CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal:12987	**Date: December 5, 2024**
	Change Request 13843

SUBJECT: National Coverage Determination (NCD) 210.15 - Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce that CMS has determined that Pre-Exposure Prophylaxis (PrEP) using antiretroviral drugs to prevent Human Immunodeficiency Virus (HIV) is covered as an additional preventive service under §1861(ddd)(1) of the Social Security Act (the Act). Specifically, CMS has determined that PrEP using antiretroviral drugs to prevent HIV is reasonable and necessary for the prevention of an illness or disability; is recommended with a grade of A by the United States Preventive Services Task Force (USPSTF); and is appropriate for individuals entitled to Medicare benefits under Part A or enrolled under Part B.

EFFECTIVE DATE: September 30, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 7, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	18/250/Table of Contents
N	18/250/Pre-Exposure Prophylaxis (PreP) for Human Immunodeficiency Virus (HIV) Infection Prevention
N	18/250/1/Policy
N	18/250/2/Healthcare Common Procedural Coding System (HCPCS) Drug Codes and Diagnosis Codes
N	18/250/3/Billing and Payment Requirements
N	18/250/4/Messaging

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined

in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12987	Date: December 5, 2024	Change Request: 13843

SUBJECT: National Coverage Determination (NCD) 210.15 - Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce that CMS has determined that Pre-Exposure Prophylaxis (PrEP) using antiretroviral drugs to prevent Human Immunodeficiency Virus (HIV) is covered as an additional preventive service under §1861(ddd)(1) of the Social Security Act (the Act). Specifically, CMS has determined that PrEP using antiretroviral drugs to prevent HIV is reasonable and necessary for the prevention of an illness or disability; is recommended with a grade of A by the United States Preventive Services Task Force (USPSTF); and is appropriate for individuals entitled to Medicare benefits under Part A or enrolled under Part B.

II. GENERAL INFORMATION

A. Background: This CR provides instructions for processing PrEP for HIV Prevention Claims. PrEP involves the use of antiretroviral drugs to decrease the risk of acquiring HIV. Under §1861(ddd)(1) of the Social Security Act (the Act), CMS has the authority to add coverage of "additional preventive services" through the Medicare national coverage determination (NCD) process if certain statutory requirements are met: (1) reasonable and necessary for the prevention or early detection of illness or disability, (2) recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF), and (3) appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

B. Policy: Effective for claims with dates of service on or after September 30, 2024, CMS covers PrEP using antiretroviral drugs approved by the U.S. Food and Drug Administration (FDA) to prevent HIV in individuals at increased risk of HIV acquisition. The determination of whether an individual is at increased risk for HIV is made by the physician or health care practitioner who assesses the individual's history. CMS also covers the furnishing of HIV PrEP using antiretroviral drugs, including the supplying or dispensing of these drugs and the administration of injectable PrEP.

For individuals being assessed for or using PrEP to prevent HIV, CMS covers all the following as an additional preventive service:

a) Up to eight individual counseling visits, every 12 months, that include HIV risk assessment (initial or continued assessment of risk), HIV risk reduction, and medication adherence. Counseling must be furnished by a physician or other health care practitioner. Individuals must be competent and alert at the time that counseling is provided.

b) Up to eight HIV screening tests every 12 months.

c) A single screening for hepatitis B virus (HBV).

These screening tests are covered when the appropriate FDA-approved laboratory tests and point of care tests are used consistent with FDA-approved labeling and in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations.

NOTE: A single (1-time) screening for HBV is available under this NCD. NCD 210.6, Screening for Hepatitis B Virus (HBV) Infection, is a separate benefit and continues to apply to eligible beneficiaries.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- PrEP for HIV Counseling HCPCS Code G0011 is considered a visit for RHCs and FQHCs when furnished by an RHC or FQHC Practitioner.
- Frequency edits for (8) counseling visits in 12 months are applicable for RHCs and FQHCs.
- RHCs and FQHCs do not need to enroll as a Medicare Part B pharmacy supplier or a DMEPOS pharmacy supplier in order to bill for PrEP for HIV drugs.

