

A CMS Medicare Administrative Contractor
<https://www.NGSMedicare.com>

Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) implemented between 10/5/2022 and 1/4/2023 (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 under Resources > Tools & Calculators on [our website](#) under Provider Resources. Acronyms can be found. **Note:** If no MLN is listed then no MLN was associated with the CR at the time of publication; CMS also uses MLN Connects Newsletter messaging to convey important details.

Change Request	Summary & Reference
CR 12347; MM 12347 Issued: 7/29/2022 Effective: 1/1/2023 Implemented: 1/3/2023	Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS) Creates the system changes necessary to implement the ESRD PPS add-on payment CRA for the TPNIES. In addition to implementing the CRA for TPNIES, value code QH- Total TPNIES CRA Amount is to be used to capture the add-on payment. Transmittal 11533: CMS IOM Publication 100-20, One Time Notification
CR 12656; MM 12656 Issued: 12/29/2022 Effective: 1/1/2022 Implemented: 1/3/2023	Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests Implements the gradual reduction in coinsurance until coinsurance is completely waived for certain Colorectal Cancer screening procedures that become a diagnostic or therapeutic service. This reduction and eventual waiver of coinsurance is authorized by Section 122 of Division CC of the Consolidated Appropriations Act (CAA) of 2021. Transmittal 11772: CMS IOM Publication 100-20, One Time Notification
CR 12694 Issued: 8/25/2022 Effective: 1/3/2023 Implemented: 1/3/2023	Updated Merit-based Incentive Payment System (MIPS)/MIPS Value Pathways (MVP) Healthcare Common Procedure Coding System (HCPCS) Codes Provides updates on the use of HCPCS that will be included for MIPS beginning 1/1/2022. These codes are specific to MIPS specialty measure sets and the MVPs so that clinicians can indicate their intent to register for a specific MVP or be scored based on the quality measures within a specialty measure set. These codes are not billable services and should remain on the claim form for measurement purposes only. Transmittal 11578: CMS IOM Publication 100-20, One Time Notification
CR 12731 Issued: 10/7/2022 Effective: 12/9/2022 Implemented: 12/9/2022	Provider Enrollment Appeals and Rebuttals - Revised Instructions and Model Letters Clarifies MAC procedures for processing provider enrollment appeals and rebuttals as well as MAC External Monthly Reporting Requirements for Rebuttals and Appeals. It also provides clarifying instruction regarding Model Letters and creates additional appeals and rebuttal model letters. Transmittal 11637: CMS IOM Publication 100-08, Medicare Program Integrity Manual

Change Request	Summary & Reference
<p>CR 12733 Issued: 7/7/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Instructions to the Fiscal Intermediary Shared System [FISS] Edit to Expand the Existing MA Bypass Reusable Solution PARMCC78 and Modify the Existing Logic to Read the New PARMs</p> <p>To ensure these new benefits, when reported with condition code 78, are paid under Medicare fee-for-service (FFS) for Medicare Advantage (MA) beneficiaries, this CR instructs the FISS edit to rename the existing reusable solution PARMCC78 to PRMCC78A, then create two additional PRMCC78B, and PRMCC78C to accommodate up to 60 entries to allow these new benefits that are paid under Medicare FFS for MA beneficiaries. In addition, the FISS shall modify the existing logic to read the new reusable solutions PRMCC78A, PRMCC78B, and PRMCC78C.</p> <p>Transmittal 11485: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12765; MM 12765 Issued: 8/12/2022 Effective: 10/13/2022 Implemented: 10/13/2022</p>	<p>Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapter 5</p> <p>Revises Chapter 5, which is out of date specific to verbiage, MSP claims payment examples, and the exclusion of some Technical Direction Letter (TDL) instructions that were issued to the jurisdictional MACs. Although Chapter 5 is a key chapter that explains MSP policy and operational procedures, there are no MSP policy or operational changes being made to this chapter.</p> <p>Transmittal 11550: CMS IOM Publication 100-05, Medicare Secondary Payer Manual</p>
<p>CR 12769 Issued: 7/7/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>New Edit for Prospective Payment System (PPS) Outpatient and Inpatient Bill Types Receiving an Outlier Payment When a Device Credit is Reported</p> <p>Implements editing to suspend OPPS and IPPS claims receiving an outlier payment when a device credit is reported. Provides a mechanism for the Medicare Contractors to review the charges and device reduction amount submitted on the claim for fully or partially credited devices.</p> <p>Transmittal 11488: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12784 Issued: 8/5/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front-End Updates for January 2023</p> <p>Provides the January 2023 Combined Common Edits/Enhancements Module (CCEM) edits for the A/B MACs and the Common Electronic Data Interchange (CEDI) contractor. Also directs Shared Systems to appropriately update the CCEM.