

Calendar Year (CY) 2017 Clinical Laboratory Fee Schedule (CLFS) Final Determinations

A. Reconsidered Tests

For 2016, CMS implemented four new HCPCS G codes for definitive drug testing:

G0480 (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed*)

G0481 (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed*)

G0482 (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed*)

G0483 (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed*)

CMS priced these codes using a crosswalking formula. The first two tests performed would be paid at the full price of the crosswalk CPT code 82542 and the remaining tests within that code would be paid at 25% of the crosswalk price. See our 2016 Final Determination file (URL:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Laboratory_Public_Meetings.html) for further discussion. The crosswalking exercise resulted in the following prices:

CPT Code	Crosswalk Formula
G0480	$2*82542 + 5*.25*82542$
G0481	$2*82542 + 12*.25*82542$
G0482	$2*82542 + 19*.25*82542$
G0483	$2*82542 + 27*.25*82542$

Commenter/Panel Recommendations:

The majority of the presenters at the 2016 Annual Laboratory Public Meeting and at the Clinical Diagnostic Laboratory Tests (CDLT) Advisory Panel Meeting, and the Advisory Panel, recommended a modification of the formula with the following prices:

CPT Code	Crosswalk Formula
G0480	$6*82542 + 0*.25*82542$
G0481	$6*82542 + 8*.25*82542$
G0482	$6*82542 + 16*.25*82542$
G0483	$6*82542 + 24*.25*82542$

The presenters at the 2016 Annual Laboratory Public Meeting and the CDLT Advisory Panel Meeting also raised concerns that much of the high volume of claims containing G0483 that were billed the first part of 2016 were being performed by physician office laboratories that lacked the quality control and multiple calibrations necessary for accurate results. They recommended that CMS develop a system to pay for these tests in a separate manner.

CMS Preliminary Determinations

CMS agreed that the current prices may understate the costs incurred by most laboratories performing drug testing. CMS also was concerned that inappropriate testing continues to occur including simplified testing billed at the higher codes with suspect results. Thus, CMS made two proposals:

1. Modify the current formula to establish the price for these codes to allow 4 tests to be priced at the full crosswalk price:

CPT Code	Crosswalk Formula
G0480	4*82542 + 3*.25*82542
G0481	4*82542 + 10*.25*82542
G0482	4*82542 + 17*.25*82542
G0483	4*82542 + 25*.25*82542

2. Create a new G code that would recognize those laboratories that are performing a less sophisticated version of these tests than is usually performed in drug testing laboratories:

GCCCC (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase), performed in a single machine run without drug or class specific calibrations; qualitative or quantitative, all sources, includes specimen validity testing, per day)*)

The work performed in this test approximates the work performed in G0479 (proposed to be replaced by new CPT code 80307). Therefore, CMS proposed to price this new code at the same amount as G0479/80307.

CPT Code	Crosswalk Formula
GCCCC	1*G0479/80307

Comments on Preliminary Determinations

1. **Definitive Drug Testing Codes:** Commenters appreciated the increase in prices, but again recommended that CMS use the formulas recommended by the Advisory Panel. No additional data was submitted to support that recommendation.
2. **New Code GCCCC:** The majority of commenters supported the G code creation. One commenter recommended that changes to the Definitive Drug Testing codes would be necessary to ensure sufficient clarity for laboratories to select the appropriate code for billing. These changes included more detail about calibration, quality controls and internal standards. Three commenters proposed changes to the new G code descriptor that specified the absence of the necessary calibration, quality controls and internal standards

CMS Final Determinations

1. **Definitive Drug Testing Codes:** Without additional data, CMS believes that its proposed

changes to the crosswalk formula allowing four (4) tests to be priced at the full crosswalk price adequately recognizes the resources required to perform these procedures. Therefore, CMS is finalizing its preliminary pricing determinations for G0480 through G0483. CMS also agrees that greater clarity in the Definitive Drug Testing codes would support greater accuracy in code selection for the type of test performed and are modifying the descriptors as follows:

G0480 (*Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed*)

G0481 (*Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed*)

G0482 (*Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed*)

G0483 (*Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed*)

2. **New Code G0659:** CMS agrees with the commenters' proposed changes and is revising the G0659 descriptor to read as follows:

G0659 (*Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes*)

CMS did not receive any comments on its preliminary pricing determination for code G0659 and will finalize its proposal to crosswalk G0659 to G0479/80307.

B. New Test Codes

Code: 80305 (*Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*)

Commenter Recommendations: Crosswalk CPT code 80305 to code G0477 (*Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*)

Panel Recommendation: Crosswalk CPT code 80305 to code G0477.

CMS Final Determination: Crosswalk CPT code 80305 to code G0477, then delete G0477.

