A

Additional Development Request (ADR)

Correction to the New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs....................... March 2016, p. 8
New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs..........................................January 2016, p. 18

Affordable Care Act (ACA)

Affordable Care Act – Operating Rules –
Requirements for Phase II and Phase III Compliance
for Batch Processing.................................................................November 2016, p. 12
Implement Operating Rules – Phase III Electronic
Remittance Advice (ERA) Electronic Funds Transfer (EFT):
CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) ......................November 2016, p. 22

Appeals

Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims (Revised).................................July 2016, p. 29
Qualified Independent Contractors (QICs) Transition
Effective September 1, 2016 .........................................................October 2016, p. 16
Updated 2017 Amount in Controversy (AIC) for Administrative Law Judge Hearings or Federal District Court Appeals.........December 2016, p. 12

Average Sales Price (ASP)

April 2016 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files ....... April 2016, p. 17
# Billing

Adjustments for Oral Anti-Cancer and Anti-emetic Drugs .......................January 2016, p. 11
April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) ....................................................May 2016, p. 9
Billing of Vaccine Services on Hospice Claims ..............................................July 2016, p. 12
Billing of Vaccine Services on Hospice Claims (Revised) .............August 2016, p. 4
Billing of Vaccine Services on Hospice Claims (Revised) ...................December 2016, p. 5
Claims in a Suspended Status/Location (S/LOC) ........................................April 2016, p. 13
Correction to Recoding in the Home Health Pricer Program .....................June 2016, p. 3
Correction to the New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs ..................March 2016, p. 8
Home Health Billing Clarification for New G-Codes .....................................January 2016, p. 3
Home Health Ordering/Referring Reason Codes Reminder ......................July 2016, p. 4
Hospice Billing Reminder for Drugs and Infusion Pumps .........................December 2016, p. 4
Hospice Beginner Billing Online Courses ...............................................December 2016, p. 3
Implementation of New Influenza Virus Vaccine Code .........................December 2016, p. 8
Instructions on Utilizing 837 Institutional Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A Claims in Direct Data Entry (DDE) and 837I 5010 Claims Transactions ................................................February 2016, p. 24
January 2016 Update of the Hospice Outpatient Prospective Payment System (OPPS) ........................................................February 2016, p. 6
July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) .......................................................July 2016, p. 6
July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) (Revised) ...................................................September 2016, p. 5
Billing, continued…

Making Principal Diagnosis Codes Mandatory for Notice of Election (NOE) to be Accepted .................................................. July 2016, p. 13
Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A
Re-Issue of MM7492 ................................................................. January 2016, p. 21
Medicare Secondary Payer (MSP) Claims and Adjustments – Changes in Submitting ........................................................... March 2016, p. 6
New Condition Code for Reporting Home Health Episodes with No Skilled Visits ............................................................. April 2016, p. 3
New Condition Code for Reporting Home Health Episodes with No Skilled Visits (Revised) ........................................................ September 2016, p. 3
New Condition Code To Use When Hospice Recertification Is Untimely and Correction to Hospice Processing Problems ...........October 2016, p. 4
New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs .................................................. January 2016, p. 18
New Influenza Virus Vaccine Code ............................................. February 2016, p. 4
New Influenza Virus Vaccine Code (Revised) ................................................ March 2016, p. 3
October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) .................................................. November 2016, p. 3
Reducing Home Health Errors for Reason Code (RC) 38107 ............... May 2016, p. 3
Therapy Cap Values for Calendar Year (CY) 2016 .......................... February 2016, p. 5

Claim Adjustment Reason Codes (CARC)

Implement Operating Rules – Phase III ERA
EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule – Update from CAQH CORE ........................................ February 2016, p. 29
Claim Adjustment Reason Codes (CARC), continued…

Implement Operating Rules – Phase III ERA EFT:
CORE 360 Uniform Use of Claim Adjustment Reason
Codes, (CARC), Remittance Advice Remark Codes (RARC)
and Claim Adjustment Group Code (CAGC) Rule –
Update from CAQH CORE .................................................... September 2016, p. 23

Implement Operating Rules – Phase III Electronic
Remittance Advice (ERA) Electronic Funds Transfer (EFT):
CORE 360 Uniform Use of Claim Adjustment Reason Codes
(CARC), Remittance Advice Remark Codes (RARC) and
Claim Adjustment Group Code (CAGC) Rule – Update from
Council for Affordable Quality Healthcare (CAQH) Committee on
Operating Rules for Information Exchange (CORE) ................. November 2016, p. 22

Remittance Advice Remark and Claim Adjustment Reason
Code and Medicare Remit Easy Print and PC Print Update .......... February 2016, p. 31

Remittance Advice Remark and Claims Adjustment Reason
Code and Medicare Remit Easy Print and PC Print Update .......... June 2016, p. 15

Remittance Advice Remark Code, Claims Adjustment Reason
Code, Medicare Remit Easy Print and PC Print Update ............. September 2016, p. 22

Claim Adjustment Segment (CAS)

Claim Adjustment Segment (CAS) Information Required When
Billing Medicare Secondary Payer (MSP) Claims/Adjustments .......... June 2016, p. 6

Instructions on Utilizing 837 Institutional Claim
Adjustment Segment (CAS) for Medicare Secondary
Payer (MSP) Part A Claims in Direct Data Entry (DDE) and
837I 5010 Claims Transactions .................................................. February 2016, p. 24