</p> <p>Transmittal 11535: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12790 Issued: 7/29/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Corrections to Processing of Canceled Home Health Notices of Admission and of Period Sequence Edits</p> <p>Modifies Original Medicare systems to ensure prior periods are updated correctly when a Notice of Admission is canceled. Also ensures medical review information is not removed when claims are subsequently adjusted due to period sequence edits.</p> <p>Transmittal 11503: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12791 Issued: 7/21/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Concatenation of Multiple Separate Comma-Separated Values Files to One File - Update to CR 12492 - Implementation</p> <p>Updates the number of files received by Companion Data Services (CDS) and Peraton on a monthly basis for the monthly report created by FISS as requested by CMS in CR 12492. The monthly report provides details on the total number of claims and dollars that were processed under the Facility Performance Payment Adjustment (PPA) for the ESRD Treatment Choices (ETC) model.</p> <p>Transmittal 11505: CMS IOM Publication 100-19, Demonstrations</p>

Change Request	Summary & Reference
<p>CR 12792</p> <p>Issued: 7/21/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Modification of Existing Common Working File (CWF) Editing for Preventive Services</p> <p>Modifies existing CWF editing for preventive services. In some instances, when claims are paid outside the CWF, the beneficiary's claim history is not updated in the CWF, leading to incorrect claim's history. To avoid this and make CWF information more accurate, this CR allows frequency limitation editing to be overridden by contractors. Also updates Chapter 4, Section 300.5.</p> <p>Transmittal 11504: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12798</p> <p>Issued: 7/28/2022 Effective: 1/1/2023 Implemented: 1/33/2023</p>	<p>Cessation of Use of MyMedicare.gov Web Address</p> <p>Directs all contractors to cease use of the MyMedicare.gov web address, and to instead use Medicare.gov. Contractors will need to replace this verbiage anywhere in any of their materials that MyMedicare.gov appears, including correspondence, websites, the Medicare Summary Notice (MSN), etc.</p> <p>Transmittal 11509: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12801</p> <p>Issued: 7/28/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Masking the Medicare Beneficiary Identifier (MBI) on the Medicare Summary Notice (MSN)</p> <p>Establishes a level of effort for remarking the MBI on the MSN. CMS is moving to establish the level of effort required to mask the MBI on all MSNs.</p> <p>Transmittal 11510: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12802</p> <p>Issued: 8/11/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Automatic Reprocessing of Claims for Kidney Care Choices (KCC) Model- Implementation</p> <p>Includes automatic reprocessing into claims processed for the KCC model. CRs 11914, 11915, and 12362 process claims as per the KCC model related payment adjustments, benefit enhancements and other adjustments. These CRs specifically removed automatic reprocessing due to the limitations at the time, hence, this CR is reintroducing automatic reprocessing to avoid multiple issuances of Technical Direction Letters (TDLs).</p> <p>Transmittal 11553: CMS IOM Publication 100-19, Demonstrations</p>
<p>CR 12804; MM 12804</p> <p>Issued: 10/19/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>New Medicare Part B Immunosuppressant Drug Benefit (PBID) - Implementation</p> <p>Updates certain IOM sections with policy information regarding the new Part B-ID benefit.</p> <p>Transmittal 11646: CMS IOM Publication 100-01, Medicare General information, Eligibility, and Entitlement; CMS IOM Publication 100-02, Medicare Benefit Policy Manual; CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12805; MM 12805</p> <p>Issued: 7/21/2022 Effective: 1/1/2023 & 7/1/2023 Implemented: 1/3/2023</p>	<p>New Codes to Report Home Health (HH) Services Furnished by Telehealth</p> <p>Creates new G-codes for reporting home health services furnished by telehealth and to revise Original Medicare systems to process them without affecting payment to the home health agency.</p> <p>Transmittal 11502: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12806</p> <p>Issued: 8/18/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>2023 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments</p> <p>Provides files for the automated payments of HPSA bonuses for dates of service 1/1/2023 through 12/31/2023. Applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.</p> <p>Transmittal 11565: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary & Reference
