CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 3182	Date: January 30, 2015					
	Change Request 9035					

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

I. SUMMARY OF CHANGES: This change request informs contractors about the new HCPCS codes for 2015 that are subject to and excluded from CLIA edits. This Recurring Update Notification applies to Chapter 16, section 70.9.

EFFECTIVE DATE: January 1, 2015

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 6, 2015

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04 Transmittal: 3182 Date: January 30, 2015 Change Request: 9035

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

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IMPLEMENTATION DATE: April 6, 2015

I. GENERAL INFORMATION

A. Background: The Clinical Laboratory Improvement Amendments (CLIA) regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare & Medicaid only pay for laboratory tests performed in certified facilities, each claim for a HCPCS code that is considered a CLIA laboratory test is currently edited at the CLIA certificate level.

The HCPCS codes that are considered a laboratory test under CLIA change each year. Contractors need to be informed about the new HCPCS codes that are both subject to CLIA edits and excluded from CLIA edits.

The following HCPCS codes were discontinued on December 31, 2014:

- G0417- Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-40 specimens;
- G0418 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens;
- G0419 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, >60 specimens;
- 80100 Drug screen, multiple drugs;
- 80101 Drug screen;
- 80102 Drug confirmation test;
- 80103 Tissue preparation for drug analysis;
- 80104 Drug screen, multiple drugs;
- 80152 Amitriptyline (antidepressant) level;
- 80154 Benzodiazepines level;
- 80160 Desipramine level;
- 80166 Assay of doxepin;
- 80172 Gold level:

- 80174 Imipramine level;
- 80182 Nortriptyline level;
- 80196 Salicylate (aspirin) level;
- 80440 Thyrotropin releasing hormone (TRH) (hypothalamus hormone) stimulation panel;
- 82000 Acetaldehyde blood test;
- 82003 Acetaminophen level;
- 82055 Alcohol (ethanol) level;
- 82101 Urine alkaloids level;
- 82145 Amphetamine or methamphetamine level;
- 82205 Barbiturates level;
- 82520 Cocaine (drug) level;
- 82646- Dihydrocodeinone (drug) measurement;
- 82649 Dihydromorphinone (drug) level;
- 82651 Dihydrotestosterone (DHT) level;
- 82654 Dimethadione (drug) level;
- 82666 Epiandrosterone (synthetic hormone) level;
- 82690 Ethchlorvynol (drug) level;
- 82742 Flurazepam (drug) level;
- 82953 Glucose (sugar) tolerance test;
- 82975 Glutamine (amino acid by product) level;
- 82980 Glutethimide (drug) level;
- 83008 Guanosine monophosphate (cellular chemical) level;
- 83055 Sulfhemoglobin (hemoglobin) analysis;
- 83071 Hemosiderin (hemoglobin breakdown product) level;
- 83634 Urine lactose (carbohydrate) analysis;
- 83805 Meprobamate (sedative) level;
- 83840 Methadone level;

- 83858 Methsuximide (drug) level;
- 83866 Mucopolysaccharides (protein) screening test;
- 83887 Nicotine level:
- 83925 Opiates (drug) measurement;
- 84022 Phenothiazine (drug) level;
- 84127 Stool porphyrins (metabolism substance) analysis;
- 87001 Animal inoculation, small animal with observation;
- 87620 Detection test for human papillomavirus (HPV);
- 87621 Detection test for human papillomavirus (HPV);
- 87622 Detection test for human papillomavirus (HPV);
- 88343 Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure); and
- 88349 Assessment using electron microscopy.

The HCPCS code 89337 [Frozen preservation of mature eggs] is new for 2015, is excluded from CLIA edits and does not require a facility to have any CLIA certificate.

