CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13244	**Date: June 9, 2025**
	Change Request 14092

SUBJECT: Screening for Hepatitis C Virus (HCV) Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) Coding Updates (Part 2 HETS Business Requirements for CR 14041)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide an update for contractors to make the appropriate coding modifications specific to HETS required for the Hepatitis C Virus National Coverage Determination (NCD) 210.13.

EFFECTIVE DATE: October 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 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/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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 13244	Date: June 9, 2025	Change Request: 14092

SUBJECT: Screening for Hepatitis C Virus (HCV) Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) Coding Updates (Part 2 HETS Business Requirements for CR 14041)

EFFECTIVE DATE: October 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide an update for contractors to make the appropriate coding modifications specific to HETS required for the Hepatitis C Virus National Coverage Determination (NCD) 210.13.

II. GENERAL INFORMATION

A. Background: The purpose of this CR is to provide an update for the new DNA/RNA test that was recently approved by the Federal Drug Administration (FDA), Current Procedural Terminology (CPT) 87521, Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed. The new CPT code is being priced on the Clinical Laboratory Fee Schedule (CLFS), but it does not specify whether the test is being used for diagnostic or screening purposes. G0567 is the code to describe when this new DNA/RNA test is used for screening to differentiate it from the existing covered antibody Hepatitis C screening tests coverable under NCD 210.13.

B. Policy: Effective for claims with date of service on or after June 27, 2024, G0567 is the code that should be used for screening and explains the coding modifications required for Hepatitis C Virus screening specific to HETS. CR 14041 is the October quarterly maintenance update which further explains coding for the shared system updates.

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	
14092.1	Contractors shall modify the Medicare Beneficiary Database/ Next Generation Desktop (MBD/NGD) extract to include Healthcare Common Procedure Coding System (HCPCS) code G0567 in the HCV group.								X	HETS, MBD, NGD

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14092.2	Contractors shall send a one-time refresh to MBD/NGD/HETS to capture all beneficiaries that have Hepatitis C screening HCPCS G0567 from June 27, 2024, to the implementation date of this CR.								X	HETS, MBD, NGD
14092.3	Contractors shall modify the CABBBMD extract to send HCPCS G0567, most recent service date of service and NPI to HETS.								X	HETS
14092.4	Contractors shall create a utility for one-time data refresh using CABBBMBD to capture all beneficiaries that have Hepatitis C screening HCPCS G0567 from June 27, 2024								X	HETS

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

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

NCD:	210.13
NCD Title:	Screening for Hepatitis C Virus
IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.

ICD-10 CM	ICD-10 DX Description
	Primary diagnosis
Z72.89	Other problems related to lifestyle
	Seconday diagnosis required for yearly screening
F19.20	Other psychoactive substance dependence, uncomplicated
	Diagnosis for no risk cohort born between 1945-1965
Z11.59	Encounter for screening for other viral disease

NCD:	210.13
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MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.

ICD-10 PCS	**ICD-10 PCS Description**
N/A	N/A

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)
NCD Title:	Screening for Hepatitis C Virus in Adults
IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361

Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	Effective for claims with DOS 6/2/14, CMS will cover screening with FDA-approved/cleared tests for HCV when ordered by the beneficiary's primary care physician/practitioner within the context of a primary care setting, and performed by an eligible Medicare provider for these services, for beneficiaries who meet either of the following conditions: -A screening test is covered for adults at high risk for Hepatitis C Virus infection. "High risk" is defined as persons with a current or past history of illicit injection drug use; and persons who have a history of receiving a blood transfusion prior to 1992. -Repeat screening for high risk persons is covered annually only for persons who have had continued illicit injection drug use since the prior negative screening test NOTE: G0567 effective 6/27/24. Contractors shall modify the PRVN aux file in HIMR to add HCPCS G0567 to the HCV group. CWF will apply the same rules to G0567 as applied to G0472	G0472 G0567	Annually for persons with current illicit injection drug use	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part A	**A/MAC, FISS:** Effective for claims with DOS 6/2/14, shall recognize HCPCS G0472, HCV screening, as a covered service.G0567 is added effective 6/27/24. **NOTE:** HCPCS, G0472, HCV screening, will be in the 1/15 MPFSDB and IOCE updates, with an effective date of 6/2/14. G0567 will be added to the April 2025 updates effective 6/27/24. **A/MAC, FISS, CWF:** Effective for DOS 6/2/14, beneficiary coinsurance and deductibles do not apply to claim lines containing HCPCS G0472 or G0567 (effective 6/27/24).	G0472 G0567	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)									
NCD Title:	Screening for Hepatitis C Virus in Adults									
IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf									
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361									
Part A	**CWF:** shall identify the following institutional claims as facility fee claims for screening services: •TOB 13X Hospital Outpatient Departments •TOB 14X Non-Patient Laboratory Specimens •TOB 85X Critical Access Hospitals (CAHs) when the revenue code is not 096X, 097X or 098X	G0472 G0567	N/A	13X 14X 85X	N/A	N/A	N/A	N/A	N/A	N/A
Part A	**A/MAC, FISS:** pay HCPCS G0472, G0567 on TOB 13X based on MPFS, TOB 14X under the clinical lab fee schedule, TOB 85X based on reasonable cost.	G0472 G0567	N/A	13X 14X	N/A	N/A	N/A	N/A	N/A	N/A
Part A	**CWF:** shall identify all other claims as professional service claims for screening services (professional claims, and institutional claims with TOB 85X when the revenue code is 096X, 097X, or 098X).	G0472 G0567	N/A	85X	096X 097X 098X	N/A	N/A	N/A	N/A	N/A
Part A	**A/MAC, FISS:** shall deny line-items on claims for HCV screening HCPCS G0472, G0567 when submitted on TOBs other than 13X, 14X, or 85X. **NOTE:** for modifier GZ, use CARC 50 & MSN 8.81 per instructions in CR7228/TR2148	G0472 G0567	N/A	13X 14X 85X	N/A	GZ	N/A	21.25 8.81	170 50	N95
Part A	**FISS, CWF:** A single screening test is covered for adults who do not meet the high risk as defined above, but who were born from 1945 through 1965, and HCPCS G0472 or G0567 is accompanied by ICD-10 dx Z11.59 (addition of dx code eff 10/1/17). NOTE: This edit shall be overridable.	G0472 G0567	Once per lifetime	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part A	**A/MAC**: Effective for claims with DOS 6/2/14, shall deny line-items on claims with HCPCS G0472 (or G0567 effective 6/27/24) and ICD-10 dx Z11.59 reported more than once in a lifetime for beneficiaries who do not meet the definition of high risk but were born from 1945 through 1965 using the following messages in addition to Group Code CO assigning financial liability to the provider if a claim is received with a GZ modifier indicating no signed ABN is on file. **NOTE:** For modifier GZ, use CARC 50 and MSN 8.81 per CR7228/TR2148.	G0472 G0567	Once per lifetime	N/A	N/A	N/A	N/A	15.20 8.81	119 50	N386
Part A	**A/MAC:** shall line-item deny claims noted in 8871-04.5 for initial high risk without the appropriate HCPCS and diagnosis codes using the following messages:	G0472 G0567	N/A	N/A	N/A	N/A	N/A	15.20	119	N386

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)									
NCD Title:	Screening for Hepatitis C Virus in Adults									
IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf									
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361									
Part A	**A/MAC, CWF:** Effective for claims with DOS 6/2/14, shall allow payment for one annual HCV screening in adults at high risk who have had continued illicit injection drug use since the prior negative screening test when the claim is submitted with the following: • HCPCS G0472 or G0567 (effective 6/27/24), • ICD-10 dx Z72.89, and • ICD-10 dx F19.20 **NOTE:** This edit shall be overridable. **NOTE:** 11 full months must elapse following the month in which the last negative HCV screening took place.	G0472 G0567	Annually for persons with current illicit injection drug use	13X 14X 85X	N/A	GZ	NA	N/A	N/A	N/A
Part A	**A/MAC**: Effective for claims with DOS 6/2/14, shall deny line-items on claims for HCPCS G0472 or G0567 (effective 6/27/24), HCV screening, that do not include the required coding in 8871-04.6 for continued ilicit injection drug use using the following messages in addition to Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier indicating no signed ABN is on file. **NOTE:** For modifier GZ, use CARC 50 and MSN 8.81 per CR7228/TR2148.	G0472 G0567	N/A	N/A	N/A	N/A	N/A	15.20 8.81	167 50	N386
Part A	**A/MAC, CWF:** Effective for claims with DOS 6/214, shall allow payment for one HCV screening test for beneficiaries initially determined at high risk, when the claim is submitted with the following: • HCPCS G0472 or G0567 (effective 6/27/24), and • ICD-10 dx Z72.89	G0472 G0567	Annually for persons who have current illicit injection drug use	N/A	N/A	GZ	N/A	N/A	N/A	N/A
Part A	**A/MAC, FISS:** shall pay for HCV screening, HCPCS G0472 or G0567 (effective 6/27/24), with revenue codes 096X, 097X, or 098X when billed on TOB 85X Method II based on 115% of the lesser of the fee schedule amount or the submitted charge.	G0472 G0567	N/A	85X	096X 097X 098X	N/A	N/A	N/A	N/A	N/A