<p>CR 12816</p> <p>Issued: 9/8/2022</p> <p>Effective: 7/1/2022</p> <p>Implemented: 10/11/2022</p>	<p>Billing for Hospital Part B Inpatient Services</p> <p>Provides billing instructions for hospital Part B inpatient services; there is no policy update. Medicare pays for hospital (including CAH) inpatient Part B services in the circumstances provided in CMS IOM Publication 100-02, <i>Medicare Benefit Policy Manual</i>, Chapter 6, Section 10 - Medical and Other Health Services Furnished to Inpatients of Participating Hospitals. Hospitals must bill Part B inpatient services on a 12x Type of Bill. This Part B inpatient claim is subject to the statutory time limit for filing Part B claims described in Chapter 1, Section 70 of <i>Medicare Claims Processing Manual</i>. No policy is being updated.</p> <p>Transmittal 11589: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12820; MLN2259384 (Fact Sheet)</p> <p>Issued: 12/6/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Implementation of Rural Emergency Hospital (REH) Provider Type</p> <p>Provides the background, policy, and contractor instructions to test and implement the enrollment, billing, and payment for Rural Emergency Hospitals, effective 1/1/2023.</p> <p>Transmittal 11729: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12826</p> <p>Issued: 12/18/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System</p> <p>Instructs FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. Chapter 9 requires the PS&R system to reflect FISS changes to the paid claims file fields.</p> <p>Transmittal 11562: CMS IOM Publication 100-06, Medicare Financial Management</p>
<p>CR 12828</p> <p>Issued: 7/28/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Federally Qualified Health Center (FQHC) Participation in and Payment Under the Maryland Primary Care Program (MDPCP) - Implementation Change Request (CR) to correct Business Requirement (BR) 12326.7.2.</p> <p>Corrects BR 12326.7.2 (from CR 12326), which demands precedence for demo code 83. Systems shall be operational to process claims with DOS on or after 1/1/2023.</p> <p>Transmittal 11485: CMS IOM Publication 100-19, Demonstrations</p>
<p>CR 12829</p> <p>Issued: 8/25/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>2023 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update</p> <p>Identifies the changes to HCPCS codes and explain how Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow A/B MACs to make appropriate payments in accordance with policy for SNF CB in Chapter 6, Section 110.4.1 for A/B MACs (B) and Chapter 6, Section 20.6 for A/B MACs (A).</p> <p>Transmittal 1573: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12833</p> <p>Issued: 8/18/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>January 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder</p> <p>Reminds Medicare contractors that the quarterly update to the HCPCS file is available for them to download. The complete HCPCS file is updated and released quarterly. The file contains existing, new, revised and discontinued HCPCS codes for the January 2023 quarter. Contractors must download the file via the CMS mainframe in December 2022. Applies to Chapter 23, Section 20.</p> <p>Transmittal 11566: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary & Reference
<p>CR 12839 Issued: 7/28/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Remove Beneficiaries Below 18 Years Old From Model Adjustments - Correction for CR 11390 Clarifies a BR included in CR 11390. The HDPA is a positive payment adjustment made to home dialysis claims based on selected geographic areas. This is an adjustment that is made to beneficiaries 18 years of age and older. Transmittal 12839: CMS IOM Publication 100-19, Demonstrations</p>
<p>CR 12844 Issued: 8/18/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>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 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 10/1/2022. Applies to Chapter 22, Section 80.2. Transmittal 11561: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12854; MM 12854 Issued: 8/25/2022 Effective: 10/26/2022 Implemented: 10/26/2022</p>	<p>Exceptions to Average Sales Price (ASP) Payment Methodology – Claims Processing Manual Changes Updates language in Chapter 17, Section 20.1.3 - Exceptions to ASP Payment Methodology and Section 20.3. Pertains to Wholesale Acquisition Cost (WAC)-based contractor pricing, and payment for infusion drugs furnished through a covered item of durable medical equipment. Primarily affects Part B and DME MACs. Part A MACs are included because they occasionally make payment determinations using the revised manual sections. Transmittal 11572: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12860 Issued: 9/13/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Annual Clotting Factor Furnishing Fee Update 2023 Announces the update to the Clotting Factor Furnishing Fee. Applies to Chapter 17, Section 80.4.1. Transmittal 11596: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12865 Issued: 12/9/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Incorporation of Recent Provider Enrollment Regulatory Changes into CMS IOM Publication, 100-08, Medicare Program Integrity Manual, Chapter 10 The CY 2023 PFS Final Rule contains provisions concerning Medicare provider enrollment. These principally involve the following: (1) Moving SNFs, various provider enrollment ownership changes, and certain other providers and suppliers into the "high" level of categorical screening; and (2) expanding several of our provider enrollment denial and revocation reasons. Instructs contractors on the implementation of these provisions and apply to provider enrollment applications received on or after 1/1/2023. Transmittal 11739: CMS IOM Publication 100-08, Medicare Program Integrity Manual</p>
