

**Section 3113 Demonstration Test List
(as of December 2011)**

HCPCS Code	HCPCS Code Description	Demonstration Payment Rate
83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)	\$5.68
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)	\$5.66
83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment	\$5.70
83893	Molecular diagnostics; dot/slot blot production, each nucleic acid preparation	\$5.74
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation	\$5.69
83896	Molecular diagnostics; nucleic acid probe, each	\$5.67

83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation	\$5.74
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	\$23.40
83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences	\$45.66
83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2	\$21.52
83902	Molecular diagnostics; reverse transcription	\$19.97
83903	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms [SSCP], heteroduplex, denaturing gradient gel electrophoresis)	\$23.87
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment	\$23.44
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	\$24.01

83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	\$24.01
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen	\$19.12
83908	Molecular diagnostics; amplification, signal, each nucleic acid sequence	\$23.91
83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation	\$23.12
83912	Molecular diagnostics; interpretation and report	\$5.71
83913	Molecular diagnostics; RNA stabilization	\$19.13
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg, oligonucleotide ligation assay, single base chain extension, or allele-specific primer extension)	\$21.52
83950	Oncoprotein; HER-2/neu	\$92.26

83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	\$92.26
86215	Deoxyribonuclease, antibody	\$18.98
86225	Deoxyribonuclease acid (DNA) antibody; native or double stranded	\$19.61
86226	Deoxyribonuclease acid (DNA) antibody; single stranded	\$17.35
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	\$25.44
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	\$28.10
86300	Immunoassay for tumor antigen, quantitative; CA 15-3	\$29.73
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	\$29.78

86304	Immunoassay for tumor antigen, quantitative; CA 125	\$29.74
86305	Human epididymis protein 4 (HE4)	\$29.81
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	\$29.81
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	\$28.72
88371	Protein analysis of tissue by Western Blot, with interpretation and report	\$28.42
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	\$27.89

Note: The Demonstration payment rate is a national payment rate.

Section 3113(a)(2) defines the term “complex diagnostic laboratory test” to mean a diagnostic laboratory test— (A) that is an analysis of gene protein expression, topographic genotyping, or a cancer chemotherapy sensitivity assay; (B) that is determined by the Secretary to be a laboratory test for which there is not an alternative test having equivalent performance characteristics; (C) which is billed using a Healthcare Common Procedure Coding System (HCPCS) code other than a not otherwise classified (NOC) code under such Coding System; (D) which is approved or cleared by the Food and Drug Administration or is covered under title XVIII of the Social Security Act; and (E) is described in section 1861(s)(3) of the Social Security Act (42 U.S.C. 1395x(s)(3)).

Under the Demonstration, the payment (under IPPS and OPSS) to the hospital or critical access hospital (CAH) is unbundled – allowing a laboratory performing the laboratory test to bill Medicare directly for an identified complex laboratory test which is ordered by the patient’s physician less than 14 days following the date of the patient’s discharge from the hospital or CAH for codes that appear on the Demonstration Test List and are billed with a Demonstration Project Identifier 56 in the appropriate claim level locator. The dates of service must be between January 1, 2012 and December 31, 2013. All other Medicare rules for adjudicating laboratory claims continue to apply.