

OCTOBER 2020 • WWW.CGSMEDICARE.COM

Medicare Bulletin

JURISDICTION 15

PART A • PART B • HOME HEALTH & HOSPICE

*Reaching Out
to the Medicare
Community*



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Medicare Bulletin

Jurisdiction 15

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Bold, italicized material is excerpted from the American Medical Association Current Procedural Terminology CPT codes. Descriptions and other data only are copyright 2020 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

CGS Contact Information

To contact a CGS Customer Service Representative, call the CGS Provider Contact Center (PCC) at the following numbers listed below. Listen carefully and choose the option most appropriate for the reason you are calling.

PART A - 1.866.590.6703

Options

- 1 – Claims
- 2 – Electronic Data Interchange (EDI)
- 3 – Provider Enrollment
- 4 - Overpayment Recovery
- 9 – General Inquiries

PART B - 1.866.276.9558

Options

- 1 – Claims
- 2 – Electronic Data Interchange (EDI)
- 3 – Provider Enrollment
- 4 - Telephone Reopening
- 5 – Overpayment Recovery (OPR)
- 9 – General Inquiries

HOME HEALTH AND HOSPICE - 1.877.299.4500

Options

- 1 – Claims
- 2 – Electronic Data Interchange (EDI)
- 3 – Provider Enrollment
- 4 – Overpayment Recovery
- 9 – General Inquiries

Access the “Contact Information” Web pages for information about the Interactive Voice Response (IVR) system, as well as telephone numbers, fax numbers, and mailing addresses for other CGS departments.

- **Part A** - <https://www.cgsmedicare.com/parta/cs/index.html>
- **Part B** - <https://www.cgsmedicare.com/partb/cs/index.html>
- **Home Health and Hospice** - <https://www.cgsmedicare.com/hhh/cs/index.html>

BEFORE YOU CALL

Access the following resources that may be able to answer your questions:

Part A

- How Do I...?” (<https://www.cgsmedicare.com/parta/cs/howdoi.html>)
- Education & Events” (<https://www.cgsmedicare.com/parta/education/index.html>)

Part B

- How Do I...?” (<https://www.cgsmedicare.com/partb/cs/howdoi.html>)
- Education & Events” (<https://www.cgsmedicare.com/partb/education/index.html>)

Home Health and Hospice

- “How Do I...?” (<https://www.cgsmedicare.com/hhh/cs/howdoi.html>)
- “Education & Resources” (<https://www.cgsmedicare.com/hhh/education/index.html>)



https://www.onlineproviderservices.com/cgs_ops/initLogin.do

myCGS is a secure Internet-based application where you can view beneficiary eligibility, claims status, online remittances, financial information, and much more!

FOR ALL PROVIDERS

MLN Connects® Weekly News

The MLN Connects®, available at <https://www.cms.gov/Outreach-and-Education/Outreach/FFSPProvPartProg/Provider-Partnership-Email-Archive> is the official news from the Medicare Learning Network and contains a weeks' worth of current Medicare-related messages. These messages are delivered timely about Medicare-related topics. Please share with appropriate staff. If you wish to receive the listserv directly from CMS, refer to <https://www.cms.gov/Outreach-and-Education/Outreach/FFSPProvPartProg/Electronic-Mailing-Lists>.

FOR ALL PROVIDERS

MLN Matters Disclaimer Statement

The CMS Medicare Learning Network (MLN) Matters articles are prepared as a service to the public and is not intended to grant rights or impose obligations. MLN Matters articles may contain references or links to statutes, regulations or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

FOR ALL PROVIDERS

MACs Resume Medical Review on a Post-Payment Basis

To protect the Medicare Trust Fund against inappropriate payments, Medicare Administrative Contractors (MACs) are resuming fee-for-service medical review activities. Beginning August 17, the MACs are resuming with post-payment reviews of items/services provided before March 1, 2020. The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

Medical Review Activity Logs will be updated to include topics for review as implemented.

- Part A - <https://www.cgsmedicare.com/parta/mr/mral.html>
- Part B - https://www.cgsmedicare.com/partb/mr/activity_log.html
- HHH - <https://www.cgsmedicare.com/hhh/medreview/activitylog.html>

FOR ALL PROVIDERS

MM11796: Claim Status Category and Claim Status Codes Updates

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11796
Related CR Release Date: August 28, 2020
Related CR Transmittal Number: R10322CP

Related Change Request (CR) Number: 11796
Effective Date: January 1, 2021
Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

This newsletter should be shared with all health care practitioners and managerial members of the provider/supplier staff. Newsletters issued after February 1997 are available at no cost from our website at <https://www.cgsmedicare.com>. © 2020 Copyright, CGS Administrators, LLC.

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PROVIDER ACTION NEEDED

This article informs you of updates to the Claim Status and Claim Status Category Codes used for the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgement transactions. Please make sure your billing staffs are aware of these updates.

