CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12616	Date: May 2, 2024
	Change Request 13603

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

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

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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	Re	espo	nsil	bilit	y																		
		A/B MAC																		D M E		Sha Sys aint	tem	Other
		A	В	H H H	M A C	S S	M C S																	
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 with modifier GZ or occurrence code 32 is not present with modifier GA on the line.					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 Line item date of service on or after 01/01/2021 Diagnosis code Z87891, F17210, F17211, F17213, F17218 or F17219 is not present Occurence code 32 is present or occurrence code 32 is present and modifier GA is present on the line. 					X																		
13603.2.1	Contractors shall deny claims when the new reason code is assigned using Group Code PR, the remaining	X																						

Number	Requirement	Responsibility								
			A/B	}	D	S	Sha	red-		Other
		N	MA(\Box	M	6	Sys	tem		
					Е	Ma	aint	aine	ers	
		A	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					С	S				
	CAQ Core messages shall mirror reason code 59304.									1

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility			ility	
			A/B		D	C
		Γ	MA(M E	E
		A	В	H H	M	1
				Н	A C	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

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