

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13465	Date: November 14, 2025
	Change Request 14273

SUBJECT: New Waived Tests

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to 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 CMS must notify its contractors of the new tests so that the contractors can accurately process claims. There are two (2) 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, 2026

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

IMPLEMENTATION DATE: January 5, 2026

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

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II. GENERAL INFORMATION

A. Background: The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations require a facility to be appropriately certified for each test performed. To ensure that Medicare and Medicaid only pay for laboratory tests categorized as waived complexity under CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certificate level.

Listed below is the latest test(s) approved by the Food and Drug Administration (FDA) as waived tests under CLIA. The Healthcare Common Procedure Coding System (HCPCS) codes for the following new test(s) must have the modifier QW to be recognized as a waived test(s).

The HCPCS code, effective date, and description for the latest test(s) approved by the FDA as waived test(s) under CLIA is the following:

HCPCS Code	Effective Date	Description
87494QW	January 1, 2026	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique.
87812QW	January 1, 2026	Infectious agent antigen detection by Immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza types A and B

This recurring update notification applies to chapter 16, section 70.8 of the IOM.

Note: FDA approval information about the test(s), and their use, can be found by using the search feature at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCLIA/search.cfm> and referring to the FDA Review Decision Summary documentation about the test(s).

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 categorized as waived complexity under

CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certificate level.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14273.1	Contractors shall include the new test(s) listed above in CLIA-covered code files with the QW modifier.		X							
14273.2	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							
14273.3	Contractors shall not use, as a reason for rejecting a claim, the explanatory information found in the FDA Review Decision Summary documentation for the lab test(s) above when using the FDA website above to determine a test's use.		X							
14273.4	Contractors shall permit the use of code 87494QW and 87812QW for claims submitted by facilities with a valid, current CLIA certificate of waiver with dates of service on or after January 1, 2026.		X						X	CVM

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 B

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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):

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ATTACHMENTS: 0