The complete MM11796 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11796.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | | | |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Part B: | 1.866.276.9558 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|

FOR ALL PROVIDERS

MM11854 (Revised): October 2020 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11854 **Revised**
Related CR Release Date: August 14, 2020
Related CR Transmittal Number: R10306CP

Related Change Request (CR) Number: 11854
Effective Date: October 1, 2020
Implementation Date: October 5, 2020

Note: We revised this article to reflect a revised CR 11854 issued on August 14, 2020. The revised CR did not change the substance of the article. In the article, we revised the CR release date, transmittal number, and the Web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for Part B Drugs provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article updates the Quarterly Average Sales Price (ASP) Medicare Part B Pricing Files and informs providers of revisions to prior quarterly pricing files. Please make sure your billing staffs are aware of these updates and revisions.

The complete MM11854 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11854.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | | | |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Part B: | 1.866.276.9558 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|

FOR ALL PROVIDERS

MM11881: Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (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) CORE

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11881

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10324CP

Related Change Request (CR) Number: 11881

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPE AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you that Medicare will update its claims processing systems based on the CORE 360 Uniform use of Claim Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC), and Claim Adjustment Group Code (CAGC) rule publication. These system updates are based on the Committee on Operating Rules for Information Exchange (CORE), Code Combination List, which will be published on or about October 1, 2020. Make sure that your billing staffs are aware of these updates.

The complete MM11881 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11881.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

Home Health and Hospice: 1.877.299.4500

TEST YOUR KNOWLEDGE AND EARN CREDIT!

<https://www.surveymonkey.com/r/MS23WNB>



Do you need to earn education credit? Launch the “Test your Knowledge” exercise! Correctly answer eight of ten questions based on this month’s Medicare Bulletin to earn a certificate that may be used to obtain education credit through coding and/or specialty societies. Good luck!

FOR ALL PROVIDERS

MM11939: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) October 2020 Update

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11939

Related CR Release Date: August 7, 2020

Related CR Transmittal Number: R10288CP

Related Change Request (CR) Number: 11939

Effective Date: January 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries and which are paid under the Medicare Physician Fee Schedule (MPFS).

PROVIDER ACTION NEEDED

This article informs you about the issuance of updated payment files in the October update of the 2020 MPFS. Make sure your billing staffs are aware of these updates.

The complete MM11939 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11939.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | | | |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Part B: | 1.866.276.9558 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|

FOR ALL PROVIDERS

MM11956: October Quarterly Update for 2020 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11956

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10334CP

Related Change Request (CR) Number: 11956

Effective Date: October 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for providers and suppliers submitting claims to Medicare Administrative Contractors (MACs) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) items or services paid under the DMEPOS fee schedule for Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11956 informs DME MACs about the changes to the DMEPOS fee schedules that Medicare updates quarterly, when necessary, to implement fee schedule amounts for new and existing

codes, as applicable, and apply changes in payment policies. Make sure your billing staffs are aware of these changes.

The complete MM11956 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11956.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | | | |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Part B: | 1.866.276.9558 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|

FOR ALL PROVIDERS

Provider Contact Center (PCC) Training

Medicare is a continuously changing program, and it is important that we provide correct and accurate answers to your questions. To better serve the provider community, the Centers for Medicare & Medicaid Services (CMS) allows the provider contact centers the opportunity to offer training to our customer service representatives (CSRs). The list below indicates when the Part A PCC (**1.866.590.6703**), Part B PCC (**1.866.276.9558**) and the home health and hospice PCC at **1.877.299.4500** (option 1) will be closed for training.

| Date | PCC Training/Closures |
|------------------|---------------------------|
| October 12, 2020 | PCC Closed (Columbus Day) |

The Interactive Voice Response (IVR) is available for assistance in obtaining patient eligibility information, claim and deductible information, and general information. In addition, CGS' Internet portal, myCGS (<https://www.cgsmedicare.com/mycgs/index.html>), is available to access various eligibility information through the Internet.

- **Part A IVR - 1.866.289.6501**
 - IVR User Guide: https://www.cgsmedicare.com/parta/cs/cgs_j15_parta_ivr_user_guide.pdf
- **Part B IVR – 1.866.290.4036**
 - IVR User Guide: at https://www.cgsmedicare.com/partb/cs/partb_ivr_user_guide.pdf
- **Home Health and Hospice IVR - 1.877.220.6289**
 - IVR User Guide: https://www.cgsmedicare.com/hhh/help/pdf/IVR_User_Guide.pdf

FOR ALL PROVIDERS

Quarterly Provider Update

The Quarterly Provider Update is a comprehensive resource published by the Centers for Medicare & Medicaid Services (CMS) on the first business day of each quarter. It is a listing of all nonregulatory changes to Medicare including transmittals, manual changes, and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the update. The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program;
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions;
- Ensure that providers have time to react and prepare for new requirements;
- Announce new or changing Medicare requirements on a predictable schedule; and
- Communicate the specific days that CMS business will be published in the *Federal Register*.

To receive notification when regulations and program instructions are added throughout the quarter, refer to the [CMS.gov](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.html) Email Updates Web page at <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.html> to subscribe. Refer to the CMS Quarterly Provider Update at <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html> for additional information.

