

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3536	Date: June 8, 2016
	Change Request 9492

NOTE: This Transmittal is no longer sensitive and is being re-communicated September 30, 2016. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

Transmittal 3463, dated February 12, 2016 is being rescinded and replaced by Transmittal 3536 to add HCPCS G0279 to BR 9492.6. All other information remains the same.

SUBJECT: CMS Mammography Quality Standards Act (MQSA) File Reformatting- Implementation

I. SUMMARY OF CHANGES: The purpose of the Change Request (CR) is to instruct contractors to accept a new format of the MQSA file.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016 - for MCS system changes; October 3, 2016 - for FISS system changes

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
R	Chapter 18/ 20.2.3 / Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages
R	Chapter 18/ 20.8.2/ Remittance Advice Messages

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 3536	Date: June 8, 2016	Change Request: 9492
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I. GENERAL INFORMATION

A. Background: The Mammography Quality Standards Act (MQSA) ensures that all facilities that provide mammography services meet national quality standards. The Food and Drug Administration (FDA) provides the Centers for Medicare & Medicaid Services (CMS) with a weekly MQSA file listing all facilities that have been issued certificates to perform mammography services. CMS, in turn, furnishes this file to the contractors on a weekly basis. Contractors are also notified of situations where a facility's certificate has expired or has been suspended or revoked. The information provided by CMS includes the facility's name, address, 6-position certification number, and effective/expiration dates and termination date.

Recent advances in three-dimensional (3-D) imaging technology now allows some facilities to offer 3-D mammography. Currently, the MQSA file only contains two types of records indicating eligibility to bill for 1) film, or 2) digital mammography claims. There is currently no record on the MQSA file indicating eligibility to bill for 3-D mammography technology.

The purpose of the Change Request (CR) is to instruct contractors to accept a new format of the MQSA file. CMS is removing the "type of records" field and adding three indicators (film, digital and 3-D mammography). The redesign of the MQSA file enables contractors to properly pay for the type of mammography imaging service being billed.

B. Policy: Medicare pays for film, digital and 3-D mammography services only if the provider is certified by the FDA to perform the type of mammogram for which payment is sought. Note: MCS will implement in the July release and FISS will implement in the October release.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
9492.1	For services processed on or after July 5, 2016 by MCS system and on or after October 3, 2016 for FISS system, contractors shall accept and recognize the revised MQSA layout that includes the new indicator for 3-D Mammography	X	X			X	X				
9492.2	Contractors shall download, on a weekly basis, the most recent MQSA file and shall use such file to adjudicate claims. NOTE: CMS shall provide the file to contractors as necessary via electronic file transfers (EFT).	X	X			X	X				CMS, VDC
9492.3	Contractors shall note that the first test file for the MQSA file is now available and identified as: ML00.@CBA2675.FDAMQSA.TEST.V1020 The second test file for the MQSA file will be available on or about March 14, 2016 and is identified as: ML00.@CBA2675.FDAMQSA.TEST.V0314 RECFM=VB LRECL=266 BLKSIZE=27998 Any future test datasets will follow the same naming convention, ML00.@CBA2675.FDAMQSA.TEST.VMMDD, with updated MMDD information Additional test files can be provided by CMS upon request. NOTE: CMS shall provide the file to contractors as necessary via electronic file transfers (EFT).	X	X			X	X				CMS, VDC
9492.3.1	Prior to full implementation of this CR, contractors shall download the test file from 9492.3 and begin testing its compatibility with current systems and processes for adjudicating mammography service	X	X			X	X				VDC

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	claims. NOTE: CMS shall provide the file to contractors as necessary via electronic file transfers (EFT).									
9492.4	Contractors shall note that the production file for the MQSA file will be available no later than April 14, 2016 and identified as: P#MSS.#2675.MQSA.WKLY266.TRANSMIT(0) which is <u>replacing</u> P#MSS.#2675.MS201401(0). <u>NEW</u> P#MSS.#2675.MQSA.WKLY266.TRANSMIT(0) Record format . . . : VB Record length . . . : 266 Block size : 27998 <u>CURRENT</u> P#MSS.#2675.MS201401.G0852V00 Record format . . . : VB Record length . . . : 313 Block size : 27998 NOTE: CMS shall provide the file to contractors as necessary via electronic file transfers (EFT).	X	X			X	X		CMS, VDC	
9492.4.1	When CR is implemented, contractors shall download the weekly production files from 9492.4 and process to ensure that the billing facility is eligible to bill for the type of mammography service submitted on the claim	X	X			X	X		VDC	
9492.5	Contractors shall create the following mammography edits: <ul style="list-style-type: none"> Edit # 1 would set when a mammography certification number is required but missing on the claim detail 		X				X			

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<ul style="list-style-type: none"> Edit # 2 would set when there is a mammography certification number or date error. Edit # 3 would set when there is a mammography certification type error on a film mammography procedure code. Edit # 4 would set when there is a mammography certification type error on a 2D digital mammography procedure code. Edit # 5 would set when there is a mammography certification type error on a 3D digital mammography procedure code. 										
9492.6	Contractors shall create a line-item edit to not allow payment for HCPCS code 77063, Tomosynthesis (3-D) mammography or HCPCS code G0279 (Diagnostic digital breast tomosynthesis, unilateral or bilateral) only when the provider is not certified to perform this service.	X	X			X	X				
9492.6.1	<p>Contractors shall use the following CARC/RARC combination for claims submitted by a facility not certified to perform a Tomosynthesis 3-D mammography:</p> <p>Remittance Advice Remark Code (RARC) N762:</p> <p>This facility is not certified for Tomosynthesis (3-D) mammography.</p> <p>Claim Adjustment Reason Code (CARC) 171: Payment is denied when performed/billed by this type of provider in this type of facility. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>MSN:16.2</p> <p>Group Code: CO</p>	X	X								
9492.7	Contractors shall modify the provider file record layouts to accommodate all of the information necessary to properly adjudicate claims for film, digital, or 3-D mammography services					X					

