CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12519	Date: February 22, 2024
	Change Request 13541

SUBJECT: Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

I. SUMMARY OF CHANGES: The purpose of this Recurring Update Notification (RUN) is to provide instructions for the quarterly update to the clinical laboratory fee schedule. This RUN applies to chapter 16, section 20.

EFFECTIVE DATE: April 1, 2024

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

IMPLEMENTATION DATE: April 1, 2024

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: 12519 Date: February 22, 2024 Change Request: 13541

SUBJECT: Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

EFFECTIVE DATE: April 1, 2024

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IMPLEMENTATION DATE: April 1, 2024

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification (RUN) provides instructions for the quarterly update to the clinical laboratory fee schedule. This RUN applies to chapter 16, section 20.

B. Policy: Clinical Laboratory Fee Schedule

Clinical Laboratory Fee Schedule (CLFS)

Section 1834A of the Act, as established by Section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), required significant changes to how Medicare pays for Clinical Diagnostic Laboratory Tests (CDLTs) under the CLFS. The CLFS final rule "Medicare Clinical Diagnostic Laboratory Tests Payment System Final Rule" (CMS-1621-F) was published in the Federal Register on June 23, 2016. The CLFS final rule implemented section 1834A of the Act. Under the CLFS final rule, reporting entities must report to CMS certain private payer rate information (applicable information) for their component applicable laboratories. The data collection period (the period where applicable information for an applicable laboratory is obtained from claims for which the laboratory received final payment during the period) was from January 1, 2019 through June 30, 2019.

Next CLFS Data Reporting Period for Clinical Diagnostic Laboratory Tests--DELAYED

On November 16, 2023, Section 502 of the Further Continuing Appropriations and Other Extensions Act of 2024 was passed and delayed data reporting requirements for clinical diagnostic laboratory tests (CDLTs) that are not advanced diagnostic laboratory tests, and it also delayed the phase-in of payment reductions under the CLFS from private payor rate implementation.

- The next data reporting period will be from January 1, 2025 March 31, 2025 and based on the original data collection period of January 1, 2019 through June 30, 2019.
- A 0% payment reduction will be applied for CY 2024 so that a CDLT that is not an ADLT may not be reduced compared to the payment amount for that test in CY 2023, and for CYs 2025-2027 payment may not be reduced by more than 15 percent per year compared to the payment amount established for a test the preceding year.
- After the next data reporting period, there is a three-year data reporting cycle for CDLTs that are not ADLTs, (that is 2028, 2031, etc.).

Advanced Diagnostic Laboratory Tests (ADLTs)

• Please refer to the following CMS website for additional information regarding these tests: https://www.cms.gov/medicare/clinical-laboratory-fee-schedule/adlt-information

New Codes Effective April 1, 2024

Proprietary Laboratory Analysis (PLAs) and Additional New Codes

Please see table attached to the Transmittal entitled "CY2024 CLFS Quarter 2 Updates," Tab "New Codes Effective 4-1-24." The listed new codes were added to the national HCPCS file with an effective date of April 1, 2024 and do not need to be manually added to the HCPCS files by the MACs. However, these new codes are contractor-priced (where applicable) until they are nationally priced and undergo the CLFS annual payment determination process in accordance with the Social Security Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f). MACs shall only price PLA codes for laboratories within their jurisdiction. The table includes the laboratory, long descriptor, short descriptor, and type of service (TOS) of each new code.

Deleted Codes Effective April 1, 2024

Please see table attached to the Transmittal entitled "CY2024 CLFS Quarter 2 Updates," Tab "Deleted Codes Effective 4-1-24." The listed codes are being deleted with a delete date of April 1, 2024.

The table includes the code, long descriptor and the delete date of the code.

II. BUSINESS REQUIREMENTS TABLE

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

Numbe r	Requirement	Re	espo	nsibili	ty					
		A	/B N	ЛАС	DM E	,	Oth er			
		A	В	HH H	MA C	FIS S	MC S	VM S	CW F	
13541.	A/B MAC Parts A and B contractors shall retrieve and implement the CY 2024 Clinical Laboratory Fee Schedule data files (filenames: MU00.@BF12394.CLAB.V2024Q2.FU LLREPL; MU00.@BF12394.CLAB.V2024Q2.UP DTONLY) from the CMS mainframe on or after March 1, 2024. Please note that the two data files will have the same	X	X							VD C
	contents since all records will have an update.									
13541. 1.1	A/B MAC Part B contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., A/B MAC Part B name and number).		X							VD C

Numbe r	Requirement	Re	espo	ponsibility						
		A	/B N	ЛАС	DM E					Oth er
		A	В	HH H	MA C	FIS S	MC S	VM S	CW F	
13541. 1.2	A/B MAC Part A contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., A/B MAC Part A name and number).	X								VD C
13541.	Contractors shall be aware of any new Advanced Diagnostic Laboratory Test (ADLT) codes, and/or CPT/HCPCS codes (including their TOS designation(s) and Effective date), and/or any deleted/terminated codes as applicable listed in this Change Request and shall update their systems as necessary to accept/delete/terminate them.	X	X						X	
13541. 2.1	In instances where Medicare covered CLFS procedure codes do not yet appear on the quarterly CLFS file or the quarterly Integrated Outpatient Code Editor (IOCE) update, contractors shall locally price the codes until they appear on the CLFS file and/or, for Part A claims, the IOCE.	X	X							
13541.	Contractors shall not search their files to either retract payment or retroactively pay claims; however, contractors should adjust claims if they are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	ımber Requirement				,	
			A/	Β	DME	CEDI
		MAC				
					MAC	
		Α	В	ННН		
13541.4	Medicare Learning Network® (MLN): CMS will develop and	X	X			
	release national provider education content and market it					
	through the MLN Connects® newsletter shortly after we issue					

Number	Requirement	Re	spoi	nsibility	,	
					1	
			A/		DME	CEDI
			MA	AC		
					MAC	
		A	В	ННН		
	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.					

