CMS Manual System	Department of Health & Human Services (DHHS)		
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)		
Transmittal 4245	Date: February 22, 2019		
	Change Request 11135		

SUBJECT: Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

I. SUMMARY OF CHANGES: This Change Request (CR) informs contractors about the new HCPCS codes for 2019 that are subject to and excluded from CLIA edits. This recurring update notification applies to chapter 16, section 70.9.

EFFECTIVE DATE: January 1, 2019

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 1, 2019

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/A	N/A

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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04 Transmittal: 4245 Date: February 22, 2019 Change Request: 11135

SUBJECT: Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

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*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: The Clinical Laboratory Improvement Amendments (CLIA) regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare & Medicaid only pay for laboratory tests performed in certified facilities, each claim for a HCPCS code that is considered a CLIA laboratory test is currently edited at the CLIA certificate level.

The HCPCS codes that are considered a laboratory test under CLIA change each year. Contractors need to be informed about the new HCPCS codes that are both subject to CLIA edits and excluded from CLIA edits.

The following HCPCS codes were discontinued on December 31, 2017:

- 0004U Test for detecting genes associated with antibiotic resistance in bacterial culture; and
- 0015U Test for detecting genes associated with drug metabolism in blood or cheek swab.

The following HCPCS codes were discontinued on September 30, 2018:

- 0020U Testing for presence of drug in urine with confirmation of positive results and specimen verification; and
- 0028U, Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) for copy number variants and common variants with follow-up targeted sequence analysis.

The following HCPCS codes were discontinued on December 31, 2018:

- 78270 Vitamin B-12 absorption study;
- 78271 Vitamin B-12 absorption study with factor necessary for absorption;
- 78272 Vitamin B-12 absorption study without then with factor necessary for absorption;
- 81211 Gene analysis (breast cancer 1 and 2) full sequence and common duplication or deletion variants;
- 81213 Gene analysis (breast cancer 1 and 2) uncommon duplication or deletion variants; and
- 81214 Gene analysis (breast cancer 1) full sequence and common duplication or deletion variants.

The following HCPCS codes are excluded from CLIA edits, and do not require a facility to have any CLIA certificate:

 0061U - Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin – Effective July 1, 2018, and • 0079U - Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification – Effective October 1, 2018.

The HCPCS codes listed below were added on October 1, 2017, were not mentioned in a previous transmittal, and are subject to CLIA edits. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- 0018U Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy A3;
- 0019U Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents;
- 0021U Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score;
- 0022U Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider; and
- 0023U Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin.

The HCPCS code, 0011M, Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk, was added on January 1, 2018, was not mentioned in a previous transmittal, and is subject to CLIA edits. This HCPCS code requires a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

The HCPCS codes listed below were added on April 1, 2018 and are subject to CLIA edits. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- 0012M Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma;
- 0013M Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma;
- 0035U Testing for presence of prion protein in cerebrospinal fluid;
- 0036U Exome gene analysis for somatic mutation in tumor tissue;
- 0037U DNA gene analysis of 324 genes in solid organ tumor tissue;
- 0038U Measurement of vitamin D in serum;

- 0039U Testing for anti-DNA antibody;
- 0040U BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative;
- 0041U IgM antibody detection test for Borrelia burgdorferi;
- 0042U IgG antibody detection test for Borrelia burgdorferi;
- 0043U IgM antibody detection test for Tick-Borne Relapsing Fever Borrelia group; and
- 0044U IgG antibody detection test for Tick-Borne Relapsing Fever Borrelia group.

The HCPCS codes listed below were added on July 1, 2018 and are subject to CLIA edits. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- 0045U mRNA gene analysis of 12 genes in breast ductal carcinoma in situ tumor tissue;
- 0046U Gene analysis (fms-related tyrosine kinase 3) for internal tandem duplication variants;
- 0047U mRNA gene analysis of 17 genes in prostate tumor tissue;
- 0048U DNA gene analysis of 468 genes in solid organ tumor tissue
- 0049U Gene analysis (nucleophosmin);
- 0050U DNA gene analysis of targeted sequences in 194 genes for acute myelogenous leukemia;
- 0051U Testing for presence of 31 prescription drugs in urine;
- 0052U Measurement of all five major lipoprotein classes and subclasses in blood;
- 0053U FISH analysis of 4 genes in prostate needle biopsy specimen;
- 0054U Measurement of 14 or more drug classes in capillary blood;
- 0055U DNA gene analysis of 96 target sequences in plasma for heart transplant;
- 0056U Whole genome sequencing in blood or bone marrow for acute myelogenous leukemia;
- 0057U mRNA gene analysis of 51 genes in solid organ tumor tissue;
- 0058U Measurement of antibodies to Merkel cell polyoma virus oncoprotein in serum;
- 0059U Test for presence of antibodies to Merkel cell polyoma virus oncoprotein in serum; and
- 0060U Gene analysis for identical twins in maternal blood.