FOR ALL PROVIDERS

SE20011 (Revised): Medicare Fee-For-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: SE20011 **Revised**
Article Release Date: August 26, 2020
Related CR Transmittal Number: N/A

Related Change Request (CR) Number: N/A
Effective Date: N/A
Implementation Date: N/A

Note: We revised the article to add information about the HCPCS codes for OPPS, RHC, FQHC, and CAH billers in the Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services section. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for physicians, providers and suppliers who bill Medicare Fee-For-Service (FFS).

PROVIDER INFORMATION AVAILABLE

The Secretary of the Department of Health & Human Services declared a public health emergency (PHE) in the entire United States on January 31, 2020. On March 13, 2020 Secretary Azar authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to March 1, 2020.

The Centers for Medicare & Medicaid Services (CMS) is issuing blanket waivers consistent with those issued for past PHE declarations. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency. You do not need to apply for an individual waiver if a blanket waiver is issued.

More Information:

- Coronavirus Waivers and Flexibilities webpage at <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- Instructions to request an individual waiver if there is no blanket waiver at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Requesting-an-1135-Waiver-Updated-11-16-2016.pdf>

The complete SE20011 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/SE20011.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | | | |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Part B: | 1.866.276.9558 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|----------------|----------------|---------------------------------|----------------|

FOR ALL PROVIDERS

Stay Informed and Join the CGS ListServ Notification Service

The CGS Listserv Notification Service is the primary means used by CGS to communicate with Kentucky and Ohio Medicare Part B providers. The Listserv is a free email notification service that provides you with prompt notification of Medicare news including policy, benefits, claims submission, claims processing and educational events. Subscribing for this service means that you will receive information as soon as it is available, and plays a critical role in ensuring you are up-to-date on all Medicare information.

Consider the following benefits to joining the CGS ListServ Notification Service:

- It's free! There is no cost to subscribe or to receive information.
- You only need a valid e-mail address to subscribe.
- Multiple people/e-mail addresses from your facility can subscribe. We recommend that all staff (clinical, billing, and administrative) who interacts with Medicare topics register individually. This will help to facilitate the internal distribution of critical information and eliminates delay in getting the necessary information to the proper staff members.

To subscribe to the CGS ListServ Notification Service, go to http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp and complete the required information.

FOR ALL PROVIDERS

Upcoming Educational Events

The CGS Provider Outreach and Education (POE) department offers educational events through webinars and teleconferences throughout the year. Registration for these events is required. For upcoming events, please refer to the Calendar of Events.

- Part A Calendar of Events - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report/parta_report.aspx
- Part B Calendar of Events - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report/partb_report.aspx
- Home Health and Hospice Calendar of Events - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx

Bookmark this page and visit it often for the latest educational opportunities.

If you have a topic that you would like the CGS POE department to present, send us your suggestion to J15_PartA_Education@cgsadmin.com, J15_PartB_Education@cgsadmin.com, or J15_HHH_Education@cgsadmin.com.

FOR PART A, HOME HEALTH AND HOSPICE PROVIDERS

Medicare Credit Balance Quarterly Reminder

This article is a reminder to submit the Quarterly Medicare Credit Balance Report. The next report is due in our office postmarked by **October 30, 2020**, for the quarter ending **September 30, 2020**. A Medicare credit balance is an amount determined to be refundable to the Medicare program for an improper or excess payment made to a provider because of patient billing or claims processing errors.

Each provider must submit a quarterly Medicare Credit Balance Report (CMS-838) and certification for each individual PTAN, which is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS838.pdf>.

Note: Please **do not** submit duplicate Credit Balance Reports. To ensure CGS has received your report, consider using the website portal myCGS to submit your report. myCGS provides instant confirmation of receipt and allows you to check the status. Submitting your CBR using certified mail, or other methods that require a signature upon delivery is also an option.

The report must be postmarked by the date indicated above. If the report is received with a postmark date later than the date indicated above, we are required to withhold 100 percent of all payments being sent to your facility. This withholding will remain in effect until the reporting requirements are met. If no credit balance exists for your facility during a quarter, a signed Medicare Credit Balance Report certification is still required. Please include your Medicare provider number on the certification form.

Refer to the Medicare Credit Balance Report (CMS-838) form for complete instructions. However, for additional assistance in completing the form, refer to the following:

- **Part A:** "Tips on Completing a Credit Balance Report (Form CMS-838)" Web page at https://www.cgsmedicare.com/parta/overpay/838_form_tips.html
- **Home Health and Hospice:** "Tips on Completing a Credit Balance Report (Form CMS-838)" Web page at https://www.cgsmedicare.com/hhh/financial/838_form_tips.html