<p>CR 12867; MM 12867 Issued: 11/9/2022 Effective: 10/28/2022 Implemented: 10/28/2022</p>	<p>Medicare Enrollment of Rural Emergency Hospitals (REHs) Updates Chapter 10 with instructions that contractors shall follow for processing of REH enrollment applications. Transmittal 11694: CMS IOM Publication 100-08, Medicare Program Integrity Manual</p>

Change Request	Summary & Reference
<p>CR 12868 Issued: 9/22/2022 Effective: 11/7/2022 Implemented: 11/7/2022</p>	<p>Final Round of Transition of Enrollment and Certification Activities for Various Certified Provider and Supplier Types and Transactions</p> <p>Updates Chapter 10 with instructions regarding the processing of various certified provider and supplier enrollment transactions.</p> <p>Transmittal 11613: CMS IOM Publication 100-08, Medicare Program Integrity Manual</p>
<p>CR 12872 Issued: 9/15/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Instructions for Retrieving the January 2023 Opioid Treatment Program (OTP) Payment Rates Through the CMS Mainframe Telecommunications System</p> <p>Provides instructions for the Medicare contractors to download and implement the annual OTP update file. In addition, Medicare contractors will implement up to three revised OTP payment files for the January update in the event that technical errors are discovered or any other corrections are required.</p> <p>Transmittal 11600: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12874 Issued: 9/8/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Update to the CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3, Section 20.1.2.7 to Correct the Device Reductions Data Element in the FISS Extract File</p> <p>Updates the device reductions data element (value code 'FD') in the FISS Extract file layout listed in Chapter 3, Inpatient Hospital Billing, Section 20.1.2.7 Procedure for Medicare Contractors to Perform and Record Outlier Reconciliation Adjustments.</p> <p>Transmittal 11590: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12880; MM 12880 Issued: 11/4/2022 Effective: 12/5/2022 Implemented: 12/5/2022</p>	<p>Seventh General Update to Provider Enrollment Instructions in CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 10</p> <p>Updates Chapter 10 concerning policies related to Medicare provider enrollment and instructs contractors on the processing of Form CMS-855 provider enrollment applications. Clarifies several provider enrollment topics, including ownership disclosures, EFT accounts, special payment addresses, and other topics. Does not involve any legislative or regulatory policies.</p> <p>Transmittal 11682: CMS IOM Publication 100-08, Medicare Program Integrity Manual</p>
<p>CR 12888; MM 12888 Issued: 11/10/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2023</p> <p>Announces the changes that will be included in the January 2023 quarterly release of the edit module for clinical diagnostic laboratory services. Applies to Chapter 16, Section 120.2.</p> <p>Transmittal 11700: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12897 Issued: 9/8/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Instructions for Retrieving the January 2023 Medicare Physician Fee Schedule Database (MPFSDB) Files Through the CMS Mainframe Telecommunications System</p> <p>Provides instructions for the Medicare contractors to download, test, and implement the annual January MPFSDB update files. In addition, Medicare contractors will need to be prepared to implement up to three revised MPFS payment files for the January update in the event that technical errors are discovered or any other corrections are required.</p> <p>Transmittal 11591: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12903; MM 12903 Issued: 10/13/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2023</p> <p>Provides instructions for Medicare contractors to update the claims processing system with the new CY 2023 Medicare rates. Applies to Chapter 3, Section 10.3, Section 20.2 and Section 20.6.</p> <p>Transmittal 11641: CMS IOM Publication 100-01, Medicare General information, Eligibility, and Entitlement Manual</p>

Change Request	Summary & Reference