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)
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IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf
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Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	Effective for claims with DOS 6/2/14, CMS will cover screening for HCV with the appropriate FDA-approved/cleared laboratory tests, used consistent with FDA- approved labeling and in compliance with CLIA regulations, when ordered by the beneficiary's primary care physician/practitioner within the context of a primary care setting, and performed by an eligible Medicare provider for these services, for beneficiaries who meet either of the following conditions: -A screening test is covered for adults at high risk for Hepatitis C Virus infection. "High risk" is defined as persons with a current or past history of illicit injection drug use; and persons who have a history of receiving a blood transfusion prior to 1992. -Repeat screening for high risk persons is covered annually only for persons who have had continued illicit injection drug use since the prior negative screening test. NOTE: G0567 effective 6/27/24. Contractors shall modify the PRVN aux file in HIMR to add HCPCS G0567 to the HCV group. CWF will apply the same rules to G0567 as applied to G0472	G0472 G0567	Annually for persons with current illicit injection drug use	8.81	N/A	GZ	01 08 11 16 37 38 42 50 89 97	N/A	N/A	N/A
Part B	**B/MAC:** Effective for claims with DOS 6/2/14, shall recognize HCPCS G0472, HCV screening, as a covered service. G0567 is added effective 6/27/2. **NOTE:** HCPCS, G0472, HCV screening, will be in the 1/15 MPFSDB and IOCE updates, with an effective date of 6/2/14.G0567 will be added to the April 2025 updates effective 6/27/24. **B/MAC, CWF:** Effective for DOS 6/2/14, beneficiary coinsurance and deductibles do not apply to claim lines containing HCPCS G0472 or G0567 (effective 6/27/24).	G0472 G0567	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)									
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MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361									
Part B	**B/MAC, CWF:** Effective for claims with DOS 6/2/14, shall allow payment for one annual HCV screening in adults at high risk who have had continued illicit injection drug use since the prior negative screening test when the claim is submitted with the following: • HCPCS G0472 or G0567 (effective 6/27/24), • ICD-10 dx Z72.89, and • ICD-10 dx F19.20 **NOTE:** This edit shall be overridable. **NOTE:** 11 full months must elapse following the month in which the last negative HCV screening took place	G0472 G0567	Annually for persons who have current illicit injection drug use	11 22 49 50 71 72 81	N/A	GZ	01 08 11 16 37 38 42 50 89 97	N/A	N/A	N/A
Part B	**B/MAC:** shall deny line items with HCV screening HCPCS G0472 or G0567 (effective 6/27/24) and provider specialty codes other than those listed in 8871-04.2 (8871-04.2 MCS edit). Group Code CO (contractual obligation). claim is received with a GZ modifier indicating no signed ABN is on file). NOTE: For modifier GZ, use CARC 50 and MSN 8.81	G0472 G0567	N/A	N/A	N/A	GZ	01 08 11 16 37 38 42 50 89 97	21.18 8.81	184 50	N574
Part B	**B/MAC:** Effective for claims with DOS 6/2/14, shall deny line-items on claims with HCPCS G0472 or G0567 (effective 6/27/24) and ICD-10 dx Z11.59 reported more than once in a lifetime for beneficiaries who do not meet the definition of high risk but were born from 1945 through 1965 using the following messages along with Group Code CO assigning financial liability to the provider if a claim is received with a GZ modifier indicating no signed ABN is on file. **NOTE:** For modifier GZ use CARC 50 and MSN 8.81 per CR7228/TR2148.	G0472 G0567	Once per lifetime	N/A	N/A	GZ		15.20 8.81	119 50	N386
Part B	**B/MAC, CWF:** Effective for claims with DOS 6/214, shall allow payment for one HCV screening test for beneficiaries initially determined at high risk, when the claim is submitted with the following: • HCPCS G0472 or G0567 (effective 6/27/24), and • ICD-10 dx Z72.89	G0472 G0567	Annually for persons with current illicit injection drug use	N/A	N/A	GZ	N/A	N/A	N/A	N/A

