



Clinical Laboratory Improvement Advisory (CLIA) Notice & Billing Requirements

Peach State Health Plan (Peach State) is committed to delivering exceptional service and quality to its members and providers. This effort includes ensuring that providers of laboratory services have the requisite certifications for performing certain laboratory services.

Congress established the Clinical Laboratory Improvement Amendments (CLIA) in 1988 to promote the accuracy, reliability and timeliness of patient test results, regardless of where the test was performed. CLIA requires every laboratory, provider or facility that handles human test samples be certified by the Department of Health and Human Services (DHHS). Certain basic tests may be performed under a Certificate of Waiver, but CLIA Certification is required for more complex procedures (such basic and complex procedures to be collectively referred to herein as "CLIA services"). Both the Certificate of Waiver and the CLIA Certification programs are administered by CMS.

Peach State is issuing this notice as a reminder to affected providers of the CLIA requirements and to provide notice of new billing requirements for laboratory services performed in the office setting. Effective **March 1, 2014**, each provider must include a valid and appropriate CLIA number (i.e., either a CLIA Certification Number or CLIA Certificate of Waiver number, as applicable) with the claim, as follows:

- For **paper claims**, a valid and appropriate CLIA number must be included in Box 23 of the CMS-1500 form.
- For **EDI claims**, if a single claim is submitted for those laboratory services for which CLIA certification or waiver is required, report the CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2300, REF02. REF01 = X4. If a claim is submitted with both laboratory services for which CLIA certification or waiver is required and non-CLIA covered laboratory test, in the 2400 loop for the appropriate line report the CLIA certification or waiver number in: X12N 837. (HIPAA version) loop 2400, REF02. REF01 = X4. For additional information regarding submission of paper claims or EDI claims, please see the enclosed document. You can also refer to the HIPAA 837P Transaction Companion Guide found on our website at: <http://www.pshpgeorgia.com/>.

If a valid and appropriate CLIA number is not included with the claim as provided above, the

entire claim will not be considered a clean claim and will be rejected as incomplete. This process is consistent with the procedure followed by CMS and is applicable to all products offered by Peach State.

- If a **paper claim** is submitted that contains CLIA services but does not contain a valid and appropriate CLIA number in Box 23, you will receive notice indicating that the claim has been rejected due to an improper CLIA number (e.g., the CLIA number is missing, invalid, incorrect or otherwise improper). In order to be considered for reimbursement, the claim must be resubmitted to include the proper CLIA number in Box 23 when CLIA services are present on the claim.
- If an **EDI claim** is submitted that contains CLIA services, but a valid and appropriate CLIA number is not included with the claim in the manner required in the applicable billing instructions, you will receive notice indicating that the claim has been rejected due to an improper CLIA number (e.g., the CLIA number is missing, invalid, incorrect or otherwise improper). In order to be considered for reimbursement, the claim must be resubmitted to include the proper CLIA number in: X12N 837 (HIPAA version) loop 2300, REF02. REF01 = X4. If a claim is submitted with both laboratory services for which CLIA certification or waiver is required and non-CLIA covered laboratory test, in the 2400 loop for the appropriate line report the CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2400, REF02. REF01 = X4.

Please note to be considered for reimbursement all claims must be submitted within the following timeframes as stated in the Provider Manual:

- Initial Claims – must be received within six months from the month of service
- Claim Resubmissions – must be received within six (6) months from the month in which the service was rendered or within three (3) months of the month in which the denial occurred, whichever is later
- Claim Appeals – must be submitted within 30 days of the resubmission denial.

For a the list of CLIA Waived services, Provider Performed Microscopy Procedures, tests subject to CLIA edits and tests excluded from CLIA edits, please see the following link:

http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Categorization_of_Tests.html

If you have any questions regarding this information, please feel free to contact Provider Services at 1-866-874-0633 Monday – Friday from 7:00 a.m. to 7:00 p.m. or your dedicated Provider Relations Specialist.