Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) implemented between 7/7/2021 and 10/4/2021 (unless otherwise noted) in numeric order. The chart also includes Medicare Learning Network (MLN) Matters® Special Edition (SE) articles issued within the same timeframe. Acronyms can be found on *our website* under Provider Resources. **Note:** If an MLN is not listed, there is not an MLN associated with the CR.

Change Request	Summary & Reference
CR # 11488 Issued: 4/27/2021 Effective: 7/28/2021 Implemented: 7/28/2021	**Update to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Publication (Pub.) 100-08** The CERT review contractor notifies the MAC when an underpayment or an overpayment is identified via the Claim Status Website. The MAC adjusts the claim to reflect the corrected code and payment amount, and make the appropriate payment or collection. These instructions update the guidance on collecting overpayments from Medicare beneficiaries related to a claim selected for the CERT sample. Transmittal 10709: CMS IOM Publication 100-08, *Medicare Program Integrity Manual*
CR # 11743 Issued: 6/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Implementation of the Hospital Outpatient Department (HOPD) Prior Authorization (PA) Paired Items of Service for the X12 278 PA Transactions** Supports the exchange of HOPD PA requests in the X12 278 transaction format. Transmittal 10842: CMS IOM Publication 100-20, *One Time Notification*
CR # 12069 Issued: 8/6/2021 Effective: 9/7/2021 Implemented: 9/7/2021	**Revisions To Chapters 13 and 32 To Update Coding** Makes updates to Chapters 13 and 32 of the Pub. 100-04. Transmittal 10881: CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
CR # 12079 Issued: 8/6/2021 Effective: 9/7/2020 Implemented: 9/7/2021	**Update of Internet Only Manual (IOM), Pub. 100-04, Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims** Updates various chapters of IOM Pub.100-04, Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims. MLN Matters ® Article MM12079 Transmittal 10640: CMS IOM 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12088 Issued: 5/21/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Update the International Classification of Diseases, Tenth Revision (ICD-10) 2022 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims** Instructs the maintainer to upload and implement the ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the timeline to implement the updated ICD-10 diagnosis codes by the mandated timeframe, CWF shall implement the ICD10 updates effective with the October 2021 release. Transmittal 10807: CMS IOM 100-05, *Medicare Secondary Payer Manual*
CR # 12100 Issued: 9/17/2021 Effective: 9/5/2021 Implemented: 10/1/2021	**Revision to Medicare Administrative Contractor (MAC) Complaint Screening Process - Checking the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) Prior to Claim Adjustment** Requires the MAC to check the RACDW for suppressions and/or exclusions, prior to claim adjustment as the result of a second-level screening. If a suppression and/or exclusion is present, the MAC shall not adjust the claim, and the complaint or inquiry shall be closed. However, if the MAC determines that the complaint or inquiry indicates potential fraud, and a suppression/exclusion is not present, the MAC shall make a referral to the Unified Program Integrity Contractor (UPIC), using the referral guidelines established in Section 4.6.2.4 – (Referrals to the UPIC) in Chapter4 of Publication (Pub.) 100-08. Transmittal 11009: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12170 Issued: 5/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Fiscal Intermediary Shared System (FISS) - Modify Total Number of Bills Pending Reports to Exclude Clean Claims Delayed in the Processing System** FISS created reports 372 and 373 to help the Medicare Administrative Contractors (MACs) to report their pending claims by age on the Monthly Status Report (MSR). The reports should exclude claims that were delayed in the processing system. This CR modifies the FISS reports to exclude claims that contain condition code 15. This change eliminates MAC manual work to back the claims out of the totals on the monthly FISS reports. Transmittal 10759: CMS IOM Publication 100-20, *One-Time Notification*
CR # 12176 Issued: 5/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Update the Common Working File (CWF) to Accept a Group Health Plan (GHP) and non-GHP (NGHP) Medicare Secondary Payer (MSP) Effective Date 3 Months from the Current Date for Medicare Enrolled and Medicare Entitled Beneficiaries** Updates CWF to allow for the MSP Effective Dates to be no more than three months in the future from the current date. Transmittal 10753: CMS IOM 100-05, *Medicare Secondary Payer Manual*

Change Request	Summary & Reference