Medicare Secondary Payer (MSP) Claims and Adjustments –
Changes in Submitting................................................................. March 2016, p. 6

Claim Status Category Codes

Claim Status Category and Claim Status Code Update....................... February 2016, p. 34
Claim Status Category and Claim Status Codes Update..................... July 2016, p. 19
Claim Status Category and Claim Status Codes Update ..................... November 2016, p. 15
Claim Status Codes

Claim Status Category and Claim Status Code Update ....................... February 2016, p. 34
Claim Status Category and Claim Status Codes Update ...................... July 2016, p. 19
Claim Status Category and Claim Status Codes Update ..................... November 2016, p. 15

Claim Submission Errors (CSEs)

Reducing Home Health Errors for Reason Code (RC) 38107 ............... May 2016, p. 3

Comprehensive Error Rate Testing (CERT)

Missing Home Health Face-to-Face Encounter Documentation .......... February 2016, p. 3

Common Working File (CWF)

Common Working File to Locate Medicare Beneficiary
Record and Provide Responses to Provider Queries ....................... October 2016, p. 11

Condition Code

New Condition Code for Reporting Home Health
Episodes with No Skilled Visits ................................................. April 2016, p. 3
New Condition Code for Reporting Home Health
Episodes with No Skilled Visits (Revised) ................................. September 2016, p. 3
New Condition Code To Use When Hospice Recertification
Is Untimely and Correction to Hospice Processing Problems .......... October 2016, p. 4

Consolidated Billing

2017 Annual Update of Healthcare Common Procedure
Coding System (HCPCS) Codes for Skilled Nursing
Facility (SNF) Consolidated Billing (CB) Update ......................... November 2016, p. 16

Consumer Assessment of Health Providers and System (CAHPS®)

Fiscal Year 2017 and After Payments to Hospice Agencies
That Do Not Submit Required Quality Data – This
CR Rescinds and Fully Replaces CR9091 ......................... February 2016, p. 20
Credit Balance Report (CBR)

Quarterly Reminder ................................................................. April 2016, p. 13
July 2016, p. 14
October 2016, p. 8


April 2016 Integrated Outpatient Code Editor (I/OCE)
   Specifications Version 17.1 ....................................................... May 2016, p. 22
April 2016 Integrated Outpatient Code Editor (I/OCE)
   Specifications Version 17.1 (Revised) .................................... June 2016, p. 16
Implementation of New Influenza Virus Vaccine Code ................. December 2016, p. 8
January 2016 Integrated Outpatient Code Editor (I/OCE)
   Specifications Version 17.0 ..................................................... March 2016, p. 9
July 2016 Integrated Outpatient Code Editor (I/OCE)
   Specifications Version 17.2 ..................................................... July 2016, p. 24
New Influenza Virus Vaccine Code ........................................... February 2016, p. 4
New Influenza Virus Vaccine Code (Revised) .............................. March 2016, p. 3
Quarterly Update to the Medicare Physician Fee Schedule
   Database (MPFSDB) – April Calendar Year (CY) 2016 Update ....... May 2016, p. 21
Quarterly Update to the Medicare Physician Fee Schedule
   Database (MPFSDB) – July Calendar Year (CY) 2016 Update ........ July 2016, p. 21
Quarterly Update in the Medicare Physician Fee Schedule
   Database (MPFSDB) – October CY 2015 Update (Revised) ......... February 2016, p. 28

Disaster/Emergency

Related Policies and Procedures ................................................. October 2016, p. 8

Drugs

Adjustments for Oral Anti-Cancer and Anti-emetic Drugs ............. January 2016, p. 11
April 2016 Quarterly Average Sales Price (ASP) Medicare Part B
   Drug Pricing Files and Revisions to Prior Quarterly Pricing Files .... April 2016, p. 17
Drugs, continued…

Hospice Billing Reminder for Drugs and Infusion Pumps.........................December 2016, p. 4
Quarterly Healthcare Common Procedure Coding System (HCPCS)
Drug/Biological Code Changes – July 2016 Update .............................July 2016, p. 23

Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS)

April Quarterly Update for 2016 Durable Medical Equipment,
Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule ..........May 2016, p. 25
Calendar Year (CY) 2016 Update for Durable Medical
Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Fee Schedule........................................................................................February 2016, p. 35
Implementation of Adjusted Durable Medical Equipment
Prosthetics, Orthotics, and Supplies (DMEPOS) Fee
Schedule Amounts Using Information from the National
Competitive Bidding Program (CBP) .................................................February 2016, p. 25
July Quarterly Update for 2016 Durable Medical Equipment,
Prosthetics, Orthotics and Supplies Fee Schedule .........................September 2016, p. 16
October Quarterly Update for 2016 Durable Medical
Equipment, Prosthetics, Orthotics, and Supplies
(DMEPOS) Fee Schedule.................................................................November 2016, p. 19
Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment Category .............May 2016, p. 16
Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment
Category (Revised).............................................................................June 2016, p. 11
Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment Category ..........July 2016, p. 16
E  Top

Electronic Data Interchange (EDI)

277CA Edit Lookup Tool Now Available ......................................................... March 2016, p. 15

Accredited Standards Committee (ASC) X12 Healthcare

Claims Acknowledgement (277CA) Flat File Update ................................. April 2016, p. 16

