 60% PRICING AMOUNT  
58--CARRIER 31143 (MASSACHUSETTS) 60% PRICING AMOUNT  
59--CARRIER 31144 (NEW HAMPSHIRE) 60% PRICING AMOUNT  
60--CARRIER 31145 (VERMONT) 60% PRICING AMOUNT

61--CARRIER 31146 (SOUTHERN CALIFORNIA OCCIDENTAL) 60% PRICING  
AMOUNT

62--SHORT DESCRIPTION

**ATTACHMENT A-2****Record Layout for the 2008CLAB Fee Schedule PUF**  
**CLAB2008.TXT**

FIELD NAME	START/ END POSITION	PICTURE	COMMENT
<b>HEADER RECORD</b>			
1--HEADER INDICATOR	1-3	X(03)	Value 'HDR'
2--FILLER	4-4	X(01)	Value '~'
3--COPYRIGHT STATEMENT	5-50	X(46)	
4--FILLER	51-130	X(80)	
<b>DATA RECORD</b>			
1--YEAR	1-4	X(04)	Value '2008'
2--FILLER	5-5	X(01)	Value '~'
3--HCPCS CODE	6-10	X(05)	All current year active CPT and alpha-numeric codes subject to Clinical Diagnostic Laboratory fee schedule
4--FILLER	11-11	X(01)	Value '~'
5--MODIFIER	12-13	X(02)	Where modifier is shown, QW denotes a CLIA waiver test
6--FILLER	14-14	X(01)	Value '~'
7--CARRIER NUMBER	15-19	X(05)	
8--LOCALITY	20-21	X(02)	00--Denotes Single State Carrier 01--North Dakota 02--South Dakota 20--Puerto Rico
9--FILLER	22-22	X(01)	Value '~'
10—2008 60 % UPDATED	23-30	99999.99	

## BASE AMOUNT

11--FILLER	31-31 X(01)	Value '~'
12—2008 62 % UPDATED BASE AMOUNT	32-39 99999.99	
13--FILLER	40-40 X(01)	Value '~'
14—2008 60% NATIONAL LIMITATION AMOUNT	41-48 99999.99	
15--FILLER	49-49 X(01)	Value '~'
16—2008 62 % NATIONAL LIMITATION AMOUNT	50-57 99999.99	
17--FILLER	58-58 X(01)	Value '~'
18-2008 60% MEDIAN	59-66 99999.99	Median of the 2008 60% Updated Base Fee Amounts from all Medicare Part B Carriers.
19--FILLER	67-67 X(01)	Value '~'
20--2008 60% PRICING AMOUNT	68-75 99999.99	The pricing amount is the lower of the national limitation amount and the updated base fee amount. If floor is applicable. The pricing amount is appropriately adjusted.
21--FILLER	76-76 X(01)	Value '~'
22--2008 62% PRICING AMOUNT	77-84 99999.99	The pricing amount is the lower of the national limitation amount and the updated base fee amount. If floor is applicable. The pricing amount is appropriately adjusted.
23--FILLER	85-85 X(01)	Value '~'
24--GAP FILL INDICATOR	86-86 X(01)	0--No Gap Filling Required 1--Carrier Needs to Gap Fill 60% and 62% Fee Schedules
25--FILLER	87-87 X(01)	Value '~'

26--SHORT DESCRIPTION	88-127 X(40)	
27--FILLER	128-128 X(01)	Value '~'
28--2008 60% FLOOR AMOUNT	129-136 99999.99	BBRA of 1999 requires a payment floor for all Pap smears. The 62% floor equals the 60% floor.
29--FILLER	137-140 X(4)	