

Read Me File for the 2010 Clinical Diagnostic Laboratory Fee Schedule (CLAB)
Public Use File (PUF)

File Contents: 10CLPUF is a compressed file. When decompressed, the executable explodes into four separate files: (1) CLAB2010.XLS, an Excel file containing the CLAB fee schedule data; (2) CLAB2010.CSV, a comma delimited file containing the CLAB fee schedule data; (3) CLAB2010.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 2010 Clinical Diagnostic Laboratory Fee Schedule and Laboratory Services Paid Under the Reasonable Charge Payment Methodology were issued in Change Request 6657.

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 2010 Clinical Lab Fee Schedule PUF
CLAB2010.XLS AND CLAB2010.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--2010 60% NATIONAL LIMITATION AMOUNT | The 60% National Limitation Amount is set at 74% of the 2010 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--2010 60% MEDIAN | Median of the 2010 60% Updated Base Fee Amounts from all Medicare Part B Carriers. |
| 5--2010 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 | 00512 | 00 | (MISSISSIPPI) | 60% PRICING AMOUNT |
| 7 | -- | CARRIER | 00520 | 00 | (ARKANSAS) | 60% PRICING AMOUNT |
| 8 | -- | CARRIER | 00528 | 00 | (LOUISIANA) | 60% PRICING AMOUNT |
| 9 | -- | CARRIER | 00630 | 00 | (INDIANA) | 60% PRICING AMOUNT |
| 10 | -- | CARRIER | 00660 | 00 | (KENTUCKY) | 60% PRICING AMOUNT |
| 11 | -- | CARRIER | 00831 | 00 | (ALASKA) | 60% PRICING AMOUNT |
| 12 | -- | CARRIER | 00835 | 00 | (OREGON) | 60% PRICING AMOUNT |
| 13 | -- | CARRIER | 00836 | 00 | (WASHINGTON STATE) | 60% PRICING AMOUNT |

| | | | | | | |
|----|----|---------|-------|----|---------------------------|--------------------|
| 14 | -- | CARRIER | 00880 | 00 | (SOUTH CAROLINA) | 60% PRICING AMOUNT |
| 15 | -- | CARRIER | 00883 | 00 | (OHIO) | 60% PRICING AMOUNT |
| 16 | -- | CARRIER | 00884 | 00 | (WEST VIRGINIA) | 60% PRICING AMOUNT |
| 17 | -- | CARRIER | 00904 | 00 | (VIRGINIA) | 60% PRICING AMOUNT |
| 18 | -- | CARRIER | 00951 | 00 | (WISCONSIN) | 60% PRICING AMOUNT |
| 19 | -- | CARRIER | 00952 | 00 | (ILLINOIS) | 60% PRICING AMOUNT |
| 20 | -- | CARRIER | 00953 | 00 | (MICHIGAN) | 60% PRICING AMOUNT |
| 21 | -- | CARRIER | 00954 | 00 | (MINNESOTA) | 60% PRICING AMOUNT |
| 22 | -- | CARRIER | 01102 | 00 | (NORTHERN CALIFORNIA) | 60% PRICING AMOUNT |
| 23 | -- | CARRIER | 01192 | 00 | (SOUTHERN CALIFORNIA OCC) | 60% PRICING AMOUNT |
| 24 | -- | CARRIER | 01202 | 00 | (HAWAII) | 60% PRICING AMOUNT |
| 25 | -- | CARRIER | 01302 | 00 | (NEVADA) | 60% PRICING AMOUNT |
| 26 | -- | CARRIER | 03102 | 00 | (ARIZONA) | 60% PRICING AMOUNT |
| 27 | -- | CARRIER | 03202 | 00 | (MONTANA) | 60% PRICING AMOUNT |
| 28 | -- | CARRIER | 03302 | 01 | (NORTH DAKOTA) | 60% PRICING AMOUNT |
| 29 | -- | CARRIER | 03402 | 02 | (SOUTH DAKOTA) | 60% PRICING AMOUNT |
| 30 | -- | CARRIER | 03502 | 00 | (UTAH) | 60% PRICING AMOUNT |
| 31 | -- | CARRIER | 03602 | 00 | (WYOMING) | 60% PRICING AMOUNT |
| 32 | -- | CARRIER | 04102 | 00 | (COLORADO) | 60% PRICING AMOUNT |
| 33 | -- | CARRIER | 04202 | 00 | (NEW MEXICO) | 60% PRICING AMOUNT |
| 34 | -- | CARRIER | 04302 | 00 | (OKLAHOMA) | 60% PRICING AMOUNT |
| 35 | -- | CARRIER | 04402 | 00 | (TEXAS) | 60% PRICING AMOUNT |
| 36 | -- | CARRIER | 05102 | 00 | (IOWA) | 60% PRICING AMOUNT |
| 37 | -- | CARRIER | 05130 | 00 | (IDAHO) | 60% PRICING AMOUNT |
| 38 | -- | CARRIER | 05202 | 12 | (KANSAS) | 60% PRICING AMOUNT |
| 39 | -- | CARRIER | 05202 | 15 | (KANSAS) | 60% PRICING AMOUNT |
| 40 | -- | CARRIER | 05302 | 07 | (MISSOURI) | 60% PRICING AMOUNT |
| 41 | -- | CARRIER | 05392 | 15 | (MISSOURI GENERAL AMER) | 60% PRICING AMOUNT |
| 42 | -- | CARRIER | 05402 | 00 | (NEBRASKA) | 60% PRICING AMOUNT |
| 43 | -- | CARRIER | 05535 | 00 | (NORTH CAROLINA) | 60% PRICING AMOUNT |
| 44 | -- | CARRIER | 09102 | 00 | (FLORIDA) | 60% PRICING AMOUNT |
| 45 | -- | CARRIER | 09202 | 20 | (PUERTO RICO) | 60% PRICING AMOUNT |
| 46 | -- | CARRIER | 10102 | 00 | (ALABAMA) | 60% PRICING AMOUNT |
| 47 | -- | CARRIER | 10202 | 00 | (GEORGIA) | 60% PRICING AMOUNT |
| 48 | -- | CARRIER | 10302 | 00 | (TENNESSEE) | 60% PRICING AMOUNT |
| 49 | -- | CARRIER | 12102 | 00 | (DELAWARE) | 60% PRICING AMOUNT |
| 50 | -- | CARRIER | 12202 | 00 | (DISTRICT OF COLUMBIA) | 60% PRICING AMOUNT |
| 51 | -- | CARRIER | 12302 | 00 | (MARYLAND) | 60% PRICING AMOUNT |
| 52 | -- | CARRIER | 12402 | 00 | (NEW JERSEY) | 60% PRICING AMOUNT |
| 53 | -- | CARRIER | 12502 | 00 | (PENNSYLVANIA) | 60% PRICING AMOUNT |
| 54 | -- | CARRIER | 13102 | 00 | (CONNECTICUT) | 60% PRICING AMOUNT |
| 55 | -- | CARRIER | 13202 | 00 | (EMPIRE NEW YORK) | 60% PRICING AMOUNT |