| | | |
|---|---|--|
| To ensure timely receipt and processing, send the CMS-838/Certification within 30 days of the quarter end date using one of the options below. Do not submit duplicate Credit Balance Reports. | | |
| myCGS, secure Web Portal (preferred method): | myCGS provides instant confirmation of receipt. For details, refer to: <ul style="list-style-type: none"> • myCGS User Guide, "Chapter 7: Forms Tab" - https://www.cgsmedicare.com/pdf/mycgs/chapter7.pdf • Making it Easy to Submit your Credit Balance (CMS-838) Report! Job Aid http://www.cgsmedicare.com/pdf/cms-838_mycgs.pdf | |
| Reports may be faxed to (do not send duplicate faxes): | Part A: 1.803.462.2584 MCBR Receipts Attn: Credit Balance Reporting | Home Health and Hospice: 1.615.664.5987 MCBR Receipts Attn: Credit Balance Reporting |
| Regular and Certified Mail: | Part A: CGS Attn: Credit Balance Reporting PO Box 20023 Nashville, TN 37202 | Home Health and Hospice: CGS Attn: HHH Credit Balance Reporting PO Box 20014 Nashville, TN 37202 |
| Fed Ex/ UPS/ Overnight Courier: | Part A: CGS J15 Credit Balance Reporting 26 Century Blvd STE ST610 Nashville, TN 37214 | Home Health and Hospice: CGS J15 Credit Balance Reporting 26 Century Blvd STE ST610 Nashville, TN 37214 |

Please note that if you have or will be submitting an adjustment, please send the UB-04 along with the CMS-838 form.

If you are issuing a refund check for a credit balance:

- Send the CMS-838 and a copy of the refund check using one of the options listed above.
- Send the refund check with a **copy** of the CMS-838 or documentation that indicates the check is for a credit balance, the quarter end date, and provider number associated with the check to the appropriate address for your provider type listed below:

| | | |
|--|--|--|
| CGS - J15 Home Health and Hospice PO Box 957124 St. Louis, MO 63195-7124 | CGS - J15 Part A Kentucky PO Box 957582 St. Louis, MO 63195-7582 | CGS - J15 Part A Ohio PO Box 957635 St. Louis, MO 63195-7635 |
|--|--|--|

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | |
|----------------|----------------|---------------------------------|--|
| Part A: | 1.866.590.6703 | Home Health and Hospice: | 1.877.299.4500 (or if you have questions about withholding, choose Option 4) |
|----------------|----------------|---------------------------------|--|

If you have general questions related to the Credit Balance report, call the Provider Contact Center at:

- Home Health and Hospice - **1.877.299.4500 (Option 1)**, or if you have questions about withholding, call **1.877.299.4500 (Option 4)**.
- Part A - **1.866.590.6703 (Option 4)**

FOR PART A, HOME HEALTH AND HOSPICE PROVIDERS

MM11944: October 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.3

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11944

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10332CP

Related Change Request (CR) Number: 11944

Effective Date: October 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for hospitals, providers and suppliers billing Medicare Administrative Contractors (MACs), including the Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article discusses changes to the October 2020 version of the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that Medicare uses

- Under the Outpatient Prospective Payment System (OPPS) and Non-OPPS for hospital outpatient departments, community mental health centers and all non-OPPS providers
- For limited services when provided in a Home Health Agency (HHA) not under the Home Health Prospective Payment System
- For a hospice patient for the treatment of a non-terminal illness.

Make sure your billing staffs are aware of these changes.

The complete MM11944 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11944.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | |
|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|---------------------------------|----------------|

MM11960: October 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS)

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11960

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10331CP

Related Change Request (CR) Number: 11960

Effective Date: October 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters® Article is for physicians, hospitals, and other providers submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice MACs for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about the changes to and billing instructions for various payment policies implemented in the October 2020 Outpatient Prospective Payment System (OPPS) update. The October 2020 Integrated Outpatient Code Editor (I/OCE) will reflect the HCPCS, Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in CR 11960. The October 2020 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming October 2020 I/OCE CR. Make sure that your billing staffs are aware of these changes.

The complete MM11960 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/MM11960.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

| | | | |
|----------------|----------------|---------------------------------|----------------|
| Part A: | 1.866.590.6703 | Home Health and Hospice: | 1.877.299.4500 |
|----------------|----------------|---------------------------------|----------------|

FOR PART A AND PART B PROVIDERS

MM11852: 2021 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11852

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10323CP

Related Change Request (CR) Number: 11852

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you that the Centers for Medicare & Medicaid Services (CMS) will provide MACs with files for the automated payments of Health Professional Shortage Area (HPSA)

bonuses for dates of service January 1, 2021, through December 31, 2021. Make sure that your billing staffs are aware of these changes.

The complete MM11852 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11852.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

FOR PART A AND PART B PROVIDERS

MM11870: Telehealth Expansion Benefit Enhancement Under the Pennsylvania Rural Health Model (PARHM) - Implementation

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11870

Related CR Release Date: August 7, 2020

Related CR Transmittal Number: R10282DEMO

Related Change Request (CR) Number: 11870

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for rural acute care hospitals and Critical Access Hospitals (CAHs) submitting claims to Medicare Administrative Contractors (MACs) for telehealth services provided under the Pennsylvania Rural Health Model (PARHM) to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about information related to the PARHM and the “Transformation Plans” for participating hospitals. CR 11870 expands the allowable telehealth services for Model-participant hospitals. Without this CR, some hospitals may fail to meet healthcare transformation goals set by the Model. Make sure your billing staffs are aware of these changes.

The complete MM11870 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11870.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

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FOR PART A AND PART B PROVIDERS

MM11882 (Revised): Influenza Vaccine Payment Allowances – Annual Update for 2020-2021 Season

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11882 **Revised**
Related CR Release Date: July 31, 2020
Related CR Transmittal Number: R10263CP

Related Change Request (CR): 11882
Effective Date: August 1, 2020
Implementation Date: No later than October 1, 2020; for mass adjustments, November 1, 2020.

