

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11772	Date: December 29, 2022
	Change Request 12656

Transmittal 11622 issued September 29, 2022, is being rescinded and replaced by Transmittal 11772, dated, December 29, 2022 to remove Part A MACs from business requirements 12656.1, 12656.2, and 12656.3. All other information remains the same.

SUBJECT: Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests

I. SUMMARY OF CHANGES: This Change Request (CR) implements the gradual reduction in coinsurance until coinsurance is completely waived for certain Colorectal Cancer screening procedures that become a diagnostic or therapeutic service. This reduction and eventual waiver of coinsurance is authorized by Section 122 of Division CC of the Consolidated Appropriations Act (CAA) of 2021.

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: October 3, 2022 - Coding; January 3, 2023 - Testing and Full Implementation

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: 11772	Date: December 29, 2022	Change Request: 12656
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Transmittal 11622 issued September 29, 2022, is being rescinded and replaced by Transmittal 11772, dated, December 29, 2022 to remove Part A MACs from business requirements 12656.1, 12656.2, and 12656.3. All other information remains the same.

SUBJECT: Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests

EFFECTIVE DATE: January 1, 2022

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I. GENERAL INFORMATION

A. Background: Section 122 of Division CC of the Consolidated Appropriations Act (CAA) of 2021, Waiving Medicare Coinsurance for Certain Colorectal Cancer Screening Tests, amends section 1833(a) of the Act to offer a special coinsurance rule for screening flexible sigmoidoscopies and screening colonoscopies, regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure, that is furnished in connection with, as a result of, and in the same clinical encounter as the colorectal cancer screening test. The reduced coinsurance will be phased-in beginning January 1, 2022.

B. Policy: The reduced coinsurance under Section 122 of Division CC of the Consolidated Appropriations Act (CAA) of 2021 will be phased-in beginning January 1, 2022. Currently, the addition of any procedure beyond a planned colorectal cancer screening test (for which there is no coinsurance) results in the beneficiary having to pay coinsurance. The coinsurance will be gradually reduced until it is completely waived for dates of service on or after January 1, 2030.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	M I C S	M S S	C M W F		
12656.1	For dates of service in 2023 through 2026, when the PT modifier is appended to at least one code on the claim, submitted on the line item with Healthcare Common Procedure Coding System (HCPCS) codes 10000 – 69999, G0500, 00811, or Current Procedural Terminology (CPT) code 99153 for diagnostic colonoscopy, or diagnostic flexible sigmoidoscopy, or other procedure to indicate that a screening colorectal cancer procedure, HCPCS G0104, G0105, or G0121, has become a diagnostic or therapeutic service,		X			X	X				IOCE, OPPS Pricer

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		
	contractors shall continue to waive deductible and shall apply a reduced coinsurance of 15 percent for all procedure codes identified above and performed on that date of service and billed on the same claim.										
12656.2	For dates of service in 2027 through 2029, when the PT modifier is appended to at least one code on the claim, submitted on the line item with HCPCS codes 10000 – 69999, G0500, 00811, or CPT code 99153 for diagnostic colonoscopy, or diagnostic flexible sigmoidoscopy, or other procedure to indicate that a screening colorectal cancer procedure, HCPCS G0104, G0105, or G0121, has become a diagnostic or therapeutic service, contractors shall continue to waive deductible and shall apply a reduced coinsurance of 10 percent for all procedure codes identified above and performed on that date of service and billed on the same claim.		X			X	X				IOCE, OPSS Pricer
12656.3	For dates of service on or after January 1, 2030, when the PT modifier is appended to at least one code on the claim, submitted on the line item with HCPCS codes 10000 – 69999, G0500, 00811, or CPT code 99153 for diagnostic colonoscopy, or diagnostic flexible sigmoidoscopy, or other procedure to indicate that a screening colorectal cancer procedure, HCPCS G0104, G0105, or G0121, has become a diagnostic or therapeutic service, contractors shall continue to waive deductible and shall waive coinsurance for all procedure codes identified above and performed on that date of service and billed on the same claim.		X			X	X				IOCE, OPSS Pricer
12656.4	Contractors shall accept the new Other Amount Indicator ‘B2’ for co-insurance reduction amount at the detail line.									X	NCH
12656.5	Contractors shall modify edits that affect the new Other Amount Indicator.									X	
12656.6	Contractors shall send the new Other Amount Indicator ‘B2’ for co-insurance reduction amount at the detail line. The amount in the Other Amount field associated with the new value shall equal the co-insurance applied to the detail.						X				

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		
12656.7	Contractors shall send the reduced coinsurance applied to the detail in the coinsurance field.						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				
12656.8	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X					

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): Charles Nixon, Charles.nixon@cms.hhs.gov , Wiliam Ruiz, William.ruiz@cms.hhs.gov , Thomas Dorsey, thomas.dorsey@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