CR # 12177 Issued: 7/20/2021 Effective: 8/7/2019 Implemented: 9/20/2021	**National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) Tcell Therapy - This CR Rescinds and Fully Replaces CR 11783**. Informs MACs that effective for claims with dates of service on or after August 7, 2019, CMS covers autologous treatment for cancer with T-cells expressing at least one CAR when administered at healthcare facilities enrolled in the FDA Risk Evaluation and Mitigation Strategies (REMS),and meets specified FDA conditions. The Federal government creates NCDs that are binding on the MACs who review and/or adjudicate claims, make coverage determinations, and/or payment decisions, and also binds quality improvement organizations, qualified independent contractors, the Medicare appeals council, and Administrative Law Judges (ALJs) (see 42 Code of Federal Regulations (CFR) Section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See Section 1869(f)(1)(A)(i) of the Social Security Act.) MLN Matters ® Article MM12177 Transmittal 10891: CMS IOM 100-3, *Medicare National Coverage Determinations Manual*
CR # 12186 Issued: 6/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Shared System Support Hours for Application Programming Interfaces (APIs)** Provides hours for the Fiscal Intermediary Shared System (FISS) and Multi-Carrier System (MCS) Maintainers to support maintenance, enhancements, and MAC onboarding of the existing APIs in the FISS and MCS using Agile development practices. Transmittal 12186: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12199 Issued: 5/11/2021 Effective: 10/1/2021 – claims received on or after this date Implemented: 10/4/2021	**Correction to Osteoporosis Drug Processing** Removes drugs that can be used for other indications from an edit requiring osteoporosis drugs to be billed only by home health agencies. Transmittal 10763: CMS IOM 100-20, *One-Time Notification*
CR # 12200 Issued: 5/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Ensuring Allogenic Stem Cell Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation** Ensures that allogenic stem cell acquisition costs, reported with revenue code 0815, are not included in the IPPS payment and are deducted prior to processing through Pricer. MLN Matters ® Article MM12200 Transmittal 10764: CMS IOM Publication 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12206 Issued: 8/3/2021 Effective: 1/1/2021 – for claims received on or after 10/1/2021 Implemented: 10/4/2021	**Medicare Fee-for-Service (FFS) Coverage of Costs for Kidney Acquisitions in Maryland Waiver (MW) Hospitals for Medicare Advantage (MA) Beneficiaries** Implements a mechanism for payment to allow Medicare FFS coverage of kidney acquisition costs for Medicare Advantage (MA) beneficiaries provided by Maryland Waiver hospitals MLN Matters ® Article MM12206 Transmittal 10928: CMS IOM 100-20, *One-Time Notification*
CR # 12207 Issued: 5/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2021** Provides the October 2021 Combined Common Edits/Enhancements Module (CCEM) edits for the Part A and Part B Medicare Administrative Contractors (A/B MACs) and the Common Electronic Data Interchange (CEDI) contractor. Additionally, this CR directs Shared Systems to appropriately update the CCEM. Transmittal 10755: CMS IOM 100-20, *One-Time Notification*
CR # 12216 Issued: 5/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Updates to Reason Code Bypass for Editing on Provider Submitted Adjustment Claims Resulting in a Diagnosis Related Group (DRG) Weight Increase** Updates the reason code bypass for editing on provider submitted adjustment claims resulting in a DRG weight increase, but the DRG code on the claim is not changed as a result of the adjustment. Transmittal 10767: CMS IOM 100-20, *One-Time Notification*
CR # 12218 Issued: 5/7/2021 Effective: 1/1/2021 Implemented: 8/9/2021	**Home Health Manual Update to Implement Calendar Year 2021 Request for Anticipated Payment Policies and Corrections to Certification and Recertification for Home Health Beneficiaries** Updates the Medicare Benefit Policy Manual, Publication 100-02, Chapter7 with Request for Anticipated (RAP) payment policy updates and corrections regarding who may sign the certification and recertification for home health beneficiaries. Transmittal 10738: CMS IOM 100-02, *Medicare Benefit Policy Manual*

Change Request	Summary & Reference
CR # 12220 Issued: 5/21/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update** Updates the RARC and CARC lists and to instruct the ViPS Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the MREP and the PC Print. Applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of Publication (Pub.) 100-04. MLN Matters ® Article MM12220 Transmittal 10814: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12222 Issued: 5/11/2021 Effective: 3/1/2020 Implemented: 8/11/2021	**Physician Certification and Recertification of Services Manual Update to Incorporate Allowed Practitioners into Home Health Policy** Updates the Medicare Physician Certification and Recertification of Services Manual, Publication 100-01, Chapter 4. In accordance with Section 3708(f) of the CARES Act, CMS amended the regulations to define a nurse practitioner (NP), a clinical nurse specialist (CNS), and a physician assistant (PA) as “allowed practitioners.” This means that in addition to a physician, an “allowed practitioner” may certify, establish and periodically review the plan of care, as well as supervise the provision of items and services for beneficiaries under the Medicare home health benefit. Additionally, CMS amended the regulations to reflect that CMS would expect the allowed practitioner to also perform the face-to-face encounter for the patient for whom they are certifying eligibility; however, if a face-to-face encounter is performed by an allowed non-physician practitioner (NPP) in an acute or post-acute facility from which the patient was directly admitted to home health, the certifying practitioner may be different from the provider performing the face-to-face encounter. Transmittal 10757: CMS IOM 100-01, *Medicare General information, Eligibility, and Entitlement*
CR # 12227 Issued: 8/19/2021 Effective: 1/1/2022 – claims from dates on or after this date Implemented: 10/4/2021 – For FISS & CWF, requirements, design and coding	**Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) – Implementation** Implements the submission of a one-time home health Notice of Admission, replacing submission of Requests for Anticipated Payment for every home health period of care. Transmittal 10977: CMS IOM 100-20, *One-Time Notification*

Change Request	Summary & Reference
CR # 12230 Issued: 5/11/2021 Effective: 4/1/2018 Implemented: 10/4/2021	**Waiver of Coinsurance and Deductible for Hepatitis B Preventive Service Vaccine Code, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare** Implements a vaccine code change found in Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare. MLN Matters ® Article MM12230 Transmittal 10769: CMS IOM 100-20, *One-Time Notification*
CR # 12245 Issued: 5/21/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**October 2021 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder** The complete HCPCS file is updated and released quarterly to the Medicare contractors. The file contains existing, new, revised and discontinued HCPCS codes for the October 2021 quarter. Contractors must download the file via the CMS mainframe in September 2021. Applies to Chapter23, Section 20 of the Medicare Claims Processing Manua1 Transmittal 10811: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12248 Issued: 6/11/2021 Effective: 7/12/2021 Implemented: 7/12/2021	**Provider Enrollment Rebuttal Process - Additional Instructions for Returning Applications and Deactivations** Clarifies MAC procedures for returning enrollment applications and implementing enrollment deactivations. Transmittal 10828: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12250 Issued: 5/21/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System** Instructs FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. Internet Only Manual (IOM) 100.06, Chapter 9, requires the PS&R to reflect FISS changes to the paid claims file fields. Transmittal 10806: CMS IOM 100-06, *Medicare Financial Management*
CR # 12251 Issued: 5/12/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**The Fiscal Intermediary Shared System (FISS) Business Requirement for Rejected Claims Throwing Off the Provider and Statistical Reimbursement (PS&R) System Managed Care Days** Instructs FISS to stop including rejected claims in the nightly paid claim file to the PS&R System, as this is ultimately throwing off Managed Care Days. Transmittal 10789: CMS IOM 100-20, *One-Time Notification*

Change Request	Summary & Reference
CR # 12256 Issued: 6/9/2021 Effective: 1/1/2022 Implemented: 8/11/2021	**Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Manual Instructions** Updates Chapter10 of the *Medicare Claims Processing Manual* to include instructions for submitting home health Notices of Admission (NOAs). MLN Matters ® Article MM12256 Transmittal 10839: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12271 Issued: 7/2/2021 Effective: 12/31/2021 Implemented: 10/4/2021	**Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports** Instructs the MCS to update the applicable federal holiday schedule tables, to instruct the Part A and Home Health and Hospice MACs to manually update the federal holiday schedule tables in the Fiscal Intermediary Shared System (FISS), and to instruct the DME MACs to manually update the federal holiday schedule tables in the ViPS Medicare System (VMS) on an annual basis. The federal holiday schedule table is used in generating reports for the prior authorization and pre-claim review programs. Transmittal 10872: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12272 Issued: 6/29/2021 Effective: 10/1/2021 Implemented: 10/04/2021	**October Quarterly Update to 2021 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement** Provides updates to the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). MLN Matters ® Article MM12272 Transmittal 10866: CMS IOM 100-20, *One-Time Notification*
