CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 12703	<b>Date: June 27, 2024</b>					
	Change Request 13603					

Transmittal 12616 issued May 02, 2024, is being rescinded and replaced by Transmittal 12703, dated June 27, 2024, to remove reference to modifier GZ when determining provider liability by revising business requirement 13603.1. FISS research identified that this service can't be billed with modifier GZ. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared System (FISS) - User Enhancement Change Request (UECR) - Create a Beneficiary Liable Reason Code for National Coverage Determination (NCD) 210.14

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to create a new FISS reason code to deny low dose lung cancer screenings as beneficiary liable when medical necessity is not met, and the provider indicates an Advance Beneficiary Notice (ABN) was issued prior to administration of the procedure.

**EFFECTIVE DATE: October 1, 2024** 

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

**IMPLEMENTATION DATE: October 7, 2024** 

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: 12703 Date: June 27, 2024 Change Requ	Transmittal: 12703 Date: June 27, 2024 Change Request: 13603
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**EFFECTIVE DATE: October 1, 2024** 

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**IMPLEMENTATION DATE: October 7, 2024** 

#### I. GENERAL INFORMATION

- **A.** Background: The purpose of this Change Request (CR) is to create a new beneficiary liable reason code to deny low dose CT lung cancer screening (NCD 210.14) when an Advance Beneficiary Notice (ABN) was issued prior to administration of the procedure.
- **B. Policy:** There is no policy impact.

### II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	quirement Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	В	ННН	MAG	FISS	MCS	VMS	CWF	
13603.1	FISS shall modify reason code 59304 to only assign when the provider is liable. Provider liability is identified by the presence of HCPC 71271 and occurrence code 32 is not present with modifier GA on the line.				MAC	X				
13603.2	FISS shall create a new line level beneficiary liable reason code to deny low dose lung cancer screening if the following conditions are met:  • HCPC 71271					X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Share	Other			
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	<ul> <li>Line item date of service on or after 01/01/2021</li> <li>Diagnosis code Z87891, F17210, F17211, F17213, F17218 or F17219 is not present</li> <li>Occurence code 32 is present or occurrence code 32 is present and modifier GA is present on the line.</li> </ul>									
13603.2.1	Contractors shall deny claims when the new reason code is assigned using Group Code PR, the remaining CAQ Core messages shall mirror reason code 59304.	X								

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A		DME	CEDI
			MA	AC	MAC	
		A	В	ННН	WIAC	
		11		111111		
	None					

## IV. SUPPORTING INFORMATION

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

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

### V. CONTACTS

**Pre-Implementation Contact(s):** Rita Hazlip, 410-786-5755 or Rita.Hazlip@cms.hhs.gov

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

### VI. FUNDING

### **Section A: 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.

**ATTACHMENTS: 0**