

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date	3/27/2023
	To	All Network Providers
	From	Provider Experience
	Subject	CLIA (Clinical Laboratory Improvement Amendments)
	Document number	Aetna-1350

## **Kentucky – CLIA (Clinical Laboratory Improvement Amendments)**

Aetna Better Health of KY is implementing Clinical Laboratory Improvement Amendments (CLIA) requirements for claims with dates of service on or after 4/26/2023, for CLIA certification validation.

Laboratory procedures are only covered and, therefore, payable if rendered by an appropriately licensed or certified laboratory having the appropriate level of CLIA accreditation for the particular test performed. Thus, any claim that does not contain the CLIA ID, has an invalid ID, has a lab accreditation level that does not support the billed service code, or does not have complete servicing provider demographic information *will be considered incomplete and rejected or denied*.

Claim submission requirements for professional service and independent laboratory providers are required to include a valid CLIA number on all claims submitted for laboratory services, including CLIA-waived tests. The CLIA certificate identification number must be submitted in one of the following manners:

Claim format and elements	CLIA number location options	Referring provider name and NPI number location options	Servicing laboratory physical location
CMS-1500 (formerly HCFA-1500), paper claim	Must be represented in field 23	Submit the referring provider name and NPI number in fields 17 and 17b, respectively.	Submit the servicing provider name, full physical address, and NPI number in fields 32 and 32A, respectively, if the address is not equal to the billing provider address. The servicing or billing provider address must match exactly to the address associated with the CLIA ID entered in field 23.
HIPAA 5010 837 professional, electronic claim	Must be represented in the 2300 loop, REF02 element, with qualifier of X4 in REF01	Submit the referring provider name and NPI number in the 2310A loop, NM1 segment.	Physical address of servicing provider must be represented in the 2310C loop if not equal to the billing provider address. The servicing or

			billing provider address must match exactly to the address associated with the CLIA ID submitted in the 2300 loop, REF02.
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**Formatting requirements:**

- This is an example of a valid CLIA number format: 19DXXXXXXX.
- The first three characters are the two-digit state code followed by the letter D.
- The remaining seven digits are the unique CLIA system number assigned to the provider.
- Do not add the letters CLIA to the 10-character CLIA number.

Providers who have obtained a CLIA Waiver or Provider-Performed Microscopy Procedure accreditation must include the QW modifier for CLIA waived laboratory services when reported on a CMS-1500 claim form for the procedure to be evaluated to determine eligibility for benefit coverage.

**Reference Information:**

- For additional details, below is the CMS documentation and search for CLIA (section 70):  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf>
- Full list of CLIA procedures (CMS will publish this list every quarter) are also attached to the email for reference (until Q4-2022):  
 CMS Link: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files>

**Questions?**

Simply contact your Network Relations Manager. Our most current listing is attached. The listing can also be found on our website.