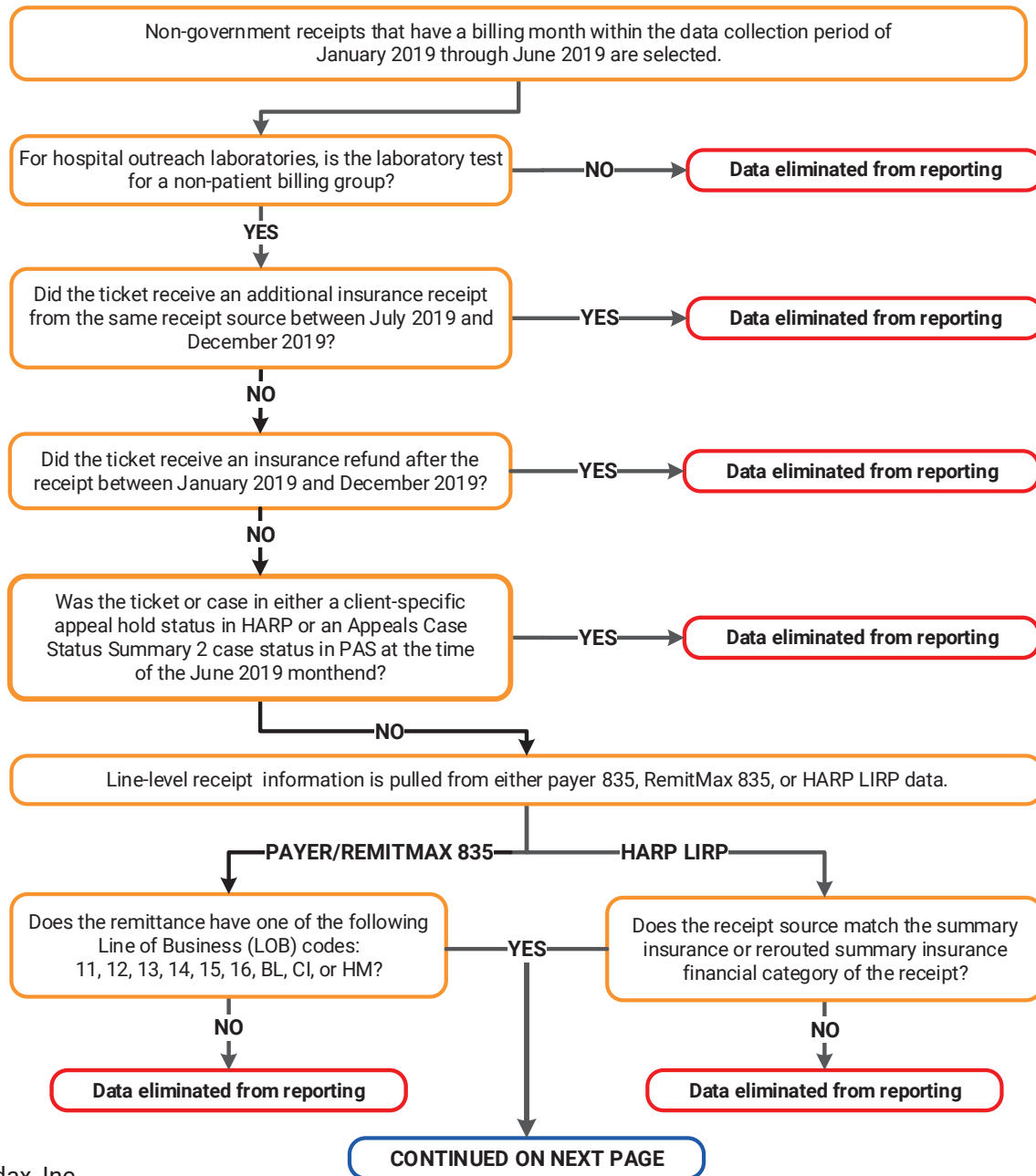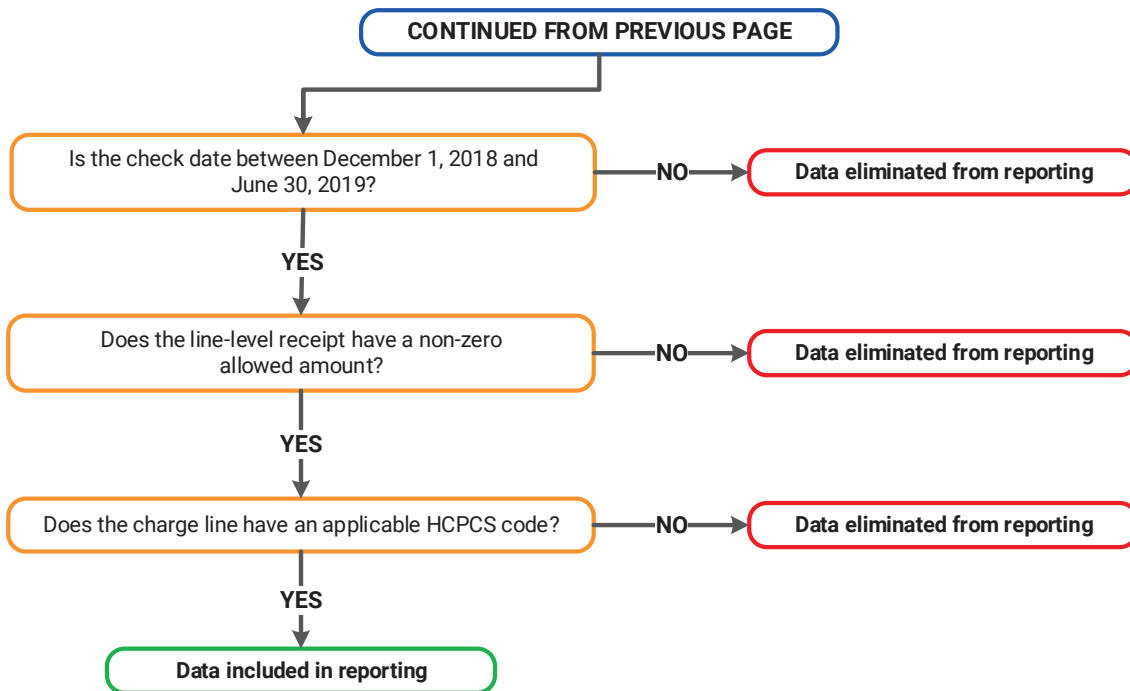# Quadax Ticket Selection for PAMA Reporting

