CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 11082	Date: October 28, 2021	
	Change Request 12504	

SUBJECT: New Waived Tests

I. SUMMARY OF CHANGES: This Change Request (CR) will inform contractors of new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests approved by the Food and Drug Administration. Since these tests are marketed immediately after approval, the Centers for Medicare & Medicard Services (CMS) must notify its contractors of the new tests so that the contractors can accurately process claims. There are 3 newly added waived complexity tests. This Recurring Update Notification applies to Chapter 16, section 70.8 of the Internet Only Manual (IOM).

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

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 Rose.

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

Medicare Carriers Manual Section 5220 Overpayments

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Table of Contents Medicare Carriers Manual Section 5220 Overpayments

- 1. Understanding the eBook Medicare Carriers Manual Section 5220 Overpayments
 - The Rise of Digital Reading Medicare Carriers Manual Section 5220 Overpayments
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Medicare Carriers Manual Section 5220 Overpayments
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medicare Carriers Manual Section 5220 Overpayments
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Medicare Carriers Manual Section 5220 Overpayments
 - Personalized Recommendations
 - Medicare Carriers Manual Section 5220 Overpayments User Reviews and Ratings
 - Medicare Carriers Manual Section 5220 Overpayments and Bestseller Lists
- 5. Accessing Medicare Carriers Manual Section 5220 Overpayments Free and Paid eBooks
 - Medicare Carriers Manual Section 5220 Overpayments Public Domain eBooks
 - Medicare Carriers Manual Section 5220 Overpayments eBook Subscription Services
 - Medicare Carriers Manual Section 5220 Overpayments Budget-Friendly Options
- 6. Navigating Medicare Carriers Manual Section 5220 Overpayments eBook Formats

- o ePub, PDF, MOBI, and More
- Medicare Carriers Manual Section 5220 Overpayments Compatibility with Devices
- Medicare Carriers Manual Section 5220 Overpayments Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medicare Carriers Manual Section 5220 Overpayments
 - Highlighting and Note-Taking Medicare Carriers Manual Section 5220 Overpayments
 - Interactive Elements Medicare Carriers Manual Section 5220 Overpayments
- 8. Staying Engaged with Medicare Carriers Manual Section 5220 Overpayments
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medicare Carriers Manual Section 5220 Overpayments
- 9. Balancing eBooks and Physical Books Medicare Carriers Manual Section 5220 Overpayments
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medicare Carriers Manual Section 5220 Overpayments
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Medicare Carriers Manual Section 5220 Overpayments
 - Setting Reading Goals Medicare Carriers Manual Section 5220 Overpayments
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Medicare Carriers Manual Section 5220 Overpayments
 - Fact-Checking eBook Content of Medicare Carriers Manual Section 5220 Overpayments
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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