The HCPCS codes listed below are new for 2015 and are subject to CLIA edits. The list does not include new HCPCS codes for waived tests or provider-performed procedures. The HCPCS codes listed below require a facility to 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). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- G0464 Colorectal cancer screening; stool-based dna and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)
- G6030 Amitriptyline;
- G6031- Benzodiazepines;
- G6032 Desipramine;
- G6034 Doxepin;
- G6035 Gold;
- G6036 Assay of imipramine;
- G6037 Nortriptyline;

- G6038 Salicylate;
- G6039 Acetaminophen;
- G6040 Alcohol (ethanol); any specimen except breath;
- G6041 Alkaloids, urine, quantitative;
- G6042 Amphetamine or methamphetamine;
- G6043 Barbiturates, not elsewhere specified;
- G6044 Cocaine or metabolite;
- G6045 Dihydrocodeinone;
- G6046 Dihydromorphinone;
- G6047 Dihydrotestosterone;
- G6048 Dimethadione;
- G6049 Epiandrosterone;
- G6050 Ethchlorvynol;
- G6051 Flurazepam;
- G6052 Meprobamate;
- G6053 Methadone;
- G6054 Methsuximide;
- G6055 Nicotine;
- G6056 Opiate(s), drug and metabolites, each procedure;
- G6057 Phenothiazine;
- G6058 Drug confirmation, each procedure;
- 80163 Digoxin level;
- 80165 Valproic acid level;
- 80300 Drug screen;
- 80301 Drug screen;
- 80302 Drug screen;
- 80303 Drug screen;

- 80304 Drug screen;
- 80320 Alcohols levels;
- 80321 Alcohols levels;
- 80322 Alcohols levels;
- 80323 Alkaloids levels;
- 80324 Amphetamines levels;
- 80325 Amphetamines levels;
- 80326 Amphetamines levels;
- 80327 Anabolic steroids levels
- 80328 Anabolic steroids levels
- 80329 Analgesics levels;
- 80330 Analgesics levels;
- 80331 Analgesics levels;
- 80332 Antidepressants levels;
- 80333 Antidepressants levels;
- 80334 Antidepressants levels;
- 80335 Antidepressants levels
- 80336 Antidepressants levels;
- 80337 Antidepressants levels;
- 80338 Antidepressants levels;
- 80339 Antiepileptics levels;
- 80340 Antiepileptics levels;
- 80341 Antiepileptics levels;
- 80342 Antipsychotics levels;
- 80343 Antipsychotics levels;
- 80344 Antipsychotics levels;
- 80345 Barbiturates levels;

- 80346 Benzodiazepines levels;
- 80347 Benzodiazepines levels;
- 80348 Buprenorphine level
- 80349 Cannabinoids levels
- 80350 Cannabinoids levels
- 80351 Cannabinoids levels;
- 80352 Cannabinoids levels;
- 80353 Cocaine level;
- 80354 Fentanyl level;
- 80355 Gabapentin level non-blood;
- 80356 Heroin metabolite level;
- 80357 Ketamine and norketamine levels;
- 80358 Methadone level;
- 80359 Methylenedioxyamphetamines levels;
- 80360 Methylphenidate level;
- 80361 Opiates levels;
- 80362 Opioids levels;
- 80363 Opioids levels;
- 80364 Opioids levels;
- 80365 Oxycodone levels;
- 80366 Pregabalin level;
- 80367 Propoxyphene level;
- 80368 Sedative hypnotics (non-benzodiazepines) levels
- 80369 Skeletal muscle relaxants levels;
- 80370 Skeletal muscle relaxants levels;
- 80371 Synthetic stimulants levels;
- 80372 Tapentadol level;