Affordable Care Act – Operating Rules – Requirements for

Phase II and Phase III Compliance for Batch Processing ..................... November 2016, p. 12

myCGS General Inquiry – HHH ................................................................. March 2016, p. 12

myCGS Password Requirements .............................................................. July 2016, p. 26

Electronic Funds Transfer

Implement Operating Rules – Phase III Electronic

Remittance Advice (ERA) Electronic Funds Transfer (EFT):

CORE 360 Uniform Use of Claim Adjustment Reason Codes
(CARC), Remittance Advice Remark Codes (RARC) and

Claim Adjustment Group Code (CAGC) Rule – Update from

Council for Affordable Quality Healthcare (CAQH) Committee on

Operating Rules for Information Exchange (CORE) ......................... November 2016, p. 22

Electronic Remittance Advice (ERA)

See “Remittance Advice”

Enrollment

See "Provider Enrollment"

F  Top

Face-to-Face Encounter

A Physician’s Guide to Medicare’s Home Health Certification,

including the Face-to-Face Encounter (SE1219 Rescinded) .... September 2016, p. 12

Documentation Required for Home Health Prospective

Payment System (HH PPS) Face-to-Face

Encounter (Rescinded) ................................................................. March 2016, p. 4

Home Health Face-to-Face Documentation .............................................. July 2016, p. 3
Face-to-Face Encounter, continued…

Home Health Face-to-Face Encounter – A New Home Health Certification Requirement (SE1038 Rescinded) ……… September 2016, p. 11
Hospice Face-to-Face Attestation Requirements ……………………… March 2016, p. 5
Missing Home Health Face-to-Face Encounter Documentation ………. February 2016, p. 3

Fiscal Intermediary Standard System (FISS)

Calculating and Viewing the Two-tiered RHC and SIA Payment ……… April 2016, p. 8
Claims in a Suspended Status/Location (S/LOC) ………………………….. April 2016, p. 13
Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) Resources Available for Home Health and Hospice (HH&H) Providers ……………………………………………….. May 2016, p. 14
Instructions on Utilizing 837 Institutional Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A Claims in Direct Data Entry (DDE) and 837I 5010 Claims Transactions …………………………………………February 2016, p. 24

G

H

Healthcare Common Procedure Coding System (HCPCS)

April 2016 Integrated Outpatient Code Editor (I/OCE)
Specifications Version 17.1 ……………………………………………… May 2016, p. 22
April 2016 Integrated Outpatient Code Editor (I/OCE)
Specifications Version 17.1 (Revised) ……………………………….. June 2016, p. 16
Home Health Billing Clarification for New G-Codes ……………………… January 2016, p. 3
July 2016 Integrated Outpatient Code Editor (I/OCE)
Specifications Version 17.2 ……………………………………………… July 2016, p. 24
Quarterly Healthcare Common Procedure Coding System (HCPCS)
Drug/Biological Code Changes – July 2016 Update ………… July 2016, p. 23
Healthcare Common Procedure Coding System (HCPCS), continued…

Quarterly Update to the Medicare Physician Fee Schedule
Database (MPFSDB) – April Calendar Year (CY) 2016 Update ........ May 2016, p. 21
Quarterly Update to the Medicare Physician Fee Schedule
Database (MPFSDB) – July Calendar Year (CY) 2016 Update ........ July 2016, p. 21
Quarterly Update in the Medicare Physician Fee Schedule
Database (MPFSDB) – October CY 2015 Update (Revised) .... February 2016, p. 28
Revised Fee Schedules for Healthcare Common Procedure Coding System (HCPCS) Code E1012 in Association with Change Request 9642 ...................................................... September 2016, p. 21

Home Health

Comprehensive Care for Joint Replacement Model (CJR)
Provider Education ................................................................. May 2016, p. 4
Corrections to Recoding in the Home Health Pricer Program ......................................... June 2016, p. 3
Documentation Required for Home Health Prospective Payment System (HH PPS) Face-to-Face Encounter (Rescinded) ...................................................... March 2016, p. 4
Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers (Revised) ................ April 2016, p. 6
Home Health Billing Clarification for New G-Codes ........................................................ January 2016, p. 3
Home Health Face-to-Face Documentation ..................................................................... July 2016, p. 3
Home Health Face-to-Face Encounter – A New Home Health Certification Requirement (SE1038 Rescinded) ......................... September 2016, p. 11
Home Health Ordering/Referring Reason Codes Reminder .............................................. July 2016, p. 4
Home Health Prospective Payment System (HH PPS)
Rate Update for Calendar Year (CY) 2016................................................... January 2016, p. 4
Missing Home Health Face-to-Face Encounter Documentation ........................ February 2016, p. 3
myCGS Now Able to Accept Home Health Pre-Claim Review (PCR) Requests ........................................................................ October 2016, p. 4
New Condition Code for Reporting Home Health Episodes with No Skilled Visits ..................................................... April 2016, p. 3
Home Health, continued…

New Condition Code for Reporting Home Health Episodes with No Skilled Visits (Revised)..............................................September 2016, p. 3
New Web Page: Overview of Pre-Claim Review Demonstration for Home Health Services .................................................................................. August 2016, p. 6
Payment to Home Health Agencies That Do Not Submit Required Quality Data .................................................................August 2016, p. 3
Pre-Claim Review Online Course Now Available............................................October 2016, p. 3
Probe and Educate Preliminary Results..................................................................April 2016, p. 5
Reducing Home Health Errors for Reason Code (RC) 38107...........................May 2016, p. 3
Selecting Home Health Claims for Probe and Educate Review:
   Episodes that Begin on or After August 1, 2015...............................January 2016, p. 9
   Submitting Home Health Pre-Claim Review Documentation .....................October 2016, p. 4