CR # 12279 Issued: 5/21/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2021** Maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process MLN Matters ® Article MM12279 Transmittal 10817: CMS IOM 100-20, *One-Time Notification*

Change Request	Summary & Reference
CR # 12280 Issued: 5/20/2021 Effective: 1/19/2021 Implemented: 10/4/2021	**National Coverage Determination (NCD) 210.3 - Screening for Colorectal Cancer (CRC)- Blood-Based Biomarker Tests** Informs contractors that CMS has determined effective on January 19, 2021 blood-based biomarker test is an appropriate colorectal cancer screening test based on specific criteria. The Federal government creates NCDs that are binding on the MACs who review and/or adjudicate claims, make coverage determinations, and/or payment decisions, and also binds quality improvement organizations, qualified independent contractors, the Medicare appeals council, and Administrative Law Judges (ALJs) (see 42 Code of Federal Regulations (CFR) Section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See Section 1869(f)(1)(A)(i) of the Social Security Act. MLN Matters ® Article MM12280 Transmittal 10818: CMS IOM 100-03, *Medicare National Coverage Determinations Manual*
CR # 12284 Issued: 7/14/2021 Effective: 8/13/2021 Implemented: 8/13/2021	**Third General Update to Chapter 10 of Publication (Pub.) 100-08** Incorporates technical, organizational, and editorial changes into parts of Chapter 10 of Pub. 100-08; and addresses any outstanding policy issues in the Chapter 10 Sections included in this CR. Transmittal 10868: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12290 Issued: 6/11/2021 Effective: 12/1/2020 Implemented: 7/27/2021	**National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs)** Informs contractors that effective December 1, 2020, CMS covers Ventricular Assist Devices (VADs) under certain conditions and criteria. The Federal government creates NCDs that are binding on the MACs who review and/or adjudicate claims, make coverage determinations, and/or payment decisions, and also binds quality improvement organizations, qualified independent contractors, the Medicare appeals council, and Administrative Law Judges (ALJs) (see 42 Code of Federal Regulations (CFR) Section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See Section 1869(f)(1)(A)(i) of the Social Security Act.) MLN Matters ® Article MM12290 Transmittal 10837: CMS IOM 100-03, *Medicare National Coverage Determinations Manual*
CR # 12297 Issued: 7/13/2021 Effective: 8/13/2021 Implemented: 8/13/2021	**Revising Subsection 3.5.4, Tracking Medicare Contractors' Prepayment and Postpayment Reviews, in Chapter 3 of Publication (Pub.) 100-08** Revises subsection 3.5.4, Tracking Medicare Contractors' Prepayment and Postpayment Reviews, in Chapter 3 of Pub. 100-08 to clarify requirements for reporting into the Recovery Audit Contractor Data Warehouse (RACDW). Transmittal: 10849: CMS IOM 100-08, *Medicare Program Integrity Manual*

Change Request	Summary & Reference
CR # 12302 Issued: 7/13/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**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** Instructs the contractors and Shared System Maintainers (SSMs) to update systems based on the CORE 360 Uniform use of CARC, RARC and CAGC rule publications. These system updates are based on the CORE Code Combination List to be published on or about June 1, 2021. Applies to Chapter22, Section 80.2. MLN Matters ® Article MM12302 Transmittal 10847: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12303 Issued: 6/11/2021 Effective: claims with from date on/after 10/1/2021 Implemented: 10/4/2021	**Quarterly Update to Home Health (HH) Grouper** Provides an October 2021 update to the HH Grouper software to reflect annual diagnosis code changes. MLN Matters ® Article MM12303 Transmittal 10834: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12306 Issued: 7/13/2021 Effective: 8/1/2021 Implemented: 8/1/2021	**Implementation of the Award for the Jurisdiction E (J-E) Part A and Part B Medicare Administrative Contractor (JE A/B MAC)** Announces the Jurisdiction JE A/B MAC recompetition procurement that was recently awarded to Noridian Healthcare Solutions, LLC (Noridian), the incumbent contractor for this workload. The current JE workload identifier numbers, the Fiscal Intermediary Shared System (FISS) roll-up identifier or the Business Segment Identifiers (BSI) will not change. Transmittal 10856: CMS IOM 100-20, *One-Time Notification*
