CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 988	Date: JUNE 23, 2006
	Change Request 5131

SUBJECT: Correction to CR 4136: New Waived Tests

I. SUMMARY OF CHANGES: This instruction corrects an incorrect Current Procedural Code (CPT) mentioned in the third sentence of the second paragraph in the background section of the Recurring Update Notification attachment for CR 4136. Only this sentence has been revised. All other information remains the same.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2006 **IMPLEMENTATION DATE:** July 24, 2006

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:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04 | Transmittal: 988 | Date: June 23, 2006 | Change Request 5131

SUBJECT: Correction to CR 4136: New Waived Tests

I. GENERAL INFORMATION

A. Background:

This instruction corrects an incorrect Current Procedural Code (CPT) mentioned in the third sentence of the second paragraph in the background section of the Recurring Update Notification attachment for CR 4136. CPT code 82271 was incorrectly listed in this paragraph as not requiring a QW modifier. The CPT code should have been 82272. Only the third sentence has been revised. All other information remains the same.

The second paragraph in the background section is of the Recurring Update Notification attachment is revised to the following;

Listed below are the latest tests approved by the Food and Drug Administration as waived tests under the CLIA. The Current Procedural Terminology (CPT) codes for the following new tests must have the modifier QW to be recognized as a waived test. However, the tests mentioned on the first page of the attached list (i.e., CPT codes: 81002, 81025, 82270, 82272, G0107, 82962, 83026, 84830, 85013, and 85651) do not require a QW modifier to be recognized as a waived test.

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

"Shall" denotes a mandatory requirement

"Should" denotes an	optional	requirement
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Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F	R H	C a	D M	Shared S Maintain		m	Other
		•	H	r r i e r	E R C	F M I C S S S	V M S	C W F	

Requirement	Requirements	Responsibility ("X" indicates the		es the				
Number		columns that apply)						
		F I	R H H I	C a r r i e r	D M E R C	F M V	rs C W W	Other
5131.1	Contractors should be aware of the change to the background section Recurring Update Notification attachment for CR 4136.			X				

III. PROVIDER EDUCATION:

Requirement	Requirements	Responsibility ("X" indicates the		es the					
Number		columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	ntaiı M	Systeners V M S	C W F	Other
5131.2	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 Implementation Date: July 24, 2006	No additional funding will be provided by CMS; contractor activities are to be carried out
Pre-Implementation Contact(s): Kathy Todd (410) 786-3385	within their FY 2006 operating budgets.
Post-Implementation Contact(s): Kathy Todd (410) 786-3385	

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