

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12947	Date: November 5, 2024
	Change Request 13803

Transmittal 12882 issued October 11, 2024, is being rescinded and replaced by Transmittal 12947, November 5, 2024, to update the effective date of New NUBC Value Code "92" from 07/01/2025 to 01/01/2026 and to revise business requirements 13803.1 and 13803.2. All other information remains the same.

SUBJECT: Implementation of a New National Uniform Billing Committee (NUBC) Condition Code "KX", "Documentation on file. Requirements specified in the medical policy have been met." and Implementation of a New NUBC Value Code "92", "Invoice Cost of Drug/Biologic. For use with Revenue Category 0636 when required by federal regulation."

I. SUMMARY OF CHANGES: This purpose of this Change Request is to implement into the data set the newly created condition code "KX" to allow providers to report when documentation is on file to support that requirements specified in the medical policy have been met and value code "92" to allow providers to report invoice cost when required by federal regulation.

EFFECTIVE DATE: April 1, 2025; July 1, 2025 - For claims with condition code KX received on or after the effective date.; January 1, 2026 - For claims with Value Code 92 received on or after the effective date.

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

IMPLEMENTATION DATE: April 7, 2025

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

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SUBJECT: Implementation of a New National Uniform Billing Committee (NUBC) Condition Code “KX”, “Documentation on file. Requirements specified in the medical policy have been met.” and Implementation of a New NUBC Value Code “92”, “Invoice Cost of Drug/Biologic. For use with Revenue Category 0636 when required by federal regulation.”

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IMPLEMENTATION DATE: April 7, 2025

I. SUMMARY OF CHANGES: This purpose of this Change Request is to implement into the data set the newly created condition code “KX” to allow providers to report when documentation is on file to support that requirements specified in the medical policy have been met and value code “92” to allow providers to report invoice cost when required by federal regulation.

II. GENERAL INFORMATION

A. Background: Condition Code "KX" was approved by the NUBC for use by providers to strengthen program safeguards for preventing and detecting improper payments for services that have specific medical policy requirements from the payer that are not reported in another coding on the claim form but have been met by the provider. This condition code will reduce provider burden of having claims suspend for additional documentation and payer burden of requesting such documentation being provided when the provider attests that the documentation is on file in the patient's records.

Value Code "92" was approved by the NUBC for use by providers when federal regulations require invoice pricing for drug and biological services.

B. Policy: No new policy is being implemented.

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	
13803.1	Medicare contractors shall accept the new Condition Code “KX” effective with	X								BCRC, BCRS, CVM,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	claim receipt dates of 07/01/2025 and after; and the new Value Code “92” effective with claim receipt dates of 01/01/2026 and after.									HIGLAS, IDR, NCH
13803.2	Contractors shall add a monetary value code “92” to the global solution. Record Type = V Code = 92 Description = Drug/Biologic Invoice Cost. Invoice Cost of Drug/Biologic. For use with Revenue Category 0636 when required by federal regulation. Effective Date = 01/01/26 Termination Date = Date Type Field = R Payer Only = N CWF = Y Paper Only Code = N	X								
13803.3	Contractors shall add Condition Code “KX” to the global solution. Record Type = C Code = KX Description = Documentation on file. Requirements specified in the medical policy have been met. Effective Date = 07/01/25 Termination Date = Date Type Field = R Payer Only = N CWF = Y Paper Only Code = N	X								

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 A

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Pre-Implementation Contact(s): Fred Rooke, fred.rooke@cms.hhs.gov

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