

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-11-06
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number 09052019C012 and PIN CSUQ

10/30/2020

Bruce Quinn
649 South Mansfield Ave
Los Angeles, CA 90036

Dear Mr. Quinn:

This letter is in reference to a response which was dated 12/19/19 to your Freedom of Information Act (5 U.S.C. § 552) request of 8/27/2019, for a master edit file used by MACs participating in the MolDX program (See letter of 12/19/19 enclosed.)

The data provided contained confidential commercial information which needs to be either returned to CMS or destroyed.

Kindly complete the attached certification, return it to the undersigned at CMS, and a substitute data set will be provided to you with the following information format for Medicare covered lab-tests in the MolDX program master edit file requested:

NPI	Test Name	CPT	Fee Schedule	Price	Documentation	MCD#	Doc Eff Dte	Doc End Dte
NPI of lab registered with MolDx	internal value of components	MolDX recommended CPT code for provider/ correct CPT code must be submitted with claim	contractor priced or CLFS priced	price if MolD X priced	Supporting documentation type for the policy/determines what edit process is followed	Medicare Coverage Data Base number/if Documentation is policy article, this is used for editing	Policy effective date / must be effective to cover	Policy end date / must be effective to cover

Thank you for your attention to this matter.

Sincerely yours,

Hugh Gilmore
Director
Freedom of Information Group

Enclosures

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Refer to: Control Number **09052019C012** and PIN **CSUQ**

From: Hugh Gilmore, Director
Freedom of Information Group

Subject: Transfer of Request for Information

To: Requesters Name
Bruce Quinn

I am requesting the certification below for your action. This matter was submitted as a response to your request under the Freedom of Information Act.

CERTIFICATION

I, Bruce Quinn, of 649 South Mansfield Ave, Los Angeles, CA received the master edit file in a response dated 12/19/19 from the Centers for Medicare & Medicaid Services and hereby certify,

___ I have forwarded this master edit file to you and signed below.

___ I have destroyed the information and it is no longer in my possession and signed below.

Bruce Quinn

Date

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7500 Security Boulevard, Mail Stop C5-11-06
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Refer to: Control Number 09052019C012 and PIN CSUQ

12/19/2019

Dr. Bruce Quinn
649 South Mansfield Ave.
Los Angeles, CA 90036

Dear Dr. Quinn:

This letter is in response to your Freedom of Information Act (5 U.S.C. § 552) request of 8/27/2019 which you sent to the Centers for Medicare & Medicaid Services (CMS). Within your correspondence a copy of the most recent master edit file used by MACs participating in MoIDX.

Our agency initiated a search for records falling within the scope of your request, and located one spreadsheet of responsive documents. We are releasing those documents to you in their entirety, without deletions.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS N2-20-16
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-7260

and/or:

Office of Government Information Services
National Archives and Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

Sincerely yours,

Jeffery L. Wallace

Jeffery Wallace

Director, Division of FOIA Analysis -- B
Freedom of Information Group

Enclosure