Hospice

Adjustments for Oral Anti-Cancer and Anti-emetic Drugs .........................January 2016, p. 11
Billing of Vaccine Services on Hospice Claims ............................................July 2016, p. 12
Billing of Vaccine Services on Hospice Claims (Revised)...........................August 2016, p. 4
Billing of Vaccine Services on Hospice Claims (Revised)..........................December 2016, p. 5
Calculating and Viewing the Two-tiered RHC and SIA Payment..............April 2016, p. 8
CMS Hospice Update to Incorrect Payments Identified for the Two Tier Payment and SIA Payments...............................September 2016, p. 12
Fiscal Year 2017 and After Payments to Hospice Agencies That Do Not Submit Required Quality Data – This CR Rescinds and Fully Replaces CR9091 ........................................February 2016, p. 20
Hospice Beginner Billing Online Courses....................................................December 2016, p. 3
Hospice Billing Reminder for Drugs and Infusion Pumps..............................December 2016, p. 4
Hospice Claim Adjustments Will Correct Routine Home Care Day Count ..................................................................................September 2016, p. 13
Hospice Dispute Request for Assistance: New Form......................................April 2016, p. 11
Hospice Face-to-Face Attestation Requirements..............................................March 2016, p. 5
Making Principal Diagnosis Codes Mandatory for Notice of Election (NOE) to be Accepted .................................................July 2016, p. 13
Hospice, continued…

New Condition Code To Use When Hospice Recertification Is Untimely and Correction to Hospice Processing Problems .......... October 2016, p. 4
Updated Hospice Payment Rate Calculator ........................................................ February 2016, p. 21

Hospice Item Set (HIS)

Fiscal Year 2017 and After Payments to Hospice Agencies That Do Not Submit Required Quality Data – This CR Rescinds and Fully Replaces CR9091 .................................................. February 2016, p. 20

Hospice Exception Requests

Correction to the New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs ................ March 2016, p. 8
New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs ................................................ January 2016, p. 18

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System)

Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492 ......................................................... January 2016, p. 21

Influenza Virus Vaccine

Implementation of New Influenza Virus Vaccine Code .................. December 2016, p. 8
Influenza Vaccine Payment Allowances –
Annual Update for 2016-2017 Season ........................................ November 2016, p. 20
New Influenza Virus Vaccine Code ..................................................... February 2016, p. 4
New Influenza Virus Vaccine Code (Revised)................................. March 2016, p. 3
Office Visits: An Opportunity to Recommend Influenza Vaccination ............................................................ January 2016, p. 13
February 2016, p. 23
Protect Your Patients from Influenza This Season...................... December 2016, p. 10
### Integrated Outpatient Code Editor (I/OCE)

<table>
<thead>
<tr>
<th>Version</th>
<th>Release Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1</td>
<td>May 2016, p. 22</td>
<td></td>
</tr>
<tr>
<td>April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1 (Revised)</td>
<td>June 2016, p. 16</td>
<td></td>
</tr>
<tr>
<td>January 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.0</td>
<td>March 2016, p. 9</td>
<td></td>
</tr>
<tr>
<td>July 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.2</td>
<td>July 2016, p. 24</td>
<td></td>
</tr>
</tbody>
</table>

### Interest

Update to the Interest Paid on Clean Non-PIP Claims Not Paid Timely: February 2016, p. 46

August 2016, p. 8

### Medical Review

Correction to the New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs: March 2016, p. 8

Home Health Face-to-Face Documentation: July 2016, p. 3

Missing Home Health Face-to-Face Encounter Documentation: February 2016, p. 3
Medical Review, continued…

New Fax Number for Medical Review Additional Development
Requests (MR ADR) and Non-MR ADRs .................................................. January 2016, p. 18
Probe and Educate Preliminary Results ..................................................... April 2016, p. 5
Selecting Home Health Claims for Probe and Educate Review:
Episodes that Begin on or After August 1, 2015 ................................. January 2016, p. 9

Medicare Learning Network® (MLN)

MM8486: Instructions on Utilizing 837 Institutional Claim
Adjustment Segment (CAS) for Medicare Secondary
Payer (MSP) Part A Claims in Direct Data Entry (DDE) and
837I 5010 Claims Transactions .......................................................... February 2016, p. 24

MM8822: Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment Category........... May 2016, p. 16

MM8822 (Revised): Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment Category........... June 2016, p. 11

MM8822 (Revised): Reclassification of Certain Durable Medical Equipment
HCPCS Codes Included in Competitive Bidding Programs
(CBP) from the Inexpensive and Routinely Purchased
Payment Category to the Capped Rental Payment Category........... July 2016, p. 16

MM9052: Billing of Vaccine Services on Hospice Claims .................. July 2016, p. 12

MM9052 (Revised): Billing of Vaccine Services on Hospice Claims........ August 2016, p. 4

MM9052 (Revised): Billing of Vaccine Services on Hospice Claims ...... December 2016, p. 5

MM9168: Reporting Principal and Interest Amounts When
Refunding Previously Recouped Money on the
Remittance Advice (RA) ..................................................................... January 2016, p. 14