Rationale: CPT Code 80305 mimics the current G code; therefore, CMS will crosswalk it directly to the G code as recommended by commenters and the CDLT Advisory Panel.

Code: 80306 (*Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures, (eg, immunoassay) read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*)

Commenter Recommendations: Crosswalk CPT code 80306 to code G0478 (*Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*)

Panel Recommendation Crosswalk CPT code 80306 to code G0478.

CMS Final Determination: Crosswalk CPT code 80306 to code G0478, then delete G0478.

Rationale: CPT code 80306 mimics the current G code; therefore, CMS will crosswalk it directly to the G code as recommended by commenters and the CDLT Advisory Panel.

Code: 80307 (*Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.*)

Commenter Recommendations: Crosswalk CPT code 80307 to code G0479 (*Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.*)

Panel Recommendation: Crosswalk CPT code 80307 to code G0479.

CMS Final Determination: Crosswalk CPT code 80307 to code G0479, then delete G0479.

Rationale: CPT code 80307 mimics the current G code; therefore, CMS will crosswalk it directly to the G code as recommended by commenters and the CDLT Advisory Panel.

Code: 81327 (*SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis.*)

Commenter Recommendations: Several commenters proposed crosswalking CPT code 81327 to CPT code 81288 ((MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis). One commenter recommended crosswalking to CPT code 81287.

Panel Recommendation: Crosswalk CPT code 81327 to CPT code 81288 ((MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis).). Three Panel members recommended gapfilling.

CMS Final Determination: Crosswalk CPT code 81327 to CPT code 81287 ((MGMT (0-6 methylguanine-DNA methyltransferase) (eg, glioblastoma, multiforme), methylation analysis).

Rationale: CMS received a number of comments requesting to crosswalk CPT code 81327 to CPT code 81288 since the common tissue studied in CPT code 81327 and CPT code 81328 is colorectal tissue and the common tissue studied in 81287 is not. However, CPT code 81288 includes “promoter methylation analysis” within the descriptor while CPT code 81327 mimics CPT code 81287 by including “methylation analysis” in the descriptor and the type tissue studied in these tests is not relevant to the resources required. Therefore, CMS believes that CPT code 81327 more closely matches CPT code 81287.

Code: 81413 (*Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A*)

Commenter Recommendations: Crosswalk CPT code 81413 to CPT code 81435 (*Hereditary colon cancer disorders (eg, Lynch syndrome PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11*).

Panel Recommendation: Crosswalk CPT code 81413 to CPT code 81435. One panel member recommended gapfilling.

CMS Final Determination: Crosswalk CPT code 81413 to CPT code 81435.

Rationale: CMS agrees with commenters and the CDLT Advisory Panel recommendations to crosswalk CPT code 81413 to CPT code 81435.

Code: 81414 (*Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1.*)

Commenter Recommendations: Crosswalk CPT code 81414 to CPT code 81436 (*Hereditary colon cancer disorders (eg, Lynch syndrome PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11*).

Panel Recommendation: The majority recommended crosswalking CPT code 81414 to CPT code 81436. Five members recommended gapfilling. One member recommended a crosswalk to 0.5 TIMES CPT code 81436.

CMS Final Determination: Crosswalk to CPT code 81436.

Rationale: CMS agrees with the commenters and the CDLT Advisory Panel recommendation to crosswalk CPT code 81414 to CPT code 81436 based on similarities in function and resource utilization.

Code: 81420 (*Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosome 13, 18, and 21*)

Commenter Recommendations: A majority of commenters recommended against CMS' instruction to gapfill CPT code 81420 and opined that the code should remain contractor priced.

Panel Recommendation: None. CPT code 81420 was not presented to the CDLT Advisory Panel at the 2016 Annual Public Meeting; it was previously presented at the 2014 Annual Public Meeting.

CMS Final Determination: Crosswalk CPT code 81420 to CPT code 81435.

Rationale: CPT code 81420 was to be gapfilled in 2015, however, no contractors submitted prices. CMS will crosswalk CPT code 81420 to CPT code 81435 based on similarities in

function and resource utilization.

Code: 81422 (*Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood.*)

Commenter Recommendations: A majority recommended Gapfill, OR Crosswalk CPT code 81422 to CPT code 81435 (*Hereditary colon cancer disorders (eg, Lynch syndrome PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11*).

Panel Recommendation: Gapfill, OR Crosswalk CPT code 81422 to CPT code 81435.

CMS Final Determination: Crosswalk CPT code 81422 to CPT code 81436.

Rationale: CMS does not agree with commenters and majority vote by the CDLT Advisory Panel recommendation to gapfill CPT code 81422 or to crosswalk CPT code 81422 to CPT code 81435. CMS will crosswalk CPT code 81422 to CPT code 81436 based on similarities in function and resource utilization.

