

**Calendar Year 2012  
Centers for Medicare & Medicaid Services  
New and Reconsidered Clinical Laboratory Fee  
Schedule Test Codes  
Preliminary Payment Determinations**

**New Code**

863XX

***New Code Description***

Nuclear Matrix Protein 22 (NMP22), qualitative

***Industry Recommended Crosswalk***

86294—Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen) **or**  
83499—Hydroxyprogesterone, 20-

***CMS Preliminary Crosswalk Decision***

82487—Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified

***Rationale***

CMS recommends a crosswalk to 82487 because CMS does not believe that there is as much methodological similarity to the industry recommended crosswalk. Comments presented at the Annual Public Meeting indicated that this test is performed using a lateral flow immunochromatographic strip, which is how 82487 is performed.

**New Code**

873XX

***New Code Description***

HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result

***Industry Recommended Crosswalk***

87391—Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multi-step method; HIV-2 **plus** (1/2) 86703—Antibody; HIV-1 and HIV-2, single assay, **or**  
86703—Antibody; HIV-1 and HIV-2, single assay

### ***CMS Preliminary Crosswalk Decision***

(1/2) 87390— Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multi-step method; HIV-1 **plus** (1/2) 86703— Antibody; HIV-1 and HIV-2, single assay

### ***Rationale***

CMS recommends a crosswalk of 50% 87390 (Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multi-step method; HIV-1) **plus** 50% 86703 (Antibody; HIV-1 and HIV-2, single assay) because 873XX yields a single positive result if HIV-1 p24 antigen, HIV-1 antibody, and/or HIV-2 antibody are present in detectable amounts. It does not test for the three analytes separately but provides a single test result. It is a screening test. By crosswalking to the two codes which include the same three analytes, which were also recommended by other commenters, but at 50% of each code, there is a reduction for the duplication of effort and resources eliminated by performing a single test as opposed to two separate tests.

### **Reconsideration Code**

G0434

### ***Reconsideration Code Description***

Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter

### ***Industry Recommended Crosswalk***

4 x G0434—Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter  
**or**

Change G0434 code description to the following: Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or non-instrumented moderate complexity test systems capable of being read by direct optical observation (e.g., dipsticks, cups, cards), per patient encounter  
**and**

Create new code G043X with the following description: Drug screen, other than chromatographic; any number of drug classes, by instrumented moderate complexity test systems intended for repeated use and not capable of being read by direct optical observation (e.g., spectrophotometers, fluorometers, multi-channel chemistry analyzers), per patient encounter

### ***CMS Preliminary Crosswalk Decision***

Retain the same descriptor and payment. Do not create an additional G code.

### ***Rationale***

CMS recommends retaining the current code descriptor for G0434 and not adding a new code G043X as proposed by some commenters. Although commenters recommended that a new code G043X be priced at four times G0434, the cost data did not justify this position. The commenters also acknowledged that the moderate complexity instrument is used to perform other testing such as cardiac disease testing. Further, other commenters have provided input that the payment of about \$20.00 for this test is reasonable. As a result, CMS believes that its current code descriptor and payment for G0434 is appropriate.

### **Reconsideration Code**

G0435

### ***Reconsideration Code Description***

Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening

### ***Industry Recommended Crosswalk***

86703-- Antibody; HIV-1 and HIV-2, single assay

### ***CMS Preliminary Crosswalk Decision***

Retain the same crosswalk and payment, but explore changing the descriptor to state "Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, oral screening."

### ***Rationale***

This code is a reconsideration request concerning instructions about how users of the test should bill. If the product is utilized for an oral specimen, it should be billed with G0435. If it is used for a blood specimen, which commenters state is common, it should be billed with G0433. As a result, CMS believes that this test code, since it predominantly reflects oral screening, has been assigned an appropriate payment crosswalk.

### **Reconsideration Code**

83861

### ***Reconsideration Code Description***

Microfluidic analysis utilizing an integrated collection and analysis device; tear osmolarity

### ***Industry Recommended Crosswalk***

84081—Phosphatidylglycerol

## ***CMS Preliminary Crosswalk Decision***

Retain the same crosswalk and payment.

### ***Rationale***

CMS recommends that the current crosswalk to 83909 be retained. The objection to the crosswalk is based on the mapping of the crosswalk to Medicare Administrative Contractor (MAC) payments for some States where the State payment amount is less than the National Limitation Amount (NLA). Thus, the commenters want to select a different crosswalk code that will result in a similar payment amount in all States. However, the logic for crosswalking to 83909 as one of the codes recommended by the manufacturer last year is much stronger than the logic to crosswalk to the newly proposed code, 84081. In last year's presentation the manufacturer listed seven methodological similarities between 83861 and 83909.

## **Reconsideration Code**

86481

### ***Reconsideration Code Description***

Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension

### ***Industry Recommended Crosswalk***

86480—Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon **plus** 86332—Immune complex assay, **or** 86480— Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon **plus** (2 x) 83520—Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified

## ***CMS Preliminary Crosswalk Decision***

86480—Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon **plus** 83520—Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified

### ***Rationale***

CMS recommends crosswalking to 86480 **plus** 83520 **X1**. This test is similar to 86480 except that it enumerates gamma interferon producing T cells. According to the commenters, in order to perform 86481, it is necessary to perform at least fourteen additional steps versus performing 86480. CMS believes that 1X 83520 rather than 2X 83520 as suggested by the commenters is a more appropriate reflection of the additional clinical resources and complexity required by 86481 as opposed to 86480.

## **Reconsideration Code**

87906

### ***Reconsideration Code Description***

Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region

### ***Industry Recommended Crosswalk***

87901—Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions

### ***CMS Preliminary Crosswalk Decision***

Retain the same crosswalk and payment.

### ***Rationale***

We recommend retaining the current crosswalk to 50% of the NLA amount for 87901 as determined last year. Based on the information presented by the commenters at the Annual Public Meeting, we do not believe that there is sufficient evidence to justify changing the payment level.