MM9168 (Revised): Reporting Principal and Interest Amounts When
Refunding Previously Recouped Money on the
Remittance Advice (RA) ..................................................................... June 2016, p. 13
Medicare Learning Network® (MLN), continued…

MM9239: Implementation of Adjusted Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule Amounts Using Information from the National Competitive Bidding Program (CBP) ........................................ February 2016, p. 25

MM9266 (Revised): Quarterly Update in the Medicare Physician Fee Schedule Database (MPFSDB) – October CY 2015 Update ........................................................................ February 2016, p. 28

MM9350: Implement Operating Rules – Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule – Update from CAQH CORE................................ February 2016, p. 29

MM9357: New Influenza Virus Vaccine Code ........................................... February 2016, p. 4

MM9357 (Revised): New Influenza Virus Vaccine Code ......................... March 2016, p. 3

MM9358: Affordable Care Act – Operating Rules – Requirements for Phase II and Phase III Compliance for Batch Processing................................................................ November 2016, p. 12

MM9374: Remittance Advice Remark and Claim Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update ................................................................ February 2016, p. 31

MM9386: Update to the List of Compendia as Authoritative Sources for Use in the Determination of a “Medically-Accepted Indication” of Drugs and Biologicals Used Off-label in an Anti-Cancer Chemotherapeutic Regimen................................... January 2016, p. 15

MM9390: Update to Pub. 100-08, Chapter 15 ........................................ April 2016, p. 15

MM9406: Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2016.............................................. January 2016, p. 4

MM9410: Update to Medicare Deductible, Coinsurance and Premium Rates for 2016............................................................ February 2016, p. 32

MM9427: Claim Status Category and Claim Status Code Update........ February 2016, p. 34

MM9431: Calendar Year (CY) 2016 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule................................................................................ February 2016, p. 35
Medicare Learning Network® (MLN), continued…

MM9448: Therapy Cap Values for Calendar Year (CY) 2016...............February 2016, p. 5
MM9454: Accredited Standards Committee (ASC) X12 Healthcare
    Claims Acknowledgement (277CA) Flat File Update .......................... April 2016, p. 16
MM9459: January 2016 Integrated Outpatient Code Editor (I/OCE)
    Specifications Version 17.0 ............................................................. March 2016, p. 9
MM9460: Fiscal Year 2017 and After Payments to Hospice
    Agencies That Do Not Submit Required Quality Data – This
    CR Rescinds and Fully Replaces CR9091 ................................... February 2016, p. 20
MM9461: Healthcare Provider Taxonomy Codes (HPTCs)
    April 2016 Code Set Update ............................................................ May 2016, p. 20
MM9466: Remittance Advice Remark and Claims Adjustment
    Reason Code and Medicare Remit Easy Print and PC
    Print Update ......................................................................................... June 2016, p. 15
MM9474: New Condition Code for Reporting Home Health
    Episodes with No Skilled Visits............................................................ April 2016, p. 3
MM9474 (Revised): New Condition Code for Reporting Home Health
    Episodes with No Skilled Visits...................................................... September 2016, p. 3
MM9476: Summary of Policies in the Calendar Year (CY) 2016
    Medicare Physician Fee Schedule (MPFS) Final Rule and
    Telehealth Originating Site Facility Fee Payment Amount ..........February 2016, p. 41
MM9486: January 2016 Update of the Hospice Outpatient
    Prospective Payment System (OPPS) ........................................... February 2016, p. 6
MM9495: Emergency Update to the CY 2016 Medicare Physician
    Fee Schedule Database (MPFSDB)...................................................... March 2016, p. 11
MM9531: Quarterly Update to the Medicare Physician Fee Schedule
    Database (MPFSDB) – April Calendar Year (CY) 2016 Update ........May 2016, p. 21
MM9533: Comprehensive Care for Joint Replacement
    Model (CJR) Provider Education .......................................................... May 2016, p. 4
MM9536: April 2016 Quarterly Average Sales Price (ASP) Medicare
    Part B Drug Pricing Files and Revisions to Prior Quarterly
    Pricing Files ......................................................................................... April 2016, p. 17
MM9549: April 2016 Update of the Hospital Outpatient
    Prospective Payment System (OPPS) .............................................. May 2016, p. 9
Medicare Learning Network® (MLN), continued...

MM9550: Claim Status Category and Claim Status Codes Update.............July 2016, p. 19
MM9553: April 2016 Integrated Outpatient Code
  Editor (I/OCE) Specifications Version 17.1...........................................May 2016, p. 22
MM9553 (Revised): April 2016 Integrated Outpatient Code
  Editor (I/OCE) Specifications Version 17.1..........................................June 2016, p. 16
MM9554: April Quarterly Update for 2016 Durable Medical
  Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
  Fee Schedule................................................................................................May 2016, p. 25
MM9575: Making Principal Diagnosis Codes Mandatory for
  Notice of Election (NOE) to be Accepted ..............................................July 2016, p. 13
MM9578: Updates to Pub. 100-04, Chapters 1 and 16 to
  Correct Remittance Advice Messages .................................................July 2016, p. 20
MM9590: New Condition Code To Use When Hospice
  Recertification Is Untimely and Correction to Hospice
  Processing Problems................................................................................October 2016, p. 4
MM9608: Corrections to Recoding in the Home Health Pricer Program........June 2016, p. 3
MM9633: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB)
  – July Calendar Year (CY) 2016 Update ..............................................July 2016, p. 21
MM9636: Quarterly Healthcare Common Procedure Coding
  System (HCPCS) Drug/Biological Code Changes –
  July 2016 Update ....................................................................................July 2016, p. 23
MM9639: Reopenings Update – Changes to Chapter 34 ........................October 2016, p. 10
MM9641: Correction of Remark Code Information ..............................September 2016, p. 15
MM9642: July Quarterly Update for 2016 Durable Medical
  Equipment, Prosthetics, Orthotics and Supplies
  Fee Schedule.............................................................................................September 2016, p. 16
MM9651: Payment to Home Health Agencies That Do Not Submit
  Required Quality Data .............................................................................August 2016, p. 3
MM9658: July 2016 Update of the Hospital Outpatient Prospective
  Payment System (OPPS) .......................................................................July 2016, p. 6
MM9658 (Revised): July 2016 Update of the Hospital Outpatient
  Prospective Payment System (OPPS) .....................................................September 2016, p. 5
MM9659: Healthcare Provider Taxonomy Codes
Medicare Learning Network® (MLN), continued…