IV. SUPPORTING INFORMATION

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

"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

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: 1

New Codes Effective April 1, 2024

Proprietary Laboratory Analysis (PLAs)

The following new codes have been added to the national HCPCS file with an effective date of April 1, 2024 and do not need to be manually added to the HCPCS files by the MACs. However, these new codes are contractor-priced (where applicable) until they are nationally priced and undergo the CLFS annual payment determination process in accordance with the Social Security Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f).

MACs shall only price PLA codes for laboratories within their jurisdiction.

Laboratory	CPT	Long Descriptor	Short Descriptor	TOS	Effective Date
	Code				
Epi+Gen CHDTM, Cardio Diagnostics, Inc, Cardio Diagnostics, Inc	0439U	Cardiology (coronary heart disease [chd]), dna, analysis of 5 single-nucleotide polymorphisms (snps) (rs11716050 [loc105376934], rs6560711 [wdr37], rs3735222 [scin/loc107986769], rs6820447 [intergenic], and rs9638144 [esyt2]) and 3 dna methylation markers (cg00300879 [transcription start site (tss200) of cnksr1], cg09552548 [intergenic], and cg14789911 [body of spatc1]]), qpcr and digital pcr, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic chd	Crd chd dna alys 5 snp 3 dna	5	04/01/24
PrecisionCHDTM, Cardio Diagnostics, Inc, Cardio Diagnostics, Inc	0440U	Cardiology (coronary heart disease [chd]), dna, analysis of 10 single-nucleotide polymorphisms (snps) (rs710987 [linc010019], rs1333048 [cdkn2b-as1], rs12129789 [kcnd3], rs942317 [ktn1-as1], rs1441433 [ppp3ca], rs2869875 [perx1], rs4691796 [zbbt41], rs4376434 [linc00972], rs12714414 [lmem18], and rs7585056 [lmem18]) and 6 dna methylation markers (cg03725309 [sars1], cg12586707 [cxc1, cg04988978 [mpo], cg17901884 (dhcr24-dt), cg21161138 [ahrr], and cg12655112 [ehd4]), qpcr and digital pcr, whole blood, algorithm reported as detected or not detected for chd	Crd chd dna alys 10 snp 6dna	5	04/01/24
IntelliSep® test, Cytovale®	0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Nfct ds bct fngl/viral semiq	5	04/01/24
FebriDx® Bacterial/Non-Bacterial Point-of-Care Assay, Lumos Diagnostics, LLC, Lumos Diagnostics, LLC	0442U	Infectious disease (respiratory infection), myxovirus resistance protein a (mxa) and c-reactive protein (crp), fingerstick whole blood specimen, each biomarker reported as present or absent	Nfct ds respir nfctj mxa&crp	5	04/01/24
Neurofilament Light Chain (NfL), Neuromuscular Clinical Laboratory at Washington University in St. Louis School of Medicine, Neuromuscular Clinical Laboratory at Washington University in St. Louis School of Medicine	0443U	Neurofilament light chain (nfl), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Neurflmnt it chn ultrsens ia	5	04/01/24
Aventa FusionPlusTM, Aventa Genomics, LLC	0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using dna from formalin-fixed paraffin-embedded (ffpe) tumor tissue, report of clinically significant variant(s)	Onc sld orgn neo tgsap 361	5	04/01/24
Elecsys® Phospho-Tau (181P) CSF (pTau181) and β-Amyloid (1-42) CSF II (Abeta 42) Ratio, Roche Diagnostics Operations, Inc (US owner/operator)	0445U	B-amyloid (abeta42) and phospho tau (181p) (ptau181), electrochemiluminescent immunoassay (eclia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Abeta42 & ptau181 eclia csf	5	04/01/24
aisle® DX Disease Activity Index, Progentec Diagnostics, Inc, Progentec Diagnostics, Inc	0446U	Autoimmune diseases (systemic lupus enythematosus [sle]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	Ai ds sle alys 10 cytokine	5	04/01/24
aisle® DX Flare Risk Index, Progentec Diagnostics, Inc, Progentec Diagnostics, Inc	0447U	Autoimmune diseases (systemic lupus erythematosus [sle]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	Ai ds sle alys 11 cytokine	5	04/01/24
oncoRevealTM DX Lung and Colon Cancer Assay, Pillar® Biosciences, Pillar® Biosciences	0448U	Oncology (lung and colon cancer), dna, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in egfr and kras genes, formalin-fixed paraffinembedded (ffpe) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	Onc Ing&cln ca dna qual ngs	5	04/01/24
UNITY Carrier ScreenTM, BillionToOne Laboratory, BillionToOne, Inc	0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (cftr, smn1, hbb, hba1, hba2)	Car scr sev inh cond 5 genes	5	04/01/24

Additional Codes

The following new code has been added to the national HCPCS file and does not need to be manually added to the HCPCS files by the MACs. However, this new code is contractor-priced (where applicable) until they are nationally priced and undergo the CLFS annual payment determination process in accordance with the Social Security Act § 1834(h)(β), § 1834A(c) and § 1834(A)(f).

CPT Code	Long Descriptor	Short Descriptor	TOS	Effective Date

	Deleted Codes Effective April 1, 2024						
The following codes a	he following codes are being deleted with a deletion date of April 1, 2024.						
CPT Code	Long Descriptor	Delete Date					
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	04/01/2024					
0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	04/01/2024					