



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters Number: MM5457

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Implementation Date: April 2, 2007

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

Note: This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Clinical diagnostic laboratories billing Medicare carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for laboratory tests

Provider Action Needed



STOP – Impact to You

If you do not have a valid, current, CLIA certificate and submit a claim to your Medicare carrier or A/B MAC for a HCPCS code that is considered to be a laboratory test, your Medicare payment may be impacted.



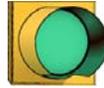
CAUTION – What You Need to Know

The Clinical Laboratory Improvement Amendments of 1998 (CLIA) requires that for each test it performs, a laboratory facility must be appropriately certified. The HCPCS codes that CMS considers to be laboratory tests under CLIA (and thus requiring certification) change each year. CR 5457, from which this article is

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taken, informs carriers and A/B MACS about the new HCPCS codes for 2007 that are subject to CLIA edits and also about those that are now excluded from CLIA edits.



GO – What You Need to Do

Make sure that your billing staffs are aware of these CLIA-related HCPCS changes for 2007 and that you remain current with certification requirements.

Background

The Clinical Laboratory Improvement Amendments of 1998 (CLIA) require a laboratory facility to be appropriately certified for each test it performs.

To ensure that Medicare and Medicaid only pay for laboratory tests that are performed by certified facilities, carriers and A/B MACs will edit each Medicare claim submitted for a HCPCS code considered to be a CLIA laboratory test. These HCPCS codes change each year, and CR 5457, from which this article is taken, informs carriers and A/B MACs about the new HCPCS codes for 2007 that are both subject to, and excluded from, CLIA edits.

The HCPCS codes listed in the Table 1, below, are new for 2007 and are subject to CLIA edits (the list does not include new HCPCS codes for waived tests or provider-performed procedures.) This means that laboratory facilities performing these tests must have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). Conversely, a facility without a valid, current, CLIA certificate, or with a current CLIA certificate of waiver (certificate type code 2) or a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) will not be paid for these tests and the claims will be denied.

Table 1
New 2007 HCPCS Codes Subject to CLIA Edits

HCPCS Code	
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including the routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks;
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including the routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head,

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HCPSC Code	Description
	neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure);
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including the routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks;
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including the routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including the routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (list separately in addition to code for primary procedure)
82107	Alpha-fetoprotein (AFP); APF-L3 fraction isoform and total AFP (including ratio)
83698	Lipoprotein-associated phospholipase A ₂ , (Lp-PLA ₂)
83913	Molecular diagnostics; RNA stabilization
86788	Antibody; West Nile virus, IgM
86789	Antibody; West Nile virus
87305	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Aspergillus
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus , group B, amplified probe technique
87808	Infectious agent detection by immunoassay with direct optical observation; Trichomonas vaginalis

CR 5457 also provides HCPSC codes that were discontinued on 12/31/2006.

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Table 2
HCPCS Codes Discontinued in 2007

HCPCS Code	Description
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histological preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to five specimens;
17305	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histological preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue technique, up to five specimens;
17306	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histological preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue technique, up to five specimens;
17307	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histological preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to five specimens, each stage; and
17310	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histological preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first five specimens, fixed or fresh tissue any stage (list separately in addition to code for primary procedure).

Note: Carriers and A/B MACS will add the LC code of 610 for the specialty of histopathology to the new Mohs HCPCS codes (17311, 17312, 17313, 17314, and 17315) even though are not currently edited at the laboratory certification (LC) level.

Remember that carriers and A/B MACs will return as unprocessable claims submitted with the HCPCS codes displayed in Table 1, above, without a CLIA number. Also, carriers and

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A/B MACs will deny payment for claims submitted without a valid current CLIA certificate, or with a CLIA certificate of waiver (certificate type code 2), or a CLIA certificate for provider-performed microscopy procedures (certificate type code 4). Finally, carriers and A/B MACs will not search their files to either retract payment for claims already paid or to retroactively pay claims processed prior to the April 2, 2007, implementation date. They will adjust claims that are brought to their attention.

Additional Information

You can find the official instruction, CR 5457, issued to your carrier or A/B MAC by visiting <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1165CP.pdf> on the CMS website

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot!

The peak of flu season typically occurs between late December and March; however, flu season can last until May. **Protect yourself, your patients, and your family and friends by getting and giving the flu shot.** Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website:

<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> .

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