The HCPCS codes listed below were added on October 1, 2018 and are subject to CLIA edits. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- 0062U Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score;
- 0063U Neurology (autism), 32 amines by lc-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder;
- 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative;
- 0065U- Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr);
- 0066U Placental alpha-micro globulin-1 (pamg-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen;
- 0067U Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hyal1], highly expressed in cancer protein [hec1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score;

- 0068U Candida species panel (c. albicans, c. glabrata, c. parapsilosis, c. kruseii, c tropicalis, and c. auris), amplified probe technique with qualitative report of the presence or absence of each species;
- 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression sco;
- 0070U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4n, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14a, *14b, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xn);
- 0071U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (list separately in addition to code for primary procedure);
- 0072U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d6-2d7 hybrid gene) (list separately in addition to code for primary procedure);
- 0073U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d7-2d6 hybrid gene) (list separately in addition to code for primary procedure);
- 0074U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (list separately in addition to code for primary procedure);
- 0075U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (list separately in addition to code for primary procedure);
- 0076U Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (list separately in addition to code for primary procedure);
- 0077U Immunoglobulin paraprotein (m-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype; and
- 0078U Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, abcb1, comt, dat1, dbh, dor, drd1, drd2, drd4, gaba, gal, htr2a, httlpr, mthfr, muor, oprk1, oprm1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder.

The HCPCS codes listed below are new for 2019 and are subject to CLIA edits. The list does not include new HCPCS codes for waived tests or provider-performed procedures. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) must not be permitted to be paid for these tests.

- 0080U –Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy;
- 0081U –Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis;
- 0082U Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service;
- 0083U Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations
- 81163 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis);

- 81164 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements);
- 81165 BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis;
- 81166 BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements);
- 81167 BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements;
- 81171 AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles;
- 81172 AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile x mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status);
- 81173 AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, X chromosome inactivation) gene analysis; full gene sequence;
- 81174 AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant;
- 81177 ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81178 ATXN1 (ATAXIN 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81179 ATXN2 (ATAXIN 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81180 ATXN3 (ATAXIN 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81181 ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT abnormal (eg, expanded) alleles;
- 81182 ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81183 ATXN10 (ATAXIN 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81184 CACNA1A (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles;
- 81185 CACNA1A (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence;
- 81186 CACNA1A (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant;
- 81187 CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81188 CSTB (cystatin B) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles;
- 81189 CSTB (cystatin B) (eg, unverricht-lundborg disease) gene analysis; full gene sequence;
- 81190 CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s);
- 81204 AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status);
- 81233 BTK (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F);
- 81234 DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles;
- 81236 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence;
- 81237 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646);

- 81239 DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size);
- 81271 HTT (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles;
- 81274 HTT (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size);
- 81284 FXN (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles;
- 81285 –FXN (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size);
- 81286 FXN (frataxin) (eg., friedreich ataxia) gene analysis; full gene sequence;
- 81289 FXN (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s);
- 81305 MYD88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, P.LEU265PRO (L265P) variant;
- 81306 NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6);
- 81312 PABPN1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81320 PLCG2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F);
- 81329 SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes smn2 (survival of motor neuron 2, centromeric) analysis, if performed;
- 81333 TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q);
- 81336 SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence;
- 81337 smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s);
- 81343 PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81344 TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles;
- 81345 TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region);
- 81443 genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type C, mucolipidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH);
- 81518 Oncology (breast), MRNA, gene expression profiling by real-time RT-PCR OF 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy;
- 81596 Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays; (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver;
- 82642 Dihydrotestosterone (DHT); and
- 83722 Lipoprotein, direct measurement; small dense LDL cholesterol.

B. Policy: The CLIA regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare and Medicaid only pay for laboratory tests in a facility with a valid, current CLIA certificate, laboratory claims are currently edited at the CLIA certificate level.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B MA(D M E		Sys	red- tem aine		Other
		A	В	H H H		F	M C S	V		
11135.1	Contractors shall apply CLIA edits to the HCPCS codes mentioned above as subject to CLIA edits.		X						X	
11135.2	Contractors shall deny payment for a claim submitted with the HCPCS codes mentioned above as subject to CLIA edits to a provider without valid current CLIA certificate, with a CLIA certificate of waiver (certificate type code 2), or with a CLIA certificate for provider-performed microscopy procedures (certificate type code 4).		X							
11135.3	Contractors shall return a claim as unprocessable if a CLIA number is not submitted on claims by providers for the HCPCS mentioned above as subject to CLIA edits.		X							
11135.4	Contractors should not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement			Responsibil			
			A/B		D	C	
		1	MA(\mathbb{C}	M	Е	
					Е	D	
		A	В	Н		I	
				Н	M		
				Н	A		
					C		
11135.5	MLN Article: CMS will make available an MLN Matters provider education		X				
	article that will be marketed through the MLN Connects weekly newsletter						
	shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09						
	Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects						
	information to providers, posting the article or a direct link to the article on your						
	website, and including the article or a direct link to the article in your bulletin or						

Number	Tumber Requirement		spoi	ility		
			A/B		D	C
		I	MA(\mathbb{C}	M	Е
					Е	D
		A	В	Н		Ι
				Н	M	
				Н	A	
					C	
	newsletter. You may supplement MLN Matters articles with localized					
	information benefiting your provider community in billing and administering the					
	Medicare program correctly. Subscribe to the "MLN Matters" listsery to get					
	article release notifications, or review them in the MLN Connects weekly					
	newsletter.					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Todd, 410-786-3385 or kathleen.todd@cms.hhs.gov

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

VI. 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: 0