Note: We revised this article on July 31, 2020, to reflect an updated Change Request (CR) 11882 that extended the implementation date. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for influenza vaccine services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you of the availability of payment allowances for the seasonal influenza virus vaccines as updated on an annual basis, effective August 1 of each year. Please make sure your billing staffs are aware of these updates.

The complete MM11882 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11882.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

FOR PART A AND PART B PROVIDERS

MM11905: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)—January 2021 Update

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11905
Related CR Release Date: July 31, 2020
Related CR Transmittal Number: R10261OTN

Change Request (CR) Number: 11905
Effective Date: January 1, 2021
Implementation Date: August 31, 2020- A/B MACs; January 4, 2021 - Shared Systems

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs providers about updated International Classification of Diseases, 10th Revision (ICD-10) conversions as well as coding updates specific to National Coverage Determinations (NCDs). Please make sure your billing staffs are aware of these updates.

The complete MM11905 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11905.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

FOR PART A AND PART B PROVIDERS

MM11932: Annual Clotting Factor Furnishing Fee Update 2021

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11932

Related CR Release Date: August 28, 2020

Related CR Transmittal Number: R10329CP

Related Change Request (CR) Number: 11932

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services related to the administration of clotting factors provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you that the clotting factor furnishing fee for 2021 is \$0.238 per unit. Make sure your billing staffs are aware of the update to the annual clotting factor furnishing fee for 2021, which pertains to Chapter 17, Section 80.4.1 of the Medicare Claims Processing Manual.

The complete MM11932 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11932.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

FOR PART A AND PART B PROVIDERS

MM11937 (Revised): Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11937 **Revised**
Related CR Release Date: August 21, 2020
Related CR Transmittal Number: R10318CP

Related Change Request (CR) Number: 11937
Effective Date: October 1, 2020
Implementation Date: October 5, 2020

Note: We revised this article on August 24, 2020, to reflect an updated CR 11937 that includes additional COVID-19 codes 86408, 86409, 0225U, 0226U, effective August 10, 2020. CR 11937 also added codes 0015M and 0016M, effective October 1, 2020. The CR release date, transmittal number and link to the transmittal also changed. All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters Article is for clinical diagnostic laboratories that submit claims to Medicare Administrative Contractors (MACs) for laboratory services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs laboratories of changes resulting from the quarterly update to the clinical laboratory fee schedule. Please be sure your billing staff is aware of these updates.

The complete MM11937 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11937.pdf>.

If you have questions, contact the CGS Provider Contact Center at the appropriate number listed below and choose Option 1.

Part A: 1.866.590.6703

Part B: 1.866.276.9558

FOR PART A PROVIDERS

MM11623 (Revised): Update to the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for Vaping Related Disorder and Diagnosis and Procedure Codes for the 2019 Novel Coronavirus (COVID-19)

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11623 **Revised**
Related CR Release Date: August 21, 2020
Related CR Transmittal Number: R10317OTN
Related Change Request (CR): 11623
Implementation Date: April 6, 2020

Effective Date: April 1, 2020 - For vaping-related and COVID-19 related diagnosis codes included in V37.1 of the MS-DRG Grouper and MCE.; August 1, 2020 - For new procedure codes included in V37.2 of the MS-DRG Grouper and MCE.

Note: We revised this article on August 21, 2020, to reflect an updated CR 11623. The CR revision updated the title, Background section and includes new procedure codes in Version 37.2 of the ICD-10 Medicare Severity - Diagnosis Related Groups (MS-DRG) Grouper and ICD-10 Medicare Code Editor (MCE). The CR release date, transmittal number and link to the transmittal also changed. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians and institutional providers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11623 adds new ICD-10-Clinical Modification (CM) codes for vaping related disorder and 2019 Novel Coronavirus (COVID-19) and ICD-10 Procedure Coding System (PCS) codes to the Medicare Severity – Diagnosis Related Groups (MS-DRG) Grouper and Medicare Code

Editor (MCE) effective for discharges on and after April 1, 2020. Twelve new procedure codes to describe the introduction or infusion of therapeutics, including remdesivir and convalescent plasma into the ICD-10-PCS are effective for discharges on and after August 1, 2020. Make sure your billing staffs are aware of these changes related to the new code.

The complete MM11623 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11623.pdf>.

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

FOR PART A PROVIDERS

CR 11642: Updates to Nursing and Allied Health Education Medicare Advantage Payment Policies

The Centers for Medicare & Medicaid Services (CMS) issued the Change Request (CR) 11642, Transmittal 10315 on August 21, 2020. This CR and others, can be found on the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index>.