<p>CR 12904 Issued: 12/22/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Instructions for Retrieving the 2023 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems</p> <p>Provides the annual update to the various pricing files used by the MACs. Applies to Chapter 23, Section 40.</p> <p>Transmittal 11766: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12906; MM 12906 Issued: 9/29/2022 Effective: 11/1/2022 Implemented: 11/1/2022</p>	<p>The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Years (FYs) 2019 and 2020 for Inpatient Prospective Payment System (IPPS) Hospitals with Updated Data for Hospitals in the 9th Circuit</p> <p>Provides updated data for determining the disproportionate share adjustment for certain IPPS hospitals. The SSI/Medicare beneficiary data for hospitals are available electronically and contain the name of the hospital, CMS certification number, SSI days, Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients. The data complies with the US Supreme Court decision in Azar vs Empire Health Foundation, which upheld the Secretary's interpretation of the Disproportionate Share (DSH) statute for hospitals in the 9th Circuit (Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon and Washington). The data for hospitals outside the 9th Circuit is unchanged.</p> <p>Transmittal 11616: CMS IOM Publication 100-09, Medicare Contractor Beneficiary and Provider Communications Manual</p>
<p>CR 12908 Issued: 9/15/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 29.0, Effective 1/1/2023</p> <p>Provides updates to the NCCI PTP edits applicable to Chapter 23, Section 20.9.</p> <p>Transmittal 11599: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12923 Issued: 10/6/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>2023 Annual Update of Per-Beneficiary Threshold Amounts</p> <p>Updates the annual per beneficiary incurred expenses amounts now called the KX modifier thresholds and related policy for calendar year 2023. Information can be found in Chapter 5, Section 10.</p> <p>Transmittal 11626: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12925 Issued: 9/23/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>January 2023 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files</p> <p>Supplies the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.</p> <p>Transmittal 11611: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12932 Issued: 9/29/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Instructions for Downloading the Medicare ZIP Code File for January 2023</p> <p>Describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the January 2023 quarter. Also describes the revision to and the process for downloading the Calendar Year-End ZIP Code files. Applies to Chapter 15, Section 20.1.5(B).</p> <p>Transmittal 11618: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary & Reference
<p>CR 12940</p> <p>Issued: 10/6/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Quarterly Update to Home Health (HH) Grouper</p> <p>Provides the January 2023 update to the HH Grouper software. Applies to Chapter 10, Section 80.</p> <p>Transmittal 11627: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12941</p> <p>Issued: 10/6/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Shared System Support Hours for Application Programming Interfaces (APIs)</p> <p>Provides hours for the FISS and MCS Maintainers to support maintenance, enhancements, and MAC onboarding of the existing APIs in the FISS and MCS using Agile development practices.</p> <p>Transmittal 11628: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12942</p> <p>Issued: 11/9/2022</p> <p>Effective: 12/12/2022</p> <p>Implemented: 12/12/2022</p>	<p>Updates to CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 4 of, to Include the Addition of a Congressional Inquiries Section, Updates to the Vetting Leads with CMS Process, and Various Other Updates</p> <p>Revises various sections in Chapter 4 based on updates to the Unified Program Integrity Contractor (UPIC) and Investigations Medicare Drug Integrity Contractor processes. This CR does not involve any legislative or regulatory policies.</p> <p>Transmittal 11696: CMS IOM Publication 100-08, Medicare Program Integrity Manual</p>
<p>CR 12948</p> <p>Issued: 10/13/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Ambulance Inflation Factor (AIF) for Calendar Year (CY) 2023 and Productivity Adjustment</p> <p>Manualizes the AIF so that Medicare contractors can accurately determine payment amounts for ambulance services. Applies to Chapter 15, Section 20.4.</p> <p>Transmittal 11642: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12950; MM 12950</p> <p>Issued: 11/9/2022</p> <p>Effective: 4/7/2022</p> <p>Implemented: 12/12/2022</p>	<p>National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)</p> <p>CMS covers Food and Drug Administration (FDA)-approved monoclonal antibodies directed against amyloid for the treatment of AD when furnished in accordance with the coverage criteria, under coverage with evidence development (CED) for patients who have a clinical diagnosis of mild cognitive impairment (MCI) due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD. Provides business instructions for the NCD.</p> <p>Transmittal 11692: CMS IOM Publication 100-03, Medicare National Coverage Determinations Manual</p>
