CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10143	**Date: May 14, 2020**
	Change Request 11504

Transmittal 10103, dated May 8, 2020, is being rescinded and replaced by Transmittal 10143, dated, May 14, 2020 to remove "For claims processed on and after this date" in the Effective Date. All other information remains the same.

SUBJECT: Editing Update for Abdominal Aortic Aneurism and Screening Pap Smears and Pelvic Examinations

I. SUMMARY OF CHANGES: This Change Request modifies existing frequency editing for AAA and Screening Pap Smears and Pelvic Examinations to ensure claims are denied at a line level.

EFFECTIVE DATE: October 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 5, 2020

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	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: 10143	Date: May 14, 2020	Change Request: 11504

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SUBJECT: Editing Update for Abdominal Aortic Aneurism and Screening Pap Smears and Pelvic Examinations

EFFECTIVE DATE: October 1, 2020
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IMPLEMENTATION DATE: October 5, 2020

I. GENERAL INFORMATION

A. Background: Current frequency edits for Abdominal Aortic Aneurysm (AAA) and Screening Pap Smears and Pelvic Examinations assign at a claim level, rather than line level, causing unrelated charges to be denied. Logic for these reason codes should have been written as line level when frequency limitations are exceeded. This Change Request (CR) modifies existing frequency editing for AAA and Screening Pap Smears and Pelvic Examinations to ensure claims are denied at a line level.

B. Policy: No changes to current policy.

II. 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	
11504.1	Contractors shall modify reason code U539G to reject line items on claims for AAA when frequency limitations are exceeded.								X	
11504.1.1	Contractors shall accept the updated reason code U539G.					X				
11504.1.2	Contractors shall deny the lines identified in the updated reason code U539G. Contractors shall use the same CARC, RARC, Group codes and MSN messages that are currently used for U539G.	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11504.2	Contractors shall modify reason codes U5612, U5614, and U5616 to reject line items on claims for Screening Pap Smears and Pelvic Examinations when frequency limitations are exceeded.								X	
11504.2.1	Contractors shall accept updated reason codes U5612, U5614, and U5616.					X				
11504.2.2	Contractors shall deny the lines identified in the updated reason codes U5612, U5614, and U5616. Contractors shall use the same CARC, RARC, Group codes and MSN messages that are currently used for Screening Pap Smears and Pelvic Examinations when frequency limitations are exceeded.	X								
11504.3	Contractors shall create new reason code to reject line items on claims for Screening Pap Smears when submitted on other than a valid TOB, sex, or diagnostic code. When creating the new reason code, contractors shall use the same TOBs, gender, and diagnosis codes that are currently used for E8301.								X	
11504.3.1	Contractors shall accept the new reason code.					X				
11504.3.2	Contractors shall deny lines identified by the new reason code. Contractors shall use the same CARC, Group code, and MSN message for the new reason code that are currently used for E8301: - CARC 10: The diagnosis is inconsistent with the patient's gender - MSN 17.11: This item or service cannot be paid as billed - Spanish MSN 17.11: Este servicio no se puede pagar segun facturado. - Group code: CO	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11504.3.3	Contractors shall disable reason code E8301.								X	
11504.4	Contractors shall create a new reason code to reject line items on claims for Pelvic Examinations when submitted with inconsistent sex or diagnosis. When creating the new reason code, contractors shall use the same gender and diagnosis codes that are currently used for E8302.								X	
11504.4.1	Contractors shall accept the new reason code.					X				
11504.4.2	Contractors shall deny lines identified by the new reason code. Contractors shall use the same CARC, RARC, and Group code messages for the new reason code that are currently used for E8302: - CARC 16: Claims/service lacks information or has submission/billing errors. - RARC M76: Missing/incomplete/invalid diagnosis or condition. - Group code: CO - MSN 17.11: This item or service cannot be paid as billed - Spanish MSN 17.11: Este servicio no se puede pagar segun facturado.	X								
11504.4.3	Contractors shall disable reason code E8302.								X	
11504.5	Integrated testing shall be performed between CWF and FISS during the alpha period of this CR.					X			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: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Bill 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