CR Release Date: August 21, 2020
CR Transmittal Number: R10315OTN

Effective Date: September 21, 2020
Implementation Date: November 23, 2020

SUMMARY OF CHANGES

Section 541 of the Balanced Budget Refinement Act (BBRA) of 1999 (P. L. 106-113), and section 512 of the Benefits Improvement and Protection Act (BIPA), (P.L. 106-554), instituted Medicare+Choice nursing and allied health payments for portions of cost reporting periods occurring on or after January 1, 2000. CMS last provided instructions to the Medicare Administrative Contractors (MACs) on May 23, 2003, in the form of Transmittal A-03-043, CR 2692, for the purpose of making the Calendar Year (CY) 2001 nursing and allied health Medicare+Choice payments. This CR provides MACs with instructions on how to compute and/or reconcile these payments for CYs 2002 through 2018, as applicable.

The complete CR 11642 can be accessed at <https://www.cms.gov/files/document/r10315otn.pdf>

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

FOR PART A PROVIDERS

MM11859 (Revised): Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2021

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11859 **Revised**
Related CR Release Date: August 19, 2020
Related CR Transmittal Number: R10314CP

Related Change Request (CR) Number: 11859
Effective Date: October 1, 2020
Implementation Date: October 5, 2020

Note: We revised this article to reflect a revised CR 11859, issued on August 19, 2020. The CR revision shows that effective for Fiscal Year (FY) 2021, a 5 percent cap will be adopted and applied to all Skilled Nursing Facility providers on any decrease to a provider's FY 2021 final wage index from that provider's final wage index of the prior fiscal year (FY 2020). We added that language to the article. Also, we revised the CR release date, transmittal number, and the Web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for Skilled Nursing Facilities (SNFs) submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries paid under the SNF Prospective Payment System (PPS).

PROVIDER ACTION NEEDED

This article provides information on the Fiscal Year (FY) 2021 updates to the SNF PPS payment rates, as required by statute. Make sure your billing staffs are aware of these updates.

The complete MM11859 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11859.pdf>.

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

FOR PART A PROVIDERS

MM11867: Correction to Editing Update for Vaccine Services

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11867

Related CR Release Date: August 7, 2020

Related CR Transmittal Number: R10275OTN

Implementation Date: January 4, 2021

Related Change Request (CR) Number: 11867

Effective Date: January 1, 2021 * For claims received on or after this date

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims for vaccine services to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you that Medicare is changing the Common Working File (CWF) to bypass line-item dates of service for vaccines reported on inpatient Part B claims with Type of Bill (TOB) 12X and 22X when the dates of service (DOS) equal a posted outpatient TOB 73X or 77X service dates, or if present, occurrence span code visit date, regardless of the date of service. Please make sure your billing staffs are aware of these corrections.

The complete MM11867 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11867.pdf>.

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

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MM11949: Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2021

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: 11949

Related CR Release Date: August 21, 2020

Related CR Transmittal Number: R10312CP

Related Change Request (CR) Number: 11949

Effective Date: October 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (A/B Medicare Administrative Contractors (A/B MACs)) for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article is based on Change Request (CR) 11949 and identifies changes that are required as part of the annual IPF PPS update established in IPF Final Rule entitled “Medicare Program; FY 2021 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) and Special Requirements for Psychiatric Hospitals for Fiscal Year Beginning October 1, 2020 (FY 2021).” These changes are applicable to discharges occurring from October 1, 2020, through September 30, 2021 (FY 2021). CR 11949 applies to the Medicare Claims Processing Manual (CLM), Chapter 3, Section 190.4.3.

Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

The complete MM11949 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11949.pdf>.

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

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SE20015 (Revised): New COVID-19 Policies for Inpatient Prospective Payment System (IPPS) Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs) due to Provisions of the CARES Act

The Centers for Medicare & Medicaid Services (CMS) revised the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: SE20015 Revised

Article Release Date: August 17, 2020

Related CR Transmittal Number: N/A

Related Change Request (CR) Number: N/A

Effective Date: N/A

Implementation Date: N/A

Note: We revised this article on August 17, 2020, to add an update regarding the implementation of Section 3710 of the CARES Act for IPPS hospitals to address potential Medicare program integrity risks. All other information is unchanged.

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Inpatient Prospective Payment System (IPPS) hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs) who bill Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article describes certain provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that relate to IPPS hospitals, LTCHs, and IRFs. These provisions are Sections 3710 and 3711 of the CARES Act.

The complete SE20015 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/se20015.pdf>.

If you have questions, contact the Part A CGS Provider Contact Center at **1.866.590.6703** and choose Option 1.

FOR PART B PROVIDERS

MM11880: Billing for Home Infusion Therapy Services on or After January 1, 2021

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11880

Related CR Release Date: August 7, 2020

Related CR Transmittal Number: R10269BP, R10269CP

Related Change Request (CR) Number: 11880

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for qualified Home Infusion Therapy (HIT) suppliers who bill Part B Medicare Administrative Contractors (A/B MACs) for professional HIT services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article provides guidance to providers and suppliers about claims processing systems changes necessary to implement Section 5012(d) of the 21st Century Cures Act. These changes are effective on and after January 1, 2021. Make sure that your billing staff is aware of these changes.

The complete MM11880 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11880.pdf>.

If you have questions, contact the Part B CGS Provider Contact Center at **1.866.276.9558** and choose Option 1.