CR # 12307 Issued: 8/10/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)** Updates the diagnosis codes eligible for the ESRD PPS co-morbidity payment adjustment, effective October 1, 2021. MLN Matters ® Article MM12307 Transmittal 10920: CMS IOM 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12330 Issued: 8/10/2021 Effective: 8/13/2021 Implemented: 9/13/2021	**Fourth General Update to Chapter 10 of Publication (Pub.) 100-08** Incorporates technical and editorial changes into parts of Chapter 10 of Pub. 100-08; and addresses any outstanding policy issues in the Chapter 10 Sections included in this CR. Transmittal 10909: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12332 Issued: 7/14/2021 Effective: 8/13/2021 – DOS (upon usage of Form CMS 2088-17, unless other specified) Implemented: 8/13/2021	**Updates to Chapter 4, Section 10.11.9 - Methodology for Calculation of the Cost-to-Charge Ratio [CCR] for Community Mental Health Centers [CMHCs] in the *Medicare Claims Processing Manual*** Constitutes an update to publication 100-04, Chapter4, Section 10.11.9 in the *Medicare Claims Processing Manual* due to the new cost report form 2088-17 in Methodology for Calculation of CCR for CMHCs. Transmittal 10869: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12342 Issued: 7/14/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**October 2021 Quarterly Average Sales Price [ASP] Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files** The ASP methodology is based on quarterly data submitted to CMS by manufacturers. CMS will supply the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the OPPS are incorporated into the Outpatient Code Editor (OCE) through separate instructions that can be located in Chapter4, Section 50 of the Internet Only Manual. MLN Matters ® Article MM12342 Transmittal 10870: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12354 Issued: 8/4/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2022** Updates the hospice payment rates, hospice wage index, and Pricer for FY 2022. The CR also updates the FY 2022 hospice aggregate cap amount. These updates apply to Pub 100-04, Chapter 11, Section 30.2. MLN Matters ® Article MM12354 Transmittal 10929: CMS IOM 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12360 Issued: 8/19/2021 Effective: 9/20/2021 Implemented: 9/20/2021	**Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 3, Section 40.2.4 Inpatient Prospective Payment System (IPPS) Transfers Between Hospitals** Updates Chapter 3 Inpatient Hospital Billing, Section 40.2.4 IPPS Transfers Between Hospitals of the *Medicare Claims Processing Manual* Pub. 100-04. Transmittal 10952: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12364 Issued: 8/11/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2022** A new IRF PRICER software package will be released prior to October 1, 2021, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2021, through September 30, 2022. Chapter 3, Section 140.2 of publication 100-04 *Medicare Claims Processing Manual* is being updated accordingly. MLN Matters ® Article MM12364 Transmittal 10943: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12366 Issued: 8/9/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2022** Provides information on the updates to the payment rates used under the PPS for SNFs, for FY 2022, as required by statute. The update can be found in Chapter 6, Section 30.5 of the Claims Processing Manual. MLN Matters ® Article MM12366 Transmittal 10884: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12369 Issued: 7/15/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Instructions for Downloading the Medicare ZIP Code Files for October 2021** Describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the October 2021 quarter. Also describes the revision to and the process for downloading the Calendar Year-End ZIP Code files. Applies to Chapter15, Section 20.1.5(B). Transmittal 10875: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12371 Issued: 8/12/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions** Provides direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by First Coast Service Options (FCSO) on a quarterly basis. Applies to Chapter21, Section 20. FCSO is providing these updates to the contractors because FCSO translates the HCPCS descriptions into Spanish for CMS. Transmittal 10950: CMS IOM 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12374 Issued: 8/11/2021 Effective: 9/14/2021 Implemented: 9/14/2021	**Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program** Revises Chapter 6 to remove duplicate Sections, update references and revise language in the manual. Transmittal 10900: CMS IOM 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*
CR # 12384 Issued: 7/15/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Changes to the Laboratory National Coverage Determination [NCD] Edit Software for October 2021** Announces the changes that will be included in the October 2021 quarterly release of the edit module for clinical diagnostic laboratory services. Applies to Chapter 16, Section 120.2, Publication 100-04. MLN Matters ® Article MM12384 Transmittal 10877: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12385 Issued: 8/10/2021 Effective: 9/13/2021 Implemented: 9/13/2021	**Updates to Exhibit 16 in Exhibits Chapter of Publication (Pub.) 100-08** Updates Exhibit 16 in the Exhibits Chapter of Pub. 100-08. Provides additional detail to the Payment Suspension Notices, of which provides providers/suppliers additional detail regarding a payment suspension and instructions on how to contact the contractor with questions regarding a payment suspension. Ensures our contractors have the most recent guidance. This CR does not require Provider Education. Transmittal 10910: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12391 Issued: 8/12/2021 Effective: 9/13/2021 Implemented: 9/13/2021	**Removal of Provider Enrollment Policy from Chapter 15 in Publication (Pub.) 100-08** Removes all remaining policy from Chapter 15 in Pub. 100-08 as the provider enrollment policy has been moved to Chapter 10 of Pub. 100-08 Transmittal 10945: CMS IOM 100-08, *Medicare Program Integrity Manual*
