

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3127</b>	<b>Date: November 19, 2014</b>
	<b>Change Request 8871</b>

**Transmittal 3127 has been rescinded and replaced by Transmittal 3215, dated March 11, 2015, to: (1) replace “January 1, 2015 MPFSDB” with “January 1, 2016 CLFS” in BR8871-04.1, (2) remove TOS 50 (FQHC) and 72 (RHC) from BR8871-04.9, (3) clarify payment method for 13X, add clarifying language for FQHC and RHC, and remove incorrect language regarding claims processing for FQHC and RHC in BR8871-04.10, (4) clarify MAC claims processing prior to January 1, 2016, in 8871-04.12, and, (5) make corresponding changes to the Claims Processing Manual. All other information remains the same.**

**SUBJECT: Screening for Hepatitis C Virus (HCV) in Adults**