Please see Publication (Pub) 100-03, chapter 1, section 210.15 of the NCD Manual, and Pub. 100-04, chapter 18, section 250, of the Claims Processing Manual, for further instructions.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13843 - 04.1	The CWF shall create an auxiliary file for each covered HIV PrEP encounter (HIVP) for the beneficiary. The HIVP auxiliary file shall maintain the most current 10 iterations of the HIV PrEP annual encounters for the beneficiary. The new HIVP auxiliary file will be included in the online Health Insurance Master Record (HIMR) display.								X	
13843 - 04.1.1	The CWF shall include the following fields in the HIVP auxiliary file: • 8 Professional Claim Visit HCPCS code and LIDOS • 8 Facility/Technical Claim Visit HCPCS and LIDOS • 8 HIV Screening Tests HCPCS code and LIDOS • 1 HEPB HCPCS code and LIDOS • NPI (Provider NPI for Outpatient claims and								X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	rendering NPI for Part B claims) • ICN/CCN • Claim type									
13843 - 04.1.2	If a previously covered HIV PrEP claim that populates an HIVP auxiliary file is cancelled or adjusted as denied, CWF shall remove the auxiliary file data that the original claim populated.								X	
13843 - 04.1.3	Contractors shall display **next eligible dat**e on the Common Working File (CWF) provider query screen (HUQA) and include the next eligible date for the PrEP HIV services on PRVN screen. NOTE: The next eligible date is based on the earliest posted date of service for the iteration.						X		X	HETS, MBD, NGD
13843 - 04.1.4	The contractor shall create a Multi-Carrier System Desktop Tool (MCSDT) window to display the new HIV PrEP CWF auxiliary file						X			
13843 - 04.1.5	The Fiscal Intermediary Shared System (FISS) shall modify the Direct Data Entry (DDE) screens to include the HIV PrEP auxiliary file information.					X				
13843 - 04.1.6	CWF shall modify the MBD/NGD extract files sent to Medicare Beneficiary Database (MBD) and Next Generation Desktop-Medicare Beneficiary Portal (NGD) to include the complete HIV PrEP auxiliary file information.								X	HETS, MBD, NGD