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
9492.8	Contractors shall continue to produce the following reports, update (as necessary) existing reports, and, add reports for 3D mammography. The current reports are: 804A DIGITAL PROVIDER TERMINATIONS AND UPDATES 804B ALL DIGITAL PROVIDERS IN FISS WITH A MAMMO ID 804C FILM PROVIDER TERMINATIONS AND UPDATES 804D ALL FILM PROVIDERS IN FISS WITH A MAMMO ID 804E DIGITAL PROVIDER TERMINATIONS 804F ALL DIGITAL PROVIDERS NOT IN FISS WITH A MAMMO ID. 804G FILM PROVIDER TERMINATIONS 804H ALL FILM PROVIDERS NOT IN FISS WITH A MAMMO ID					X				
9492.9	Contractors shall be in compliance with the instructions found in the CMS Internet Only Manual (IOM) Publication 100-04, Chapter 18- Mammography Services, section 20.2.3 and 20.8.2	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Teira Canty, Teira.Canty@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: 1

FINAL FDA MQSA Export Layout – CR # 9492

01 HEADER-RECORD.

05 FDA-FILE-DATE	PIC 9(8).	1-8
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01 FACILITY-RECORD.

05 FACILITY-ID	PIC X(6).	1-6
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05 EINSSN	PIC X(9).	7-15
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05 FACILITY-NAME	PIC X(60).	16-75
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05 STREET-ADDR-1	PIC X(40).	76-115
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05 STREET-ADDR-2	PIC X(40).	116-155
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05 STREET-ADDR-3	PIC X(40).	156-195
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05 CITY	PIC X(28).	196-223
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05 STATE-ABBREV	PIC XX.	224-225
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05 ZIP-CODE	PIC X(9).	226-234
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05 CERTIFICATE-DATES.

10 EFFECTIVE-DATE	PIC 9(8).	235-242
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10 EXPIRATION-DATE	PIC 9(8).	243-250
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05 CERTIFICATION-INDICATORS.

10 SF_IND	PIC X.	251
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10 FFDM_IND	PIC X.	252
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10 DBT_IND	PIC X.	253
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05 UPDATE-DATE	PIC 9(8).	254-261
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05 FACILITY-STATUS-CODE	PIC X.	262
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88 TERMINATED-FACILITY	VALUE 'T'
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88 ACTIVE-FACILITY	VALUE SPACE.
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Note :

1. All dates on the MQSA file will be in CCYYMMDD format.
2. Fields containing Facility information are in mixed case format:
 - a. FACILITY-NAME
 - b. STREET-ADDR-1
 - c. STREET-ADDR-2
 - d. STREET-ADDR-3
 - e. CITY.
3. The Certification-Indicators will contain a value of 'X', if the facility is approved to provide that specific type of mammography.

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

20.2.3 - Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages

(Rev. 3536, Issued: 06-08-16, Effective: 07-01-16, Implementation: 07-05-16- for MCS system changes; October 3, 2016- for FISS)

When denying claim lines for HCPCS code 77063 that are not submitted with the diagnosis code V76.11 or V76.12, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 167

RARC: N386

MSN: 14.9

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file).

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

When denying claim lines for HCPCS code G0279 that are not submitted with HCPCS G0204 or G0206, contractors shall use the following messages:

CARC 107 - The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MSN 9.2 – This item or service was denied because information required to make payment was missing.

Spanish version – Este articulo o servicio fue denegado porque la informacion requerida para hacer el pago fue omitida.

Group Code CO (Contractual Obligation) assigning financial liability to the provider.

When denying claim lines for HCPCS code 77063 because the provider is not certified to perform this service (Tomosynthesis (3-D) mammography), *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 171

RARC: N762

MSN: 16.2

Group Code: CO

20.8.2 - Remittance Advice Messages

Rev.3536, Issued: 06-08-16, Effective: 07-01-16, Implementation: 07-05-16 - for MCS system changes; October 3, 2016- for FISS)

If the claim is denied because the beneficiary is under 35 years of age, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 6
RARC: M37
Group Code: CO

If the claim is denied for a woman 35-39 because she has previously received this examination, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 119
RARC: M89
Group Code: CO

If the claim is denied for a woman age 40 and above because she has previously received this examination within the past 12 months, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 119
RARC: M90
Group Code: CO

For A/B MACs (A) only:

If the claim is denied because the provider that performed the screening is not certified to perform the type of mammography billed (film digital) *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: B7
RARC: N570
Group Code: CO

For A/B MACs (B) only:

For claims submitted by a facility not certified to perform film mammography, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 171
RARC: N110
Group Code: CO

For claims submitted by a facility not certified to perform digital mammograms, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Three.*

CARC: 171
RARC: N92
Group Code: CO

For claims that were submitted without the facility's FDA-assigned certification number, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Two.*

CARC: 16

*RARC: MA128
Group Code: CO*

For claims that were submitted with an invalid facility certification number, *the contractor shall use the following remittance advice messages and associated codes when rejecting/denying claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Two.*

*CARC: 16
RARC: MA128
Group Code: CO*