FOR HOME HEALTH PROVIDERS

MM11846: Update to Osteoporosis Drug Codes Billable on Home Health Claims

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11846

Related CR Release Date: August 7, 2020

Related CR Transmittal Number: R10274CP

Related Change Request (CR) Number: 11846

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for Home Health Agencies (HHAs) who bill Medicare Administrative Contractors (MACs) for osteoporosis drugs provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11846 adds instructions for billing and payment of additional codes for osteoporosis drugs under the home health benefit. Make sure your billing staffs are aware of these changes.

The complete MM11846 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11846.pdf>.

If you have questions, contact the Home Health and Hospice CGS Provider Contact Center at **1.877.299.4500** and choose Option 1.

FOR HOME HEALTH PROVIDERS

MM11855: Penalty for Delayed Request Anticipated Payment (RAP) Submission—Implementation

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11855

Related CR Release Date: July 31, 2020

Related CR Transmittal Number: R10254CP

Related Change Request (CR) Number: 11855

Effective Date: January 1, 2021

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for Home Health Agencies (HHAs) who wish to bill Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about the implementation of the Calendar Year (CY) 2021 Home Health (HH) Request for Anticipated Payment (RAP) payment policies. Please be sure your billing staffs are aware of these changes.

The complete MM11855 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11855.pdf>.

If you have questions, contact the Home Health and Hospice CGS Provider Contact Center at 1.877.299.4500 and choose Option 1.

FOR HOME HEALTH PROVIDERS

PDGM 30-Day Billing Schedule Calculator

To better assist providers, the Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Schedule, which was a Portable Document Format (PDF) document, has been converted to a calculator. All you need to do is select the From date of service and click Calculate and the To/Through date of service will display, giving you the 30-day billing period for your claim. The PDGM 30-Day Period of Care Billing Calculator is available at https://www.cgsmedicare.com/medicare_dynamic/j15/pdgm_30_day_calc/pdgm_30_day_calc.aspx. You can also find it on the Self-Service Options Web page at <https://www.cgsmedicare.com/hhh/tools/index.html> and the Home Health Patient-Driven Groupings Model (PDGM) Web page at <https://www.cgsmedicare.com/hhh/education/materials/pdgm.html>.

FOR HOSPICE PROVIDERS

MM11876: Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2021

The Centers for Medicare & Medicaid Services (CMS) issued the following *Medicare Learning Network® (MLN) Matters* article. This MLN Matters article and other CMS articles can be found on the CMS website at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index>

MLN Matters Number: MM11876

Related CR Release Date: August 5, 2020

Related CR Transmittal Number: R10338CP

Related Change Request (CR) Number: 11876

Effective Date: October 1, 2020

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for hospice providers submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice (HH&H) MACs, for hospice services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11876 updates the hospice payment rates, hospice wage index, and Pricer for Fiscal Year (FY) 2021. CR 11876 also updates the FY 2021 hospice aggregate cap amount. Make sure your billing staffs are aware of these changes.

Note from CGS: The official instruction, CR 11876 at <https://www.cms.gov/files/document/r10338cp.pdf> indicates that due to the way that the transition wage index is calculated, some Core Based Statistical Areas (CBSAs) and statewide rural areas will have more than one wage index value associated with the CBSA or rural area. For example, some counties that change OMB designations will have a wage index value that is different than the wage index value associated with the CBSA or rural area they are moving to because of the transition. However, each county will have only one wage index value. For counties that correspond to a different transition wage index value, the CBSA number will not be able to be used for FY 2021 claims. These counties are listed below. In these cases, the five-digit numbers that begin with "50" will need to be used to identify the appropriate wage index value for claims for hospice care provided in FY 2021.