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13843 - 04.1.7	The CWF shall populate the FROM date field in the auxiliary record with the LIDOS of the first visit HCPCS (G0011 or G0013) from either an institutional or professional claim in a 12 month period.								X	
13843 - 04.1.8	The CWF shall populate the "HIV PrEP Visit" encounter codes and LIDOS in the auxiliary record with the LIDOS of the HCPCS (G0011 or G0013) from both institutional or professional claims in a 12-month period. If there is an institutional claim and a professional visit claim with the same LIDOS, with the same HCPCS, then CWF shall count this as only 1 visit encounter. CWF shall ignore using institutional claim lines with Revenue Codes 096x, 097x, or 098x for populating the HIV PrEP Visit encounter codes and LIDOS in the auxiliary record.								X	
13843 - 04.1.9	The CWF shall populate the "HIV Screening Test" codes and LIDOS in the HIV PrEP auxiliary record with the LIDOS of the HCPCS from both institutional or professional claims in a 12-month period when a HIV FROM date is within the 12-month period prior to the HIV Screening code LIDOS and the HIV Screening Test claim has a primary diagnosis code of Z29.81.								X	
13843 - 04.1.10	The CWF shall populate the Hep B Virus (HBV) screening								X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	test codes and LIDOS in the HIV PrEP auxiliary record with the LIDOS of the HCPCS from both institutional or professional claims in the HIV PrEP auxiliary record when a HIV PrEP FROM date is within the 12-month period prior to the HBV Screening code LIDOS and the HBV Screening Test claim has a primary diagnosis code of Z29.81.									
13843 - 04.1.11	Contractors shall track up to eight individual counseling visits for PrEP for HIV every 12 months for Hospitals (013x TOB) RHCs (071x TOB), FQHCs (077x TOBs), and CAHs (085x TOB) for dates of service on or after September 30, 2024, for HCPS code G0011 and G0013 as a facility claim for BR13843-04.1.1.					X			X	
13843 - 04.1.12	Contractors shall create a reject for G0011 or G0013 for more than eight separate LIDOS visit encounter claims within a 12-month period (for both professional and institutional claims combined). The new edit will return trailers 08 and 43 on an A/MAC institutional Outpatient claim and trailers 08 and 39 on a B/MAC professional claim. NOTE: For CWF, this edit shall have override capability at the detail level for institutional outpatient claims and for Part B professional claims.					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13843 - 04.1.13	Contractors shall deny the CWF rejected claim and use the following messages: CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC N640 - Exceeds number/frequency approved/allowed within time period. MSN message: 41.14: This service/item was billed incorrectly. 41.14- Este servicio o artículo fue facturado incorrectamente. Claim Adjustment Group Code - CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability. (Use PR when Occurrence Code 32 (Institutional claim) or the GA modifier (Professional claim) is appended to the line item).	X	X							
13843 - 04.1.14	Contractors shall pay for code G0011 on 085X TOB claims submitted with revenue code 96x, 97x, or 98x. NOTE: Payment is based on 115% of the Medicare Physician Fee Schedule.	X				X				
13843 - 04.2	Contractors shall accept and pay up to eight HIV screening tests codes:	X	X			X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	G0475 - HIV antigen/antibody, combination assay, screening G0432 - Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening, G0433 - Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening, G0435 - Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening, G0475 - Hiv antigen/antibody, combination assay, screening, or 80081 – Organ Disease Oriented Panel every 12 months for individuals being assessed for or using PrEP to prevent HIV as identified with primary diagnosis code ICD-10 Z29.81.									
13843 - 04.2.1	Contractors shall create a reject for 'G0432 'G0433' G0435' G0475' or '80081' for more than eight claims with different LIDOS within a 12-month period. The new edit will return trailers 08 and 43 on an A/MAC institutional Outpatient claim and trailers 08 and 39 on a B/MAC professional claim. NOTE: For CWF, this edit shall have override capability at the detail level for institutional outpatient claims					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	and for Part B professional claims.									
13843 - 04.2.2	Contractors shall deny the CWF rejected claim and use the following messages: CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC N640 - Exceeds number/frequency approved/allowed within time period. MSN message: 41.14: This service/item was billed incorrectly. 41.14- Este servicio o artículo fue facturado incorrectamente. Claim Adjustment Group Code - CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability. (Use PR when Occurrence Code 32 (Institutional claim) or the GA modifier (Professional claim) is appended to the line item).	X	X							
13843 - 04.3	Contractors shall accept and pay a single Hep B Virus (HBV) screening test for individuals being assessed for or using PrEP to prevent HIV. This is a once per life-	X	X			X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	time allowance.									
13843 - 04.3.1	Contractors shall create a reject for more than one (HBV screening) claim line of service when HCPCS G0499, 87340, 87341, 86704, or 86706 and the HBV Screening Test claim has a primary diagnosis code of Z29.81. The new edit will return trailers 08 and 43 on an A/MAC institutional Outpatient claim and trailers 08 and 39 on a B/MAC professional claim. NOTE: See specific frequency associated with NCD 210.6, Hepatitis B Screening, still in effect. NOTE: For CWF, this edit shall have override capability at the detail level for institutional outpatient claims and for Part B professional claims.					X			X	