CR # 12408 Issued: 7/13/2021 Effective: 7/19/2021 Implemented: 7/19/2021	**Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th Qtr Notification for FY 2021** Medicare Regulation 42 CFR Section 405.378 provides for the charging and payment of interest on overpayments and underpayments to Medicare providers. The Secretary of Treasury certifies an interest rate quarterly. Treasury utilizes the most comprehensive data available on consumer interest rates to determine the certified rate. Interest is assessed on delinquent debts in order to protect the Medicare Trust Funds. Applies to Chapter 3, Section 10. Transmittal 10887: CMS IOM 100-06, *Medicare Financial Management Manual*

Change Request	Summary & Reference
CR # 12417 Issued: 9/27/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2022** Identifies changes that are required as part of the annual IPF PPS update established in IPF Final Rule entitled "Medicare Program; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021 (FY 2022)". These changes are applicable to discharges occurring from October 1, 2021 through September 30, 2022 (FY 2022). Applies to the Claims Processing Manual (CLM), Chapter3, Section 190.4.3 and Section 190.6.5. MLN Matters ® Article MM12417 Transmittal 11019: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12421 Issued: 9/8/2021 Effective: 8/1/2021 Implemented: 10/1/2021	**Influenza Vaccine Payment Allowances - Annual Update for 2021-2022 Season** Provides the availability of payment allowances for the seasonal influenza virus vaccines as updated on an annual basis, effective August 1 of each year. Applies to publication 100-04, Chapter17, Section 20.5.9. MLN Matters ® Article MM12421 Transmittal 10983: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12422 Issued: 9/8/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2021 Update** Payment files were issued to contractors based upon the 2021 Medicare Physician Fee Schedule (MPFS) Final Rule. This CR amends those payment files. Applies to Publication (Pub.) 100-04, *Medicare Claims Processing Manual*, Chapter 23, Section 30.1. MLN Matters ® Article MM12422 Transmittal 10969: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12432 Issued: 9/16/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**October 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.3** Provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a nonterminal illness. Applies to publication 100-04, Chapter 4, Section 40.1. MLN Matters ® Article MM12432 Transmittal 10966: CMS IOM 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12435 Issued: 9/10/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment** Provides instructions for the quarterly update to the clinical laboratory fee schedule. Applies to Chapter16, Section 20. MLN Matters ® Article MM12435 Transmittal 10988: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12436 Issued: 9/16/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**October 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)** Describes changes to and billing instructions for various payment policies implemented in the October 2021 OPPS update. The October 2021 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). Applies to Chapter 4, Section 50.7. The October 2021 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming October 2021 I/OCE CR. MLN Matters ® Article MM12436 Transmittal 10997: CMS IOM 100-04, *Medicare Claims Processing Manual*
CR # 12452 Issued: 9/16/2021 Effective: 9/30/2021 Implemented: 9/30/2021	**Direct Mailing Notification to the Medicare Administrative Contractors (MACs) Regarding Clinical Laboratory Fee Schedule (CLFS)** Notifies upcoming direct mailings to be completed by MACs on CLFS changes. Transmittal 11001: CMS IOM 100-20, *One-Time Notification*
CR # 12453 Issued: 9/17/2021 Effective: 10/1/2021 Implemented: 10/4/2021	**October Quarterly Update for 2021 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule** The DMEPOS fee schedules are updated on a quarterly basis, when necessary, in order to implement fee schedule amounts for new and existing codes, as applicable, and apply changes in payment policies. The update process for the DMEPOS fee schedule is located in publication 100-04, *Medicare Claims Processing Manual*, Chapter23, section 60. MLN Matters ® Article MM12453 Transmittal 11005: CMS IOM 100-04, *Medicare Claims Processing Manual*