| FIPS County Code | County Name | CBSA FY 2020 | CBSA Name FY 2020 | Alternative ID | CBSA NAME FY 2021 |
|------------------|---------------|--------------|--|----------------|--------------------------------------|
| 17039 | De Witt | 14010 | Bloomington, IL | 50001 | Illinois |
| 18143 | Scott | 31140 | Louisville/Jefferson County, KY-IN | 50002 | Indiana |
| 20149 | Pottawatomie | 31740 | Manhattan, KS | 50003 | Manhattan, KS |
| 20161 | Riley | 31740 | Manhattan, KS | 50003 | Manhattan, KS |
| 20095 | Kingman | 48620 | Wichita, KS | 50004 | Kansas |
| 21223 | Trimble | 31140 | Louisville/Jefferson County, KY-IN | 50005 | Kentucky |
| 25011 | Franklin | 99922 | Massachusetts | 50006 | Springfield, MA |
| 26159 | Van Buren | 28020 | Kalamazoo-Portage, MI | 50007 | Michigan |
| 27143 | Sibley | 33460 | Minneapolis-St. Paul-Bloomington, MN-W | 50008 | Minnesota |
| 28009 | Benton | 32820 | Memphis, TN-MS-AR | 50009 | Mississippi |
| 30037 | Golden Valley | 13740 | Billings, MT | 50010 | Montana |
| 31081 | Hamilton | 24260 | Grand Island, NE | 50011 | Nebraska |
| 34023 | Middlesex | 35614 | New York-Jersey City-White Plains, NY | 50012 | New Brunswick-Lakewood, NJ |
| 34025 | Monmouth | 35614 | New York-Jersey City-White Plains, NY | 50012 | New Brunswick-Lakewood, NJ |
| 34029 | Ocean | 35614 | New York-Jersey City-White Plains, NY | 50012 | New Brunswick-Lakewood, NJ |
| 36071 | Orange | 35614 | New York-Jersey City-White Plains, NY | 50013 | Poughkeepsie-Newburgh-Middletown, NY |
| 37051 | Cumberland | 22180 | Fayetteville, NC | 50014 | Fayetteville, NC |
| 37093 | Hoke | 22180 | Fayetteville, NC | 50014 | Fayetteville, NC |
| 45087 | Union | 43900 | Spartanburg, SC | 50015 | South Carolina |
| 46033 | Custer | 39660 | Rapid City, SD | 50016 | South Carolina |
| 47081 | Hickman | 34980 | Nashville-Davidson-Murfreesboro-Fran | 50017 | Tennessee |
| 48007 | Aransas | 18580 | Corpus Christi, TX | 50018 | Texas |
| 48221 | Hood | 23104 | Fort Worth-Arlington, TX | 50019 | Texas |
| 48425 | Somervell | 23104 | Fort Worth-Arlington, TX | 50019 | Texas |
| 51029 | Buckingham | 16820 | Charlottesville, VA | 50020 | Virginia |
| 51033 | Caroline | 40060 | Richmond, VA | 50021 | Virginia |
| 51063 | Floyd | 13980 | Blacksburg-Christiansburg-Radford, VA | 50022 | Virginia |
| 53051 | Pend Oreille | 44060 | Spokane-Spokane Valley, WA | 50023 | Washington |
| 54003 | Berkeley | 25180 | Hagerstown-Martinsburg, MD-WV | 50024 | Hagerstown-Martinsburg, MD-WV |
| 24043 | Washington | 25180 | Hagerstown-Martinsburg, MD-WV | 50024 | Hagerstown-Martinsburg, MD-WV |
| 72083 | Las Marias | 99940 | PUERTO RICO | 50025 | Mayaguez, PR |

The complete MM11876 *Medicare Learning Network® (MLN) Matters* article can be accessed at <https://www.cms.gov/files/document/mm11876.pdf>.

If you have questions, contact the Home Health and Hospice CGS Provider Contact Center at **1.877.299.4500** and choose Option 1.

FOR HOSPICE PROVIDERS

Reminder: How to Correct an Erroneously Submitted Hospice Election Date

Change Request (CR) 10064 included updates to the Medicare Claims Processing Manual, Publication 100-04 with billing instructions for correcting a Notice of Election (NOE) election date, and a revocation date on a Notice of Termination/Revocation (NOTR). The following is a reminder for hospice providers on how to correct an erroneously submitted election date

on an NOE without having to cancel the NOE and then resubmit. Please share the following information with your billing staff.

CORRECTING NOE ELECTION DATE

Have you ever submitted an incorrect admission (election) date on the NOE? When an incorrect admission date is submitted, you no longer need to cancel the incorrect NOE and resubmit a new NOE. Instead, you just need to submit a corrected NOE with the billing elements provided below.

This allows the corrected NOE to retain the receipt date of the original (incorrect) NOE. If your original (incorrect) NOE was submitted timely, the corrected NOE will also be considered timely and there would be no need to request an exception (KX modifier) when submitting the claim.

Billing Elements for a Corrected NOE

- Submit the correct election date in the From and Admission Date fields
- Submit the original election date using occurrence code 56
- Submit condition code D0 (zero).

Note: If the occurrence code 56 and condition code D0 are not submitted together, the NOE will be sent to the Return to Provider file with reason code 34981.

| | |
|--|--|
| Example: Initial NOE was submitted with the Admit date of 05/17/XX. The actual Admit date is 05/07/XX. To correct the election date, submit a new/corrected NOE with the following: | |
| Type of Bill (TOB) | 8XA |
| Statement Covers Period (From) | Enter 0507XX in the 'FROM' date field. |
| Statement Covers Period (Through) | Enter 0507XX in the 'THROUGH' date field if the NOE is being submitted via EDI (batch file). Leave this field blank if the NOE is submitted via the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE). |
| Admission Date | Enter 0507XX (correct admit date) |
| Condition Code | Enter D0 (the number zero) |
| Occurrence Code and Date | Enter Occurrence Code 27 and 0507XX (correct admit date) |
| Occurrence Code and Date | Enter Occurrence Code 56 and 0517XX (incorrect admit date) |

Please note, that if you choose not to follow this process and instead cancel the incorrect NOE and resubmit a corrected NOE, a new receipt date will be applied. As a result, the resubmitted NOE would likely be untimely. An exception request would only be granted if the cancel is done within 2 business days and the corrected NOE is resubmitted within 2 business days.

Refer to the following for additional information:

- **Submitting a Hospice Notice of Election (NOE) TOB 8XA** - https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_noe_tob8xa.pdf
- **Medicare Claims Processing Manual, Ch. 11, Section 20.1.1** - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf>
- **Change Request 10064** - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>