The Protecting Access to Medicare Act of 2014 (PAMA) requires applicable laboratories to report final payment and volume amounts from private payers for clinical diagnostic laboratory tests paid under the Medicare Clinical Laboratory Fee Schedule (CLFS) to the Centers for Medicare & Medicaid Services (CMS) by March 31, 2022. Quadax will obtain final payment data from our systems and provide that data to clients who have determined they are an applicable lab. The PAMA Ticket Selection Tree shown below illustrates how Quadax will select and eliminate data. The remainder of this document supplements the PAMA Ticket Selection Tree by explaining the reasoning behind each step of Quadax's ticket selection process. Please note that the explanations below are reasonable assumptions Quadax has made based on the information CMS has provided and the available data in our system.

PAMA Applicable Ticket Selection Tree

Non-government receipts that have a billing month within the data collection period of January 2019 through June 2019 are selected.

For hospital outreach laboratories, is the laboratory test for a non-patient billing group? — **NO** → Data eliminated from reporting

YES

Did the ticket receive an additional insurance receipt from the same receipt source between July 2019 and December 2019? — **YES** → Data eliminated from reporting

NO

Did the ticket receive an insurance refund after the receipt between January 2019 and December 2019? — **YES** → Data eliminated from reporting

NO

Was the ticket or case in either a client-specific appeal hold status in HARP or an Appeals Case Status Summary 2 case status in PAS at the time of the June 2019 monthend? — **YES** → Data eliminated from reporting

NO

Line-level receipt information is pulled from either payer 835, RemitMax 835, or HARP LIRP data.

PAYER/REMITMAX 835

Does the remittance have one of the following Line of Business (LOB) codes: 11, 12, 13, 14, 15, 16, BL, CI, or HM? — **NO** → Data eliminated from reporting

HARP LIRP

Does the receipt source match the summary insurance or rerouted summary insurance financial category of the receipt? — **NO** → Data eliminated from reporting