MM9661: July 2016 Integrated Outpatient Code Editor (I/OCE)
Specifications Version 17.2 ................................................................. July 2016, p. 24

MM9680: Claim Status Category and Claim Status Codes Update.....November 2016, p. 15

MM9692: Revised Fee Schedules for Healthcare Common
Procedure Coding System (HCPCS) Code E1012 in
Association with Change Request 9642 ......................................... September 2016, p. 21

MM9695: Remittance Advice Remark Code, Claims Adjustment
Reason Code, Medicare Remit Easy Print and
PC Print Update ........................................................................... September 2016, p. 22

MM9696: Implement Operating Rules – Phase III ERA EFT:
CORE 360 Uniform Use of Claim Adjustment Reason
Codes, (CARC), Remittance Advice Remark Codes (RARC)
and Claim Adjustment Group Code (CAGC) Rule –
Update from CAQH CORE ...................................................... September 2016, p. 23

MM9735: 2017 Annual Update of Healthcare Common
Procedure Coding System (HCPCS) Codes for Skilled
Nursing Facility (SNF) Consolidated Billing (CB) Update.........November 2016, p. 16

MM9740: Common Working File to Locate Medicare Beneficiary
Record and Provide Responses to Provider Queries................. October 2016, p. 11

MM9749: Quarterly Update to the Medicare Physician Fee
Schedule Database (MPFSDB) – October CY 2016 Update ........October 2016, p. 12

MM9749 (Revised): Quarterly Update to the Medicare Physician Fee
Schedule Database (MPFSDB) – October CY 2016 Update ..... November 2016, p. 17

MM9754: October 2016 Integrated Outpatient Code
Editor (I/OCE) Specifications Version 17.3............................... October 2016, p. 13

MM9756: October Quarterly Update for 2016 Durable Medical
Equipment, Prosthetics, Orthotics, and Supplies
(DMEPOS) Fee Schedule .............................................................. November 2016, p. 19

MM9758: Influenza Vaccine Payment Allowances –
Annual Update for 2016-2017 Season ...................................... November 2016, p. 20
Medicare Learning Network® (MLN), continued…

MM9766: Implement Operating Rules – Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT):
CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) .................. November 2016, p. 22

MM9768: October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) ......................................... November 2016, p. 3

MM9793: Implementation of New Influenza Virus Vaccine Code .......... December 2016, p. 8

Product Updates ......................................................................................... October 2016, p. 9

SE1038 (Rescinded): Home Health Face-to-Face Encounter – A New Home Health Certification Requirement ......................... September 2016, p. 11

SE1125 (Revised): Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program........................................................... April 2016, p. 19


SE1405 (Rescinded): Documentation Required for Home Health Prospective Payment System (HH PPS) Face-to-Face Encounter ........................................................................ March 2016, p. 4


SE1417 (Revised): Implementation of Fingerprint-Based Background Checks................................................................. April 2016, p. 22

SE1425 (Revised): Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers ........ April 2016, p. 6

SE1427 (Rescinded): Fingerprint-based Background Check Begins August 6, 2014.................................................. December 2016, p. 11

SE1521 (Revised): Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims ................................................. July 2016, p. 29
Medicare Learning Network® (MLN), continued…

SE1524: Selecting Home Health Claims for Probe and Educate Review: Episodes that Begin on or After August 1, 2015.................................................................January 2016, p. 9
SE1605: Provider Enrollment Revalidation – Cycle 2 ........................................May 2016, p. 27
SE1612: Recovering Overpayments from Providers Who Share Tax Identification Numbers .........................................................August 2016, p. 7
SE1615: Protecting Patient Personal Health Information ..................September 2016, p. 25
SE1617: Timely Reporting of Provider Enrollment Information Changes ..................................................................................October 2016, p. 21

Medicare Physician Fee Schedule Database (MPFSDB)

Emergency Update to the CY 2016 Medicare Physician Fee Schedule Database (MPFSDB) ..................................................March 2016, p. 11
Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April Calendar Year (CY) 2016 Update ........May 2016, p. 21
Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – July Calendar Year (CY) 2016 Update ........July 2016, p. 21
Quarterly Update in the Medicare Physician Fee Schedule Database (MPFSDB) – October CY 2015 Update (Revised)......February 2016, p. 28
Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October CY 2016 Update ..................October 2016, p. 12
Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October CY 2016 Update (Revised).....November 2016, p. 17