<p>CR 12951</p> <p>Issued: 12/9/2022</p> <p>Effective: 11/7/2022</p> <p>Implemented: 11/7/2022</p>	<p>Implementation of the Award for the National Provider Enrollment (Medicare and Medicaid) Eastern Region (NPEAST) and Western Region (NPWEST) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Enrollment Contractors</p> <p>Announces the NPEAST and NPWEST DMEPOS Enrollment Contracts that were awarded to Palmetto (NPWEST) and Novitas (NPEAST).</p> <p>Transmittal 11743: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12957; MM 12957</p> <p>Issued: 1/4/2023</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2023</p> <p>Updates the CY 2023 30-day period payment rates, the national per-visit amounts, and the cost-per-unit payment amounts used for calculating outlier payments under the HH PPS. Applies to Chapter 10, Section 70.5.</p> <p>Transmittal 11777: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary & Reference
<p>CR 12959</p> <p>Issued: 10/27/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions</p> <p>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 Chapter 21, Section 20. FCSO is providing these updates to the contractors because FCSO is the entity that translates the HCPCS descriptions into Spanish for CMS.</p> <p>Transmittal 11670: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12961</p> <p>Issued: 11/4/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2023</p> <p>Updates the PPS base payment rate and the Geographic Adjustment Factors (GAFs) for the FQHC Pricer. Applies to Chapter 9, Section 30.</p> <p>Transmittal 11677: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12965</p> <p>Issued: 11/9/2022</p> <p>Effective: 7/1/2022</p> <p>Implemented: 12/12/2022</p>	<p>Billing for Hospital Part B Inpatient Services</p> <p>Provides billing instructions for hospital Part B inpatient services. Medicare pays for hospital (including CAH) inpatient Part B services in the circumstances provided in CMS IOM Publication 100-02, <i>Medicare Benefit Policy Manual</i>, Chapter 6, Section 10 - Medical and Other Health Services Furnished to Inpatients of Participating Hospitals. Hospitals must bill Part B inpatient services on a 12x Type of Bill. This Part B inpatient claim is subject to the statutory time limit for filing Part B claims described in Chapter 1, Section 70 of Medicare Claims Processing Manual. No policy is being updated.</p> <p>Transmittal 11685: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12967</p> <p>Issued: 10/13/2022</p> <p>Effective: 10/18/2022</p> <p>Implemented: 10/18/2022</p>	<p>Notice of New Interest Rate for Medicare Overpayments and Underpayments -1st Qtr Notification for FY 2023</p> <p>The Department of the Treasury has notified the Department of Health and Human Services that the private consumer rate has been changed to 10.125 percent.</p> <p>Transmittal 11643: CMS IOM Publication 100-06, Medicare Financial Management</p>
<p>CR 12970; MM 12970</p> <p>Issued: 9/9/2022</p> <p>Effective: 10/1/2022</p> <p>Implemented: 11/1/2022 & 12/17/2022</p>	<p>Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) provided by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023</p> <p>Provides information and implementation instructions for Section 101 and Section 102 of Division D of the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023. Applies to Chapter 3, Section 20.3.4.</p> <p>Transmittal 11740: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12973</p> <p>Issued: 11/9/2022</p> <p>Effective: 10/1/2022</p> <p>Implemented: 12/12/2022</p>	<p>International Classification of Disease (ICD-10) Code Update for Coverage of Intravenous Immune Globulin (IVIG) Treatment of Primary Immune Deficiency Diseases in the Home</p> <p>Implements a maintenance coding update of Chapter 15, Section 50.6 for the Coverage of IVIG for Treatment of Primary Immune Deficiency Diseases in the Home. Adds a newly established ICD-10-CM diagnosis code and removes outdated ICD-9-CM diagnosis codes. Policy changes continue to be effectuated separately via the current, longstanding public notice and comment rulemaking and/or NCD process. No policy related changes.</p> <p>Transmittal 11693: CMS IOM Publication 100-02, Medicare Benefit Policy Manual</p>

Change Request	Summary & Reference
<p>CR 12974</p> <p>Issued: 11/23/2022</p> <p>Effective: 12/28/2022</p> <p>Implemented: 12/28/2022</p>	<p>MAC Use of Jira and Confluence</p> <p>Directs MACs to gain access to Jira and Confluence tools to access system requirements and test plans.</p> <p>Transmittal 11720: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12978; MM 12978</p> <p>Issued: 11/3/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2023</p> <p>Implements the CY 2023 rate updates and policies for the ESRD PPS and to implement the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities. Applies to Chapter 11, Section 50.</p> <p>Transmittal 11678: CMS IOM Publication 100-02, Medicare Benefit Policy Manual</p>
