

Read Me File for the 2009 Clinical Diagnostic Laboratory Fee Schedule (CLAB)
Public Use File (PUF)

File Contents: 09CLPUF is a compressed file. When decompressed, the executable explodes into four separate files: (1) CLAB2009.XLS, an Excel file containing the CLAB fee schedule data; (2) CLAB2009.CSV, a comma delimited file containing the CLAB fee schedule data; (3) CLAB2009.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 2009 Clinical Diagnostic Laboratory Fee Schedule and Laboratory Services Paid Under the Reasonable Charge Payment Methodology were issued in Change Request 6070.

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 2009 Clinical Lab Fee Schedule PUF
CLAB2009.XLS AND CLAB2009.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--2009 60% NATIONAL
LIMITATION AMOUNT

The 60% National Limitation Amount is set at 74% of the 2009 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--2009 60% MEDIAN

Median of the 2009 60% Updated Base Fee Amounts from all Medicare Part B Carriers.

5--2009 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 00524 (RHODE ISLAND) 60% PRICING AMOUNT

11--CARRIER 00528 (LOUISIANA) 60% PRICING AMOUNT

12--CARRIER 00590 (FLORIDA) 60% PRICING AMOUNT

13--CARRIER 00630 (INDIANA) 60% PRICING AMOUNT

14--CARRIER 00660 (KENTUCKY) 60% PRICING AMOUNT

15--CARRIER 00831 (ALASKA) 60% PRICING AMOUNT

16--CARRIER 00835 (OREGON) 60% PRICING AMOUNT

17--CARRIER 00836 (WASHINGTON STATE) 60% PRICING AMOUNT

18--CARRIER 00880 (SOUTH CAROLINA) 60% PRICING AMOUNT

19--CARRIER 00883 (OHIO) 60% PRICING AMOUNT

20--CARRIER 00884 (WEST VIRGINIA) 60% PRICING AMOUNT

21--CARRIER 00904 (VIRGINIA) 60% PRICING AMOUNT

22--CARRIER 00951 (WISCONSIN) 60% PRICING AMOUNT

23--CARRIER 00952 (ILLINOIS) 60% PRICING AMOUNT

24--CARRIER 00953 (MICHIGAN) 60% PRICING AMOUNT

25--CARRIER 00954 (MINNESOTA) 60% PRICING AMOUNT

26--CARRIER 00973 (PUERTO RICO) 60% PRICING AMOUNT

27--CARRIER 01102 (NORTHERN CALIFORNIA) 60% PRICING AMOUNT
28--CARRIER 01192 (SOUTHERN CALIFORNIA OCCIDENTAL) 60% PRICING
AMOUNT
29--CARRIER 01202 (HAWAII) 60% PRICING AMOUNT
30--CARRIER 01302 (NEVADA) 60% PRICING AMOUNT
31--CARRIER 03102 (ARIZONA) 60% PRICING AMOUNT
32--CARRIER 03202 (MONTANA) 60% PRICING AMOUNT
33--CARRIER 03302 (NORTH DAKOTA) 60% PRICING AMOUNT
34--CARRIER 03402 (SOUTH DAKOTA) 60% PRICING AMOUNT
35--CARRIER 03502 (UTAH) 60% PRICING AMOUNT
36--CARRIER 03602 (WYOMING) 60% PRICING AMOUNT
37--CARRIER 04102 (COLORADO) 60% PRICING AMOUNT
38--CARRIER 04202 (NEW MEXICO) 60% PRICING AMOUNT
39--CARRIER 04302 (OKLAHOMA) 60% PRICING AMOUNT
40--CARRIER 04402 (TEXAS) 60% PRICING AMOUNT
41--CARRIER 05102 (IOWA) 60% PRICING AMOUNT
42--CARRIER 05130 (IDAHO) 60% PRICING AMOUNT
43--CARRIER 05202 (KANSAS) 60% PRICING AMOUNT
44--CARRIER 05302 (MISSOURI) 60% PRICING AMOUNT
45--CARRIER 05392 (MISSOURI GENERAL AMERICAN) 60% PRICING AMOUNT
46--CARRIER 05402 (NEBRASKA) 60% PRICING AMOUNT
47--CARRIER 05440 (TENNESSEE) 60% PRICING AMOUNT
48--CARRIER 05535 (NORTH CAROLINA) 60% PRICING AMOUNT
49--CARRIER 12101 (DELAWARE) 60% PRICING AMOUNT
50--CARRIER 12202 (DISTRICT OF COLUMBIA) 60% PRICING AMOUNT
51--CARRIER 12302 (MARYLAND) 60% PRICING AMOUNT
52--CARRIER 12402 (NEW JERSEY) 60% PRICING AMOUNT
53--CARRIER 12502 (PENNSYLVANIA) 60% PRICING AMOUNT
54--CARRIER 13102 (CONNECTICUT) 60% PRICING AMOUNT
55--CARRIER 13202 (EMPIRE NEW YORK) 60% PRICING AMOUNT
56--CARRIER 13282 (WESTERN NEW YORK) 60% PRICING AMOUNT
57--CARRIER 13292 (NEW YORK GHI) 60% PRICING AMOUNT
58--CARRIER 31142 (MAINE) 60% PRICING AMOUNT
59--CARRIER 31143 (MASSACHUSETTS) 60% PRICING AMOUNT
60--CARRIER 31144 (NEW HAMPSHIRE) 60% PRICING AMOUNT
61--CARRIER 31145 (VERMONT) 60% PRICING AMOUNT
62--SHORT DESCRIPTION

ATTACHMENT A-2

Record Layout for the 2009 CLAB Fee Schedule PUF CLAB2009.TXT

FIELD NAME	START/ END POSITION	PICTURE	COMMENT
HEADER RECORD			
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)	
DATA RECORD			
1--YEAR	1-4	X(04)	Value '2009'
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—2009 60 % UPDATED	23-30	99999.99	

BASE AMOUNT

11--FILLER	31-31 X(01)	Value '~'
12—2009 62 % UPDATED BASE AMOUNT	32-39 99999.99	
13--FILLER	40-40 X(01)	Value '~'
14—2009 60% NATIONAL LIMITATION AMOUNT	41-48 99999.99	
15--FILLER	49-49 X(01)	Value '~'
16—2009 62 % NATIONAL LIMITATION AMOUNT	50-57 99999.99	
17--FILLER	58-58 X(01)	Value '~'
18-2009 60% MEDIAN	59-66 99999.99	Median of the 2009 60% Updated Base Fee Amounts from all Medicare Part B Carriers.
19--FILLER	67-67 X(01)	Value '~'
20--2009 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--2009 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--2009 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)	