13843 - 04.3.1.1	Contractors shall deny the CWF rejected claim and use the following messages: CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	RARC N640 - Exceeds number/frequency approved/allowed within time period. MSN message: 41.14: This service/item was billed incorrectly. 41.14- Este servicio o artículo fue facturado incorrectamente. Claim Adjustment Group Code - CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability. (Use PR when Occurrence Code 32 (Institutional claim) or the GA modifier (Professional claim) is appended to the line item).									
13843 - 04.3.1.2	Contractors shall create a reject if an HBV screening is received with primary diagnosis code of Z29.81 and no PrEP HIV service have been submitted, to build the HIVP auxiliary screen. New edit returns trailers 08 and 43 on an A/MAC institutional OP claim and trailers 08 and 39 on a Part B professional claim.					X			X	
13843 - 04.3.1.3	Contractors shall deny the CWF rejected claim and use the following messages: CARC 96 – Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	RARC – N386 This decision was based on a National Coverage Determination (NCD). MSN message: 15.20 The following policies were used when we made this decision: NCD 210.15 Claim Adjustment Group Code - CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability. (Use PR when Occurrence Code 32 (Institutional claim) or the GA modifier (Professional claim) is appended to the line item).									
13843 - 04.4	Effective for services on or after September 30, 2024, contractors shall accept and pay for PrEP for HIV claims in individuals at increased risk of HIV acquisition using the following HCPCS: • J0799 - FDA approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified, Short Descriptor: Hiv prep, fda approved, noc • J0750 - Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), Short Descriptor: Hiv	X	X		X	X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	prep, ftc/tdf 200/300 mg • J0751 - Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, fda approved prescription, only for use as pre-exposure prophylaxis (not for use as treatment of hiv), Short Descriptor: Hiv prep, ftc/taf 200/25 mg • J0739 - Injection, cabotegravir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv) Short Descriptor: Injection, cabotegravir, 1 mg • G0012 - Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle, Short Descriptor: Inj, prep drug for hiv prep NOTE: Contractors shall only accept and pay for NOC code J0799 when there is not a specific code to be utilized. NOTE: HCPCS code G0012 is not payable by DME MACs.									
13843 - 04.4.1	Contractors shall manually contractor Price for HCPCS J0739 J0750, J0751, and J0799 for claims with dates of service September 30, 2024,		X		X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	through December 31. 2024.									
13843 - 04.4.2	Contractors shall accept the following HCPCS for Pharmacy Supplying Fees effective for claims with dates of service September 30, 2024, through December 31, 2024: • Q0516- Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days Short Descriptor: Supply fee hiv prep oral 30-days • Q0517-Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days, Short Descriptor: Supply fee hiv prep oral 60-days • Q0518- Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 90-days, Short Descriptor: Supply fee hiv prep oral 90-days • Q0519- Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 30-days, Short	X	X		X	X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Descriptor: Supply fee hiv prep inj 30 • Q0520- Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 60-days, Short Descriptor: Supply fee hiv prep inj 60 Effective for claims with dates of service on and after January 1, 2025, the above HCPCS codes will be replaced with: • Q0521 - Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription, Short Descriptor: Supply fee hiv prep fda appr Note: A/B MACs (A) shall allow the above mentioned HCPCS codes on TOBs 71x and 77x only.									
13843 - 04.4.3	Contractors shall accept claims containing one of the following diagnosis codes along with one of the HCPCS codes listed in 13843-04.4 for PrEP for HIV claims: A51.31 Condyloma latum A51.32 Syphilitic alopecia A51.39 Other secondary syphilis of skin A51.41 Secondary syphilitic meningitis	X	X		X	X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	A51.42 Secondary syphilitic female pelvic disease A51.43 Secondary syphilitic oculopathy A51.44 Secondary syphilitic nephritis A51.45 Secondary syphilitic hepatitis A51.46 Secondary syphilitic osteopathy A51.49 Other secondary syphilitic conditions A52.01 Syphilitic aneurysm of aorta A52.02 Syphilitic aortitis A52.03 Syphilitic endocarditis A52.04 Syphilitic cerebral arteritis A52.05 Other cerebrovascular syphilis A52.06 Other syphilitic heart involvement A52.09 Other cardiovascular syphilis A52.11 Tabes dorsalis A52.12 Other cerebrospinal syphilis A52.13 Late syphilitic meningitis A52.14 Late syphilitic encephalitis A52.15 Late syphilitic neuropathy									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	A52.16 Charcot's arthropathy (tabetic) A52.17 General paresis A52.19 Other symptomatic neurosyphilis A52.2 Asymptomatic neurosyphilis A52.71 Late syphilitic oculopathy A52.72 Syphilis of lung and bronchus A52.73 Symptomatic late syphilis of other respiratory organs A52.74 Syphilis of liver and other viscera A52.75 Syphilis of kidney and ureter A52.76 Other genitourinary symptomatic late syphilis A52.77 Syphilis of bone and joint A52.78 Syphilis of other musculoskeletal tissue A52.79 Other symptomatic late syphilis A53.0 Latent syphilis, unspecified as early or late A54.00 Gonococcal infection of lower genitourinary tract, unspecified A54.01 Gonococcal cystitis and urethritis, unspecified									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	A54.02 Gonococcal vulvovaginitis, unspecified A54.03 Gonococcal cervicitis, unspecified A54.09 Other gonococcal infection of lower genitourinary tract A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess A54.21 Gonococcal infection of kidney and ureter A54.22 Gonococcal prostatitis A54.23 Gonococcal infection of other male genital organs A54.24 Gonococcal female pelvic inflammatory disease A54.29 