CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10600	**Date: March 16, 2021**
	Change Request 12090

SUBJECT: Modification to Existing Editing for Screening Pap Smears and Pelvic Examinations

I. SUMMARY OF CHANGES: This Change Request modifies existing editing for Screening Pap Smears and Pelvic Examinations to assign liability to the beneficiary when a GA modifier is on the claim.

EFFECTIVE DATE: July 1, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 6, 2021

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10600	Date: March 16, 2021	Change Request: 12090

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EFFECTIVE DATE: July 1, 2021
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I. GENERAL INFORMATION

A. Background: Change Request (CR) 11504 modified existing frequency editing for AAA and Screening Pap Smears and Pelvic Examination to ensure claims are denied at a line level, as opposed to claim level, and avoid denying unrelated charges. Contractors were instructed to use denial messages currently used for E8301 and E8302 when creating the new reason codes. These new reason codes assign liability to providers in all cases. The Centers for Medicare & Medicaid Services was notified that the new edits are incorrectly assigning liability to providers when the GA modifier is on a claim for Screening Pap Smears and Screening Pelvic Examinations.

This CR instructs contractors to modify editing to assign liability to the beneficiary when a GA modifier is on the claim.

B. Policy: No changes in current policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12090.1	Contractors shall create new 59CXX reason codes to be used in response to the receipt of CWF edit E83#1 on claims submitted for Screening Pap Smears when submitted on other than a valid TOB, sex or diagnostic code. NOTE: Contractors shall develop an Expert Claim Processing System (ECPS) event to assign the 59CXX reason code to the appropriate line on the claim.	X				X				
12090.1.1	Contractors shall create a new 59CXX reason code to be used to assign liability to the provider on claims					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	where CWF edit E83#1 is received.									
12090.1.2	Contractors shall create a new 59CXX reason code to be used to assign liability to the beneficiary on claims where CWF edit E83#1 is received.					X				
12090.2	Contractors shall create new 59CXX reason codes to be used in response to the receipt of CWF edit E83#2 on claims submitted for Screening Pelvic Examinations when submitted with inconsistent sex or diagnosis. NOTE: Contractors shall develop an Expert Claim Processing System (ECPS) event to assign the 59CXX reason code to the appropriate line on the claim.	X				X				
12090.2.1	Contractors shall create a new 59CXX reason code to be used to assign liability to the provider on claims where CWF edit E83#2 is received.					X				
12090.2.2	Contractors shall create a new 59CXX reason code to be used to assign liability to the beneficiary on claims where CWF edit E83#2 is received.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. 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:
12090.1	When creating the new reason code, contractors shall use the same narrative currently used for E83#1.
12090.2	When creating the new reason code, contractors shall use the same narrative currently used for E83#2..

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): William Ruiz, 410-786-9283 or william.ruiz@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0