Summary of Policies in the Calendar Year (CY) 2016 Medicare Physician Fee Schedule (MPFS) Final Rule and Telehealth Originating Site Facility Fee Payment Amount ........February 2016, p. 41

Medicare Secondary Payer (MSP)

Claim Adjustment Segment (CAS) Information Required When Billing Medicare Secondary Payer (MSP) Claims/Adjustments ........June 2016, p. 6
Medicare Secondary Payer (MSP), continued…

Instructions on Utilizing 837 Institutional Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A Claims in Direct Data Entry (DDE) and 837I 5010 Claims Transactions .......................................................... February 2016, p. 24

Medicare Secondary Payer (MSP) Claims and Adjustments – Changes in Submitting.......................................................................................... March 2016, p. 6

MLN Connects™ Provider eNews

April 2016 – May 2016 Weekly Messages .........................................................June 2016, p. 10
August 2016 – September 2016 Weekly Messages .........................................October 2016, p. 9
February 2016 – March 2016 Weekly Messages .............................................April 2016, p. 15
January 2016 – February 2016 Weekly Messages ............................................March 2016, p. 8
July 2016 – August 2016 Weekly Messages .....................................................September 2016, p. 15
June 2016 – July 2016 Weekly Messages .........................................................August 2016, p. 6
March 2016 – April 2016 Weekly Messages ....................................................May 2016, p. 15
May 2016 – June 2016 Weekly Messages ..........................................................July 2016, p. 16
October 2016 – November 2016 Weekly Messages .........................................December 2016, p. 8
September 2016 – October 2016 Weekly Messages ........................................November 2016, p. 11

myCGS

Avoiding the myCGS Lock-Out Period .........................................................October 2016, p 6
myCGS Now Able to Accept Home Health Pre-Claim Review (PCR) Requests .........................................................October 2016, p. 4
myCGS Now Offers Multi-Factor Authentication for Added Security .......... December 2016, p. 9
myCGS Password Requirements .................................................................. July 2016, p. 26
# Medicare Bulletin Index

January – December 2016

## N

### Next Generation Accountable Care Organization (NGACO)

- Next Generation Accountable Care Organization – Implementation ......................................................... October 2016, p. 17

### Notice of Election (NOE)

- Correction to the New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs .......... March 2016, p. 8
- Making Principal Diagnosis Codes Mandatory for Notice of Election (NOE) to be Accepted ................................ July 2016, p. 13
- New Fax Number for Medical Review Additional Development Requests (MR ADR) and Non-MR ADRs ................................ January 2016, p. 18

## O

### Outpatient Prospective Payment System (OPPS)

- April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1 ................................................................. May 2016, p. 22
- April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1 (Revised) ................................................. June 2016, p. 16
- April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) .......................................................... May 2016, p. 9
- January 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.0 .............................................................. March 2016, p. 9
- January 2016 Update of the Hospice Outpatient Prospective Payment System (OPPS) ......................................................... February 2016, p. 6
- July 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.2 ................................................................. July 2016, p. 24
- July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) ......................................................... July 2016, p. 6
- July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) (Revised) ............................................ September 2016, p. 5
- October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) ......................................................... November 2016, p. 3
Payments

Calculating and Viewing the Two-tiered RHC and SIA Payment......................... April 2016, p. 8
CMS Hospice Update to Incorrect Payments Identified for the
   Two Tier Payment and SIA Payments...................................... September 2016, p. 12
Home Health Prospective Payment System (HH PPS)
   Rate Update for Calendar Year (CY) 2016.............................. January 2016, p. 4
Hospice Claim Adjustments Will Correct Routine Home Care Day Count................................. September 2016, p. 13
Influenza Vaccine Payment Allowances – Annual Update for 2016-2017 Season ................ November 2016, p. 20
Recovering Overpayments from Providers Who Share Tax Identification Numbers................................. August 2016, p. 7

PC Print Software

Remittance Advice Remark and Claim Adjustment Reason
   Code and Medicare Remit Easy Print and PC Print Update .......... February 2016, p. 31
Remittance Advice Remark and Claims Adjustment Reason
   Code and Medicare Remit Easy Print and PC Print Update .......... June 2016, p. 15
Remittance Advice Remark Code, Claims Adjustment Reason
   Code, Medicare Remit Easy Print and PC Print Update ............ September 2016, p. 22

Personal Health Information (PHI)

Protecting Patient Personal Health Information ...................................... September 2016, p. 25

Pre-Claim Review

myCGS Now Able to Accept Home Health Pre-Claim Review (PCR) Requests........................ October 2016, p. 4
New Web Page: Overview of Pre-Claim Review Demonstration for Home Health Services ........................................ August 2016, p. 6
Pre-Claim Review Online Course Now Available...................................... October 2016, p. 3
Submitting Home Health Pre-Claim Review Documentation ...................... October 2016, p. 4
Probe and Educate

Missing Home Health Face-to-Face Encounter Documentation .......... February 2016, p. 3
Probe and Educate Preliminary Results .................................................. April 2016, p. 5

Provider Contact Center

General or Claim Specific Questions When Calling the Provider
Contact Center ....................................................................................... June 2016, p. 9

Provider Enrollment

Extension of Provider Enrollment Moratoria for Home Health
Agencies and Part B Ambulance Suppliers (Revised) ......................... April 2016, p. 6
Timely Reporting of Provider Enrollment
Information Changes ............................................................................ October 2016, p. 21