- 80373 Tramadol level;
- 80374 Stereoisomer (enantiomer) drug analysis;
- 80375 Drugs or substances measurement;
- 80376 Drugs or substances measurement;
- 80377 Drugs or substances measurement;
- 81246 Test for detecting genes associated with blood cancer;
- 81288 Test for detecting genes associated with colon cancer;
- 81313 Test for detecting genes associated with prostate cancer;
- 81410 Test for detecting genes associated with heart disease;
- 81411 Test for detecting genes associated with heart disease;
- 81415 Test for detecting genes associated with diseases;
- 81416 Test for detecting genes associated with disease;
- 81417 Reevaluation test for detecting genes associated with disease;
- 81420 Test for detecting genes associated with fetal disease;
- 81425 Test for detecting genes associated with disease;
- 81426 Test for detecting genes associated with disease;
- 81427 Reevaluation test for detecting genes associated with disease;
- 81430 Test for detecting genes causing hearing loss;
- 81431 Test for detecting genes causing hearing loss;
- 81435 Test for detecting genes associated with colon cancer;
- 81436 Test for detecting genes associated with colon cancer;
- 81440 Test for detecting genes associated with cancer of body organ;
- 81445 Test for detecting genes associated with cancer of body organ;
- 81450 Test for detecting genes associated with blood related cancer;
- 81455 Test for detecting genes associated with cancer;
- 81460 Test for detecting genes associated with disease;
- 81465 Test for detecting genes associated with disease;

- 81470 Test for detecting genes associated with intellectual disability;
- 81471 Test for detecting genes associated with intellectual disability;
- 81519 Test for detecting genes associated with breast cancer;
- 83006 Test for detecting genes associated with growth stimulation;
- 87505 Detection test for digestive tract pathogen;
- 87506 Detection test for digestive tract pathogen;
- 87507 Detection test for digestive tract pathogen;
- 87623 Detection test for human papillomavirus (hpv);
- 87624 Detection test for human papillomavirus (hpv);
- 87625 Detection test for human papillomavirus (hpv);
- 87806 Detection test for HIV-1;
- 88341 Special stained specimen slides to examine tissue;
- 88344 Special stained specimen slides to examine tissue;
- 88364 Cell examination;
- 88366 Cell examination;
- 88369 Microscopic genetic examination manual;
- 88373 Microscopic genetic examination using computer-assisted technology;
- 88374 Microscopic genetic examination using computer-assisted technology; and
- 88377 Microscopic genetic examination manual.

Additionally, Change Request 8871 mentioned that effective for services performed on or after June 2, 2014, the new HCPCS G0472, HCV screening, will be recognized as a covered service. G0472 is a code that is considered a test under CLIA; is subject to CLIA edits; and would require a facility to 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).

B. Policy: The CLIA regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare and Medicaid only pay for laboratory tests in a facility with a valid, current CLIA certificate, laboratory claims are currently edited at the CLIA certificate level.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		A/B D			Sha Sys aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
9035.1	Contractors shall apply CLIA edits to the HCPCS codes mentioned above as subject to CLIA edits.		X						X	
9035.2	Contractors shall deny payment for a claim submitted with the HCPCS codes mentioned above as subject to CLIA edits to a provider without valid current CLIA certificate, with a CLIA certificate of waiver (certificate type code 2), or with a CLIA certificate for provider-performed microscopy procedures (certificate type code 4).		X							
9035.3	Contractors shall return a claim as unprocessable if a CLIA number is not submitted on claims by providers for the HCPCS mentioned above as subject to CLIA edits.		X							
9035.4	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement		Responsibility				
		A/B D MAC M		С			
				M	E		
					E	D	
		A	В	Н		I	
		11		Н	M		
				Н	A		
					C		
9035.5	MLN Article: A provider education article related to this instruction will be		X				
	available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-						
	Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will						
	receive notification of the article release via the established "MLN Matters"						
	listsery. Contractors shall post this article, or a direct link to this article, on their						
	Web sites and include information about it in a listsery message within one week						
	of the availability of the provider education article. In addition, the provider					1	
	education article shall be included in the contractor's next regularly scheduled						
	bulletin. Contractors are free to supplement MLN Matters articles with localized						
	information that would benefit their provider community in billing and						

Number	Requirement	Responsibili		ility	ity		
			A/B		D	C	
		1	MAC	7	M	Е	
					E	D	
		Α	В	Н		I	
				Н	M		
				Н	A		
					C		
	administering the Medicare program correctly.						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Todd, 410-786-3385 or kathleen.todd@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0