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)									
NCD Title:	Screening for Hepatitis C Virus in Adults									
IOM:	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf									
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361									
Part B	**B/MAC, MCS:** Effective for claims with DOS 6/2/14, shall pay claims for screening for HCPCS G0472 or G0567 (effective 6/27/24) when ordered by a primary care practitioner (physician or non-physician) with any of the following specialty codes on the provider's enrollment record. (MCS edit 001G no changes needed)	G0472 G0567	Once per lifetime OR annually for persons with current illicit injection drug use	11 22 49 50 71 72 81	N/A	GZ	01 08 11 16 37 38 42 50 89 97	N/A	N/A	N/A
Part B	**B/MAC:** shall deny line items with HCPCS G0472 or G0567 (effective 6/27/24) and specialty codes other than those listed with the following and Group Code CO assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file). **NOTE:** For modifier GZ use CARC 50 and MSN 8.81 per CR7228/TR2148.	G0472 G0567	N/A	N/A	N/A	GZ		21.18 8.81	184 50	N574
Part B	**B/MAC, CWF:** Effective for claims with DOS 6/2/14, beneficiary coinsurance and deductibles do not apply to claim lines containing HCPCS G0472 or G0567 (effective 6/27/24).	G0472 G0567	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part B	**B/MAC, CWF:** Effective for claims with DOS 6/214, shall allow one HCV screening per lifetime, HCPCS G0472 or G0567 (effective 6/27/24), for adult beneficiaries who were born from 1945 through 1965 who are not considered high risk when HCPCS G0472 is accompanied by ICD-10 dx Z11.59 (dx code addition eff 10/1/17). **NOTE:** This edit shall be overridable	G0472 G0567	Once per lifetime	11 22 49 50 71 72 81	N/A	N/A	N/A	N/A	N/A	N/A
Part B	**B/MAC, CWF:** Effective for claims with DOS 6/2/14, shall allow payment for one HCV screening test for beneficiaries initially determined at high risk, when the claim is submitted with the following: • HCPCS G0472 or G0567 (effective 6/27/24), and • ICD-10 dx Z72.89 **NOTE:** This edit shall be overridable	G0472 G0567	Annually for persons with current illicit injection drug use	11 22 49 50 71 72 81	N/A	N/A	N/A	N/A	N/A	N/A
Part B	**B/MAC:** shall line-item deny claims noted in 8871-04.5 for initial high risk without the appropriate HCPCS and dx codes using the following messages:	G0472 G0567	N/A	N/A	N/A	N/A	N/A	15.20	119	N386

NCD:	210.13 (CR8871, CR9200, CR10086, **CR14041**)									
NCD Title:	Screening for Hepatitis C Virus in Adults									
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MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361									
Part B	**B/MAC:** Effective for claims with DOS 6/214, shall deny line-items on claims for HCPCS G0472 or G0567 (effective 6/27/24), HCV screening, that do not include the required coding in 8871-04.6 for continued illicit injection drug use using the following messages in addition to Group Code CO assigning financial liability to the provider if a claim is received with a GZ modifier indicating no signed ABN is on file. **NOTE:** For modifier GZ use CARC 50 and MSN 8.81 per CR7228/TR2148.	G0472 G0567	N/A	N/A	N/A	N/A	N/A	15.20 8.81	119 50	N386
Part B	**B/MAC:** shall deny line-items with HCPCS G0472 or G0567 (effective 6/27/24) and POS codes other than those listed with the following messages.	G0472 G0567	N/A	11 22 49 50 71 72 81	N/A	N/A	N/A	21.25	171	N428
Part B	**B/MAC:** G0567 (effective 6/27/24): oBy non-CLIA waived labs, accept and process the code without the QW modifier. oBy CLIA waived labs, accept and process the code only with the QW modifier (standard, long-established denial messaging applies when billed without the QW modifier).	G0567	N/A	N/A	N/A	QW	N/A	N/A	N/A	N/A
	Revision Explanation									
	CR9200: Remove TOB 71X, 77X, & 85X when revenue code is 096X, 097X, 098X. POS 59, 72 & 81, updated 04.8.1, 04.10 & 04.10.2. Add POS 50, modified 8871-04.8.1, 04.10 & 04.10.2									
	CR10086: Clarify correct MCS edit line 28. Add TOB 14X to spreadsheet (edit already performed in CR9360). Remove provider specialty codes, line 16, not applicable to Part A. Add ICD-10 dx Z11.59 to G0472 for 1945-1965 birth cohorts per CMS effective 10/1/17. MACs to bypass FISS RC 5303 if ICD-10 dx is not present when birth year is 1945-1965 for DOS on or after 10/1/17. FISS to permanently disable RC 31833, 39920, 39921, 39922, replace with new 59XXX RCs for MAC-controlled discretionary dx code edit. MACs to set-up ECPS event to suspend and deny with new 59XXX RCs. Remove ICD-9 dx codes.									

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MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361
	CR14041: Add G0567 effective 6/27/24 with QW modifier requirement.