Provider Enrollment Revalidation

Provider Enrollment Revalidation – Cycle 2 ........................................ May 2016, p. 27
Provider Enrollment Revalidations: Things You Should Know .......... July 2016, p. 27

Qualified Independent Contractor (QIC)

QIC Transition Effective September 1, 2016 ..................................... October 2016, p. 16

Qualified Medicare Beneficiary (QMB) Program

Prohibition on Balance Billing Dually Eligible Individuals
Enrolled in the Qualified Medicare Beneficiary (QMB)
Program (Revised) ............................................................................ April 2016, p. 19

Quarterly Provider Update

CMS Comprehensive Resource ............................................................ January 2016, p. 19
April 2016, p. 18
July 2016, p. 29
October 2016, p. 16
R

Reason Codes

Home Health Ordering/Referring Reason Codes Reminder ............................ July 2016, p. 4
Reducing Home Health Errors for Reason Code (RC) 38107.......................May 2016, p. 3

Reconsiderations

Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims (Revised).............................................July 2016, p. 29

Redeterminations

Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims (Revised).............................................July 2016, p. 29

Remittance Advice

Implement Operating Rules – Phase III Electronic
Remittance Advice (ERA) Electronic Funds Transfer (EFT):
CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) ......................November 2016, p. 22
Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA) ..................................................January 2016, p. 14
Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA) (Revised).................................June 2016, p. 13
Updates to Pub. 100-04, Chapters 1 and 16 to Correct Remittance Advice Messages ............................................July 2016, p. 20
Remittance Advice Remark Codes (RARC)

Correction of Remark Code Information ........................................... September 2016, p. 15
Implement Operating Rules – Phase III ERA
   EFT: CORE 360 Uniform Use of Claim Adjustment
   Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule – Update from CAQH CORE .............. February 2016, p. 29
Implement Operating Rules – Phase III ERA EFT:
   CORE 360 Uniform Use of Claim Adjustment Reason Codes, (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from CAQH CORE ........................................... September 2016, p. 23
Implement Operating Rules – Phase III Electronic
   Remittance Advice (ERA) Electronic Funds Transfer (EFT):
   CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) .......................November 2016, p. 22
Remittance Advice Remark and Claim Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update ........ February 2016, p. 31
Remittance Advice Remark and Claim Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update ............... June 2016, p. 15
Remittance Advice Remark Code, Claims Adjustment Reason Code, Medicare Remit Easy Print and PC Print Update ........... September 2016, p. 22

Reopening

Reopenings Update – Changes to Chapter 34 ........................................ October 2016, p. 10
Requesting a Reopening: Good to Know ............................................... January 2016, p. 20

Routine Home Care (RHC)

Calculating and Viewing the Two-tiered RHC and SIA Payment ............ April 2016, p. 8
CMS Hospice Update to Incorrect Payments Identified for the
   Two Tier Payment and SIA Payments ........................................... September 2016, p. 12
Hospice Claim Adjustments Will Correct Routine Home
   Care Day Count ........................................................................ September 2016, p. 13
S
Service Intensity Add-On (SIA)
Calculating and Viewing the Two-tiered RHC and SIA Payment ............... April 2016, p. 8
CMS Hospice Update to Incorrect Payments Identified for the
Two Tier Payment and SIA Payments ........................................ September 2016, p. 12
Hospice Claim Adjustments Will Correct Routine Home Care Day Count ............................................. September 2016, p. 13

Social Security Number (SSN)
Social Security Number Removal Initiative ................................................ November 2016, p. 24

T
Therapy Cap
Therapy Cap Values for Calendar Year (CY) 2016 ................................ February 2016, p. 5

U
Unsolicited/Voluntary Refunds
Provider Awareness ........................................................................ January 2016, p. 25

V
Vaccinations
Billing of Vaccine Services on Hospice Claims ................................... July 2016, p. 12
Billing of Vaccine Services on Hospice Claims (Revised) ..................... August 2016, p. 4
Billing of Vaccine Services on Hospice Claims (Revised) ...................... December 2016, p. 5
Implementation of New Influenza Virus Vaccine Code ......................... December 2016, p. 8
Influenza Vaccine Payment Allowances –
Annual Update for 2016-2017 Season ........................................ November 2016, p. 20
New Influenza Virus Vaccine Code ..................................................... February 2016, p. 4
New Influenza Virus Vaccine Code (Revised) ...................................... March 2016, p. 3
Vaccinations, continued...

Office Visits: An Opportunity to Recommend Influenza Vaccination
- January 2016, p. 13
- February 2016, p. 23

W

Website

277CA Edit Lookup Tool Now Available
- March 2016, p. 15

CGS Website Update
- January 2016, p. 11
- February 2016, p. 22
- March 2016, p. 5
- April 2016, p. 11
- May 2016, p. 14
- June 2016, p. 4
- July 2016, p. 13
- August 2016, p. 5
- September 2016, p. 13
- October 2016, p. 7
- November 2016, p. 10
- December 2016, p. 6

Hospice Beginner Billing Online Courses
- December 2016, p. 3

Pre-Claim Review Online Course Now Available
- October 2016, p. 3

Stop Payment Affidavit Form Now Available on the CGS Website
- February 2016, p. 45

Updated Hospice Payment Rate Calculator
- February 2016, p. 21

X

Y

Z