

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

File

Contents:

10CLPUFAPR is a compressed file. When decompressed, the executable explodes into four separate files: (1) CLAB2010APR.XLSX, an Excel file containing the CLAB fee schedule data; (2) CLAB2010APR.CSV, a comma delimited file containing the CLAB fee schedule data; (3) CLAB2010APR.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 *.pdf 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 6852.

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 CLAB2010APR.XLS AND CLAB2010APR.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 CLAB2010APR.TXT

FIELD NAME	POSITION	START/ END	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)	