

KNOWLEDGE • RESOURCES • TRAINING

Clinical Laboratory Fee Schedule Annual Payment Determination Process

Please note, the information and dates referenced in this publication are subject to change. For more detailed guidance, refer to <u>42 CFR 414.506</u>, <u>42 CFR 414.508</u>, <u>42 CFR 414.509</u>, and Sections 1833(h)(8), 1834A(c) and 1834(A)(f) of the Social Security Act.

(Apr-May)

New, Reconsidered, & Revised HCPCS Code Process

Step 1: Step 2: Step 3: The public step 4: The public step 4: and time of ALM; CMS posts list of new or substantially list on CMS website step 5: Step 2: Step 3: The public step 4: CMS recommendation of ALM; CMS posts and revisions to code list on CMS website and reconsists and reconsists are consistent as a consistency of the consist

reconsidered CDLTs (Mar–Apr)

Step 3:

The public submits to CMS recommendation and reconsideration presentations on code list (May–Jun)

Step 4:

CMS holds the public ALM (Jun-Jul)



Step 8:

revised HCPCS codes and

CMS accepts
public comments
on proposed
payment
determinations
(that is, crosswalk
or gapfill) for
30 days since
initial posting
(Oct-Nov)

Step 7:

CMS posts proposed payment determinations (Aug-Oct)

Step 6:

CMS reviews and considers information from ALM, public comments, and CDLT FACA Panel

Step 5:

CDLT FACA Panel convenes and provides recommendations on codes discussed during the ALM (Jul–Aug)



If Crosswalk



Step 11:

Codes where a reconsideration is requested are added to CDLT code list for next ALM (Mar–Apr)



CMS posts final payment determinations (that is, crosswalk or gapfill); public has 60 days to request a reconsideration of payment determinations for the following year's meeting (Nov-Dec)

Step 10: S rates effe

CLFS rates effective January 1 of following year

If Gapfill

FR = Federal Register
ALM = Annual Laboratory Meeting
CDLT = Clinical Diagnostic Laboratory Test

FACA = Federal Advisory Committee Act CLFS = Clinical Laboratory Fee Schedule





Gapfill Process

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Step 1:

CMS posts final payment determinations which indicates if a code is to be gapfilled (Nov-Dec)



Step 2:

Gapfilled codes are denoted as contractor priced in the CLFS (Jan)



Step 3:

MAC reports local MAC-specific gapfilled amounts for each test code and reports the amount to CMS (Apr)



Step 6:

CMS posts final MAC-specific gapfill amounts online (Sep)



Step 5:

CMS accepts public comments on MAC-specific payment amount for 60 days (May-Aug)



Step 4:

CMS posts the MAC-specific payment amount recommendations reported by each MAC (Apr-May)



Step 9:

Final CLFS rates effective January 1 of following year



Public has 30 days to submit written reconsideration requests in response to final gapfill recommendations (Oct)



Step 8:

CMS implements a rate that's equal to the median of the MAC-specific amounts for the test code across all MACs over the past year (Nov)

MAC = Medicare Administrative Contractor

CMS's CLFS Annual Public Meeting webpage has more information.

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