YES

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               │   CONTINUED FROM PREVIOUS PAGE        │
               └──────────────────────────────────────┘
                              │
          ┌───────────────────────────────────┐
          │  Is the check date between        │──NO──▶  ┌─────────────────────────────┐
          │  December 1, 2018 and             │         │ Data eliminated from reporting │
          │  June 30, 2019?                   │         └─────────────────────────────┘
          └───────────────────────────────────┘
                         │ YES
          ┌───────────────────────────────────┐
          │  Does the line-level receipt      │──NO──▶  ┌─────────────────────────────┐
          │  have a non-zero allowed amount?  │         │ Data eliminated from reporting │
          └───────────────────────────────────┘         └─────────────────────────────┘
                         │ YES
          ┌───────────────────────────────────┐
          │  Does the charge line have an     │──NO──▶  ┌─────────────────────────────┐
          │  applicable HCPCS code?           │         │ Data eliminated from reporting │
          └───────────────────────────────────┘         └─────────────────────────────┘
                         │ YES
                ┌──────────────────────────┐
                │  Data included in reporting │
                └──────────────────────────┘
```

Non-government receipts that have a billing month within the data collection period of January 2019 through June 2019 are selected.

The initial selection of the population of tickets that might have final payments within the data collection period is based on receipts posted within that period. Applicable laboratories are only required to report final payment amounts from private payers, so traditional Medicare, Medicaid, and other government receipts are eliminated from PAMA reporting. Using the summary insurance financial category, Quadax will determine which receipts to include/exclude. Note that the financial categories for data collection should include Medicare Advantage. Receipts with billing months outside of the January 2019 through June 2019 data collection period are also eliminated from PAMA reporting. Quadax determined that billing month is the most consistent and reliable date type for selecting tickets because HARP financial reports run by billing month, and billing month is always populated in HARP.

Once the initial population of tickets is selected, subsequent steps will eliminate tickets if the receipt is determined not to be final.

For hospital outreach laboratories, is the laboratory test for a non-patient billing group?

Per CMS's 2019 Physician Fee Schedule Final Rule, hospital laboratories that bill non-patients for their laboratory services are now included in the applicable lab determination, so final payments for these services need to be reported to CMS. Non-patients may be identified by billing groups that are using the CMS-1450 14X bill type.

Did the ticket receive an additional insurance receipt from the same receipt source between July 2019 and December 2019?

The data collection period for PAMA reporting is January 2019 through June 2019, so July 2019 through December 2019 is outside of the data collection period. Quadax has made the reasonable assumption that an additional insurance receipt received after the data collection period from the same receipt source as the qualifying receipt means that the qualifying receipt was likely not the final payment. Receipts that are not likely final payments are not included in PAMA reporting.

Did the ticket receive an insurance refund after the receipt between January 2019 and December 2019?

Insurance refunds could indicate that the payer has not made the final payment, so Quadax has made the reasonable assumption that an insurance refund received on the ticket after the receipt between January 2019 and December 2019 means that the receipt should not be included in PAMA reporting. Receipts that are not likely final payments are not included in PAMA reporting. This reasoning applies to all insurance refunds, including reverse refunds.

Was the ticket or case in a client-specific appeal hold status in HARP or an Appeals Case Status Summary 2 case status in PAS at the time of the June 2019 monthend?

When determining whether a ticket is being appealed, different indicators are used by different clients. Quadax Client Services will determine what indicator is appropriate for each client. For some clients, HARP hold codes will be used to determine whether a ticket is being appealed. For other clients, the PAS case status of Appeals Case Status Summary 2 will be used to make that determination.

A client-specific appeal hold status in HARP or an Appeals Case Status Summary 2 case status in PAS means the ticket or case is in the appeal process. Appeals can result in an additional receipt, and if the ticket is still in the appeal process at the time of June 2019 monthend, that additional receipt would be received after June 2019, which is outside of the data collection period. As stated in the second step of the ticket selection process, Quadax has made the reasonable assumption that an additional receipt received after the data collection period from the same receipt source as the qualifying receipt means that the qualifying receipt was likely not the final payment. Receipts that are not likely final payments are not included in PAMA reporting.

Line-level receipt information is pulled from either payer 835, RemitMax 835, or HARP LIRP data.

Once a ticket has been selected, line-level receipt information will be pulled from either payer 835, RemitMax 835, or HARP LIRP data. To ensure that only payments from private payers are included in the data, payer and RemitMax 835 remittance data is filtered by Line of Business (LOB) code, and HARP LIRP data is filtered by receipt source. Only payer and RemitMax 835 remittances with LOB codes 11, 12, 13, 14, 15, 16, BL, CI, and HM, and HARP LIRP data with receipt sources that match the summary insurance financial category or rerouted summary insurance financial category of the receipt are included in reporting. The LOB codes are defined below.

LOB Code	Description
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk*
BL	Blue Cross/Blue Shield
CI	Commercial Insurance
HM	Health Maintenance Organization

This is the LOB code for Medicare Advantage, which is included as private payer data.

Line-level receipts undergo an additional selection process to determine if they are included in PAMA reporting.

Is the check date between December 1, 2018 and June 30, 2019?

The period of December 1, 2018 through December 31, 2018 will be examined because HARP LIRP and 835 remittance data posted in January could have December check dates. The period of January 1, 2019 through June 30, 2019 will be examined because that is the data collection period defined by CMS, and qualifying data posted during the data collection period must be reported.

Does the line-level receipt have a non-zero allowed amount?

Quadax has made the reasonable assumption that the final payment is equal to the allowed amount, and only non-zero final payments need to be reported to CMS.

Does the charge line have an applicable HCPCS code?

A list of applicable HCPCS codes can be found in the CLFS Applicable Information HCPCS Codes spreadsheet file on the CMS website. Charge lines with non-applicable HCPCS codes are eliminated from PAMA reporting.