| | | | | | | |
|----|----|---------|-------|----|--------------------|--------------------|
| 56 | -- | CARRIER | 13282 | 00 | (WESTERN NEW YORK) | 60% PRICING AMOUNT |
| 57 | -- | CARRIER | 13292 | 00 | (NEW YORK GHI) | 60% PRICING AMOUNT |
| 58 | -- | CARRIER | 14102 | 00 | (MAINE) | 60% PRICING AMOUNT |
| 59 | -- | CARRIER | 14202 | 00 | (MASSACHUSETTS) | 60% PRICING AMOUNT |
| 60 | -- | CARRIER | 14302 | 00 | (NEW HAMPSHIRE) | 60% PRICING AMOUNT |
| 61 | -- | CARRIER | 14402 | 00 | (RHODE ISLAND) | 60% PRICING AMOUNT |
| 62 | -- | CARRIER | 14502 | 00 | (VERMONT) | 60% PRICING AMOUNT |

63--SHORT DESCRIPTION

ATTACHMENT A-2

Record Layout for the 2010 CLAB Fee Schedule PUF
CLAB2010.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 '2010' |
| 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 07--East Missouri 12--West Kansas 15--East Kansas/West Missouri 20--Puerto Rico |

| | | |
|--|----------------|--|
| 9--FILLER | 22-22 X(01) | Value '~' |
| 10—2010 60 % UPDATED BASE AMOUNT | 23-30 99999.99 | |
| 11--FILLER | 31-31 X(01) | Value '~' |
| 12—2010 62 % UPDATED BASE AMOUNT | 32-39 99999.99 | |
| 13--FILLER | 40-40 X(01) | Value '~' |
| 14—2010 60% NATIONAL LIMITATION AMOUNT | 41-48 99999.99 | |
| 15--FILLER | 49-49 X(01) | Value '~' |
| 16—2010 62 % NATIONAL LIMITATION AMOUNT | 50-57 99999.99 | |
| 17--FILLER | 58-58 X(01) | Value '~' |
| 18-2010 60% MEDIAN | 59-66 99999.99 | Median of the 2010 60% Updated Base Fee Amounts from all Medicare Part B Carriers. |
| 19--FILLER | 67-67 X(01) | Value '~' |
| 20--2010 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--2010 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--2010 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) | |