Code: 81439 (*Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN.*)

Commenter Recommendations: Crosswalk CPT code 81439 to CPT code 81435 (*Hereditary colon cancer disorders (eg, Lynch syndrome PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11*).

Panel Recommendation: Crosswalk CPT code 81439 to CPT code 81435, OR Gapfill.

CMS Final Determination: Crosswalk CPT code 81439 to CPT code 81435.

Rationale: CMS agrees with the commenters and the CDLT Advisory Panel recommendation to crosswalk CPT code 81439 to CPT code 81435 based on similarities in function and resource utilization.

Code: 81539 (*Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score.*)

Commenter Recommendations: Gapfill, OR Crosswalk CPT code 81539 to 3 TIMES CPT code 84153 (*Prostate specific antigen (PSA); total*) PLUS CPT code 84154 (*Prostate specific antigen (PSA; free)*)

Panel Recommendation: Crosswalk CPT code 81539 to CPT code 0010M; if not feasible, then Gapfill; OR Crosswalk CPT code 81539 to 3 TIMES CPT code 84153 PLUS CPT code 84154.

CMS Final Determination: Crosswalk CPT code 81539 to CPT code 0010M.

Rationale: CPT Code 81539 is a permanent code that replaces CPT code 0010M.

Code: 84410 (*Testosterone; bioavailable, direct measurement (eg, differential precipitation)*)

Commenter Recommendations: Crosswalk CPT code 84410 to CPT code 84402 (*Testosterone; free*) PLUS code 84403 (*Testosterone; total*)

Panel Recommendation: Crosswalk CPT code 84410 to CPT code 84402 PLUS code 84403, OR Crosswalk to 3 TIMES CPT code 84403.

CMS Final Determination: Crosswalk CPT code 84410 to CPT code 84402 PLUS CPT code 84403.

Rationale: CMS agrees with the commenters and the majority vote by the CDLT Advisory Panel recommending to crosswalk CPT code 84410 to CPT code 84402 PLUS CPT code 84403.

Code: 87483 (*Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpes virus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets.*)

Commenter Recommendations: Crosswalk CPT code 87483 to CPT code 87633 (*Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25*)

targets).

Panel Recommendation: A majority recommended crosswalking CPT code 87483 to code CPT 87633, OR Gapfill.

CMS Final Determination: Crosswalk CPT code 87483 to CPT code 87633.

Rationale: CMS agrees with the commenters and the majority vote by the CDLT Advisory Panel recommending to crosswalk CPT code 87483 to CPT code 87633 based on similarities in function and resource utilization.

Code: G0475 (*HIV antigen/antibody, combination assay, screening.*)

Commenter Recommendations: Crosswalk code G0475 to CPT code 87389 (*Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result*).

Panel Recommendation: Crosswalk code G0475 to CPT code 87389, OR Crosswalk to CPT code 87806 (*Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies*).

CMS Final Determination: Crosswalk code G0475 to CPT code 87389.

Rationale: CMS agrees with the commenters and the majority vote by the CDLT Advisory Panel recommending crosswalking code G0475 to CPT code 87389, based on similarities in function and resource utilization.

Code: G0476 (*Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test.*)

Commenter Recommendations: Crosswalk code G0476 to CPT code 87624 (*Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)*).

Panel Recommendation: Crosswalk code G0476 to CPT code 87624, OR Gapfill.

CMS Final Determination: Crosswalk code G0476 to CPT code 87624.

Rationale: CMS agrees with the commenters and the majority vote by the CDLT Advisory Panel

recommending crosswalking code G0476 to CPT code 87624 based on similarities in function and resource utilization.

C. Tests Gapfilled For CY 2016 (Multianalyte Assays with Algorithmic Analyses (MAAA) and Genomic Sequencing Procedures (GSP))

Code	CY 2017 National Limitation Amount (NLA) Posted 9/30/2016	Final CY 2017 NLA⁽¹⁾
81412	\$597.91	\$597.91
81432	\$925.00	\$925.00
81433	\$159.48	\$597.91
81434	\$597.91	\$597.91
81437	\$597.91	\$597.91
81438	\$597.31	\$597.91
81442	\$597.91	\$597.91
81490	\$586.50	\$586.50
81493	\$1,035.10	\$1,035.10
81525	\$2,062.10	\$3,104.00
81538	\$1,341.87	\$2,112.00
81540	\$2,355.46	\$2,900.00
81545	\$2,864.45	\$3,200.00
81595	\$1,920.93	\$2,821.00
0009M	\$132.86	\$597.91
81539 ⁽²⁾	\$260.00	\$597.91

(1) Values are based on CY 2016 amounts and are subject to change in the final CY 2017 CLFS due to the adjustments required by section 1833(h)(2)(A) of the Act.

(2) Code 81539 replaces code 0010M beginning January 1, 2017.