Other gonococcal genitourinary infections A54.31 Gonococcal conjunctivitis A54.32 Gonococcal iridocyclitis A54.33 Gonococcal keratitis A54.39 Other gonococcal eye infection A54.41 Gonococcal spondylopathy A54.42 Gonococcal arthritis A54.43 Gonococcal osteomyelitis A54.49 Gonococcal infection of other musculoskeletal tissue									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	A54.5 Gonococcal pharyngitis A54.6 Gonococcal infection of anus and rectum A54.81 Gonococcal meningitis A54.82 Gonococcal brain abscess A54.83 Gonococcal heart infection A54.84 Gonococcal pneumonia A54.85 Gonococcal peritonitis A54.86 Gonococcal sepsis A54.89 Other gonococcal infections A56.01 Chlamydial cystitis and urethritis A56.02 Chlamydial vulvovaginitis A56.09 Other chlamydial infection of lower genitourinary tract A63.8 Other specified predominantly sexually transmitted diseases A64 Unspecified sexually transmitted disease F11.10 Opioid abuse, uncomplicated F11.20 Opioid dependence, uncomplicated F11.21 Opioid dependence, in remission									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	F11.90 Opioid use, unspecified, uncomplicated Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission Z11.4 Encounter for screening for human immunodeficiency virus [HIV] Z11.59 Encounter for screening for other viral diseases Z13.29 Encounter for screening for other suspected endocrine disorder Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission Z20.5 Contact with and (suspected) exposure to viral hepatitis Z20.6 Contact with and (suspected) exposure to human immunodeficiency virus [HIV] Z20.828 Contact with and (suspected) exposure to other viral communicable diseases Z20.89 Contact with and (suspected) exposure to other communicable diseases Z20.9 Contact with and (suspected) exposure to unspecified communicable disease									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Z29.81 Encounter for HIV pre-exposure prophylaxis Z32.00 Encounter for pregnancy test, result unknown Z32.01 Encounter for pregnancy test, result positive Z32.02 Encounter for pregnancy test, result negative Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior Z72.89 Other problems related to lifestyle Z79.899 Other long term (current) drug therapy Z86.59 Personal history of other mental and behavioral disorders Z87.898 Personal history of other specified conditions									
13843 - 04.4.4	Contractors shall deny claims that contain a PrEP HCPCS code listed in 13843-04.4 and a diagnosis code listed in 13843-04.4.3 is not present on the claim and use the following messages: RARC N386 – This decision was based on a National Coverage Determination (NCD). CARC 50 – These are non-covered services because this is not deemed a ‘medical	X	X		X	X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. MSN message: 15.20 The following policies were used when we made this decision: NCD 210.15 Group Code CO (Contractual Obligation). Spanish version 15.20 - Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD-210.15.									
13843 - 04.4.5	This BR has been removed.	X	X			X				
13843 - 04.4.6	Contractors shall accept claims containing one of the following visit HCPCS codes: G0011 or G0013, listed with one of the diagnosis codes in 13843-04.4.3 for PreP for HIV claims.	X	X			X			X	
13843 - 04.4.7	Contractors shall deny claims with the messages listed in 13843-04.4.4 that contain a HCPCS code listed in 13843-04.4.6 and does not have a diagnosis code listed in 13843-04.4.3.	X	X			X				
13843 - 04.5	Contractors shall only allow payment for pharmacy supplying fees HCPCS code listed in 13843-04.4.2 if billed on the same claim as the payable covered drugs for PrEP for HIV HCPCS codes listed in 13843-04.4.	X	X		X	X	X			
13843 - 04.5.1	Contractors shall deny claims that contain a pharmacy supplying fees HCPCS code	X	X		X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	listed in 13843-04.4.2 and a covered drug for PrEP for HIV HCPCS code listed in 13843-04.4 is not present on the same claim using the following messages: CARC 107: The related or qualifying claim/service was not identified on this claim. MSN 17.11: This item or service cannot be paid as billed. Group Code - CO (Contractual Obligation)									
13843 - 04.6	Contractors shall not apply deductible or coinsurance for claim lines billed with the above listed HCPCS codes including drugs, counseling sessions, and pharmacy dispensing or supplying fees.	X	X		X	X				
13843 - 04.7	Contractors shall remove the PARM PRMMNOPR that applies payer only modifier @3 to HCPCS J0739, J0750, J0751, J0799, Q0516, Q0517, Q0518, Q0519, Q0520, G0011, G0012, and G0013. NOTE: Once this CR is implemented, deductible and coinsurance do not apply to the above listed HCPCS codes.	X								
13843 - 04.8	Contractors shall not search for PreP claims but may adjust claims that are brought to their attention.	X	X		X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13843 - 04.9	CWF shall create a one-time utility to capture all beneficiaries that have a PrEP HIV services from September 30, 2024, to the implementation date of this CR. CWF shall send a one-time refresh to MBD/NGD/HETS to capture all beneficiaries that have PrEP HIV services from September 30, 2024, to the implementation date of this CR.								X	HETS, MBD, NGD
13843 - 04.10	CWF shall add a bypass condition to any consistency and/or Utilization edit when the primary diagnosis code of Z29.81 is present on the Part B or Outpatient claim and claim has service for HIV and HBV that should apply to PrEP HIV services.								X	
13843 - 04.11	CWF shall send, on the daily file, the following data elements for HIVP PrEP HCPCS for all beneficiaries who have current Part B entitlement and do not have a date of death on file, who have had HIVP claims activity: -HCPCS code -Most recent Date of Service -NPI (Provider NPI for Outpatient claims and rendering NPI for Part B claims) CWF shall modify the CABEMBD copybook and expand to include the HIVP occurrence.								X	

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, DME MAC

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1