<p>CR 12979</p> <p>Issued: 11/17/2022</p> <p>Effective: 12/20/2022</p> <p>Implemented: 12/20/2022</p>	<p>Correction to Stem Cell Transplantation Instructions in Chapter 3, Section 90.3</p> <p>Updates stem cell transplantation instructions to restore information that was omitted in error in an earlier transmittal.</p> <p>Transmittal 11707: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12982; MM 12982</p> <p>Issued: 11/17/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Summary of Policies in the Calendar Year (CY) 2023 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List</p> <p>Provides a summary of the policies in the CY 2023 MPFS Final Rule and announces the Telehealth Originating Site Facility Fee payment amount. Applies to Chapter 12, Section 190.5, Chapter 13, Section 20.2.4, and Chapter 18, Section 240.</p> <p>Transmittal 11708: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12987</p> <p>Issued: 12/15/2022</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>Updating Calendar Year (CY) 2023 Medicare Diabetes Prevention Program (MDPP) Payment Rates</p> <p>Provides instructions to A/B MACs (Part B) and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2023. CMS has calculated the MDPP payment rates for CY 2023 and included them in an attachment to this CR.</p> <p>Transmittal 11751: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12998; MM 12998</p> <p>Issued: 1/10/2023</p> <p>Effective: 1/1/2023</p> <p>Implemented: 1/3/2023</p>	<p>January 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.0</p> <p>Provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under OPSS and non-OPSS for hospital outpatient departments, community mental health centers, all non-OPSS providers, and for limited services when provided in a home health agency not under HH PPS or to a hospice patient for the treatment of a non-terminal illness. Applies to Chapter 4, Section 40.1.</p> <p>Transmittal 11781: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary & Reference
<p>CR 12999; MM 12999 Issued: 11/23/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2023</p> <p>Updates the CY 2023 payment limit for RHCs in Chapter 9, Section 20.2 - "Payment Limit under the AIR".</p> <p>Transmittal 11718: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 13004; MM 13004 Issued: 9/8/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Billing Instructions for Home or Residence Services</p> <p>Updates the IOM with new billing instructions for Home or Residences Services codes. Effective 1/1/2023, the two E/M visit families titled "Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services" and "Home Services" have merged into one single code family. This new code family is titled "Home or Residence Services," and the place of service codes that can be billed with this code family are being revised.</p> <p>Transmittal 11732: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 13006; MM 13006 Issued: 12/2/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Calendar Year 2023 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule</p> <p>Updates are made on a quarterly basis to the DMEPOS fee schedules, 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 Chapter 23, Section 60.</p> <p>Transmittal 11722: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 13023; MM 13023 Issued: 12/8/2022 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>Calendar Year (CY) 2023 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment</p> <p>Provides instructions for the CY 2023 clinical laboratory fee schedule, mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment. Applies to Chapter 16, Section 20.</p> <p>Transmittal 11733: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 13031; MM 13031 Issued: 1/20/2023 Effective: 1/1/2023 Implemented: 1/3/2023</p>	<p>January 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)</p> <p>Makes changes to and billing instructions for various payment policies implemented in the January 2023 OPPS update. The January 2023 I/OCE reflects the HCPCS, APC, HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this CR.</p> <p>Transmittal 11801: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR N/A Issued: 10/21/2022 Effective: 10/21/2022 Implemented: 10/24/2022</p>	<p>Revisions to State Operation Manual (SOM), Appendix PP Guidance to Surveyors for Long Term Care Facilities</p> <p>Revisions were made to entire Appendix PP. All FTag numbers are new and much content of the Appendix is also new.</p> <p>Transmittal 208: CMS IOM Publication 100-07, State Operations Manual</p>

Change Request	Summary & Reference
<p data-bbox="120 264 358 321">Special Edition MLN SE22002 (DME)</p> <p data-bbox="120 338 318 363">Effective: 1/1/2023</p> <p data-bbox="120 380 371 405">Implemented: 1/3/2023</p>	<p data-bbox="380 264 1438 321">Elimination of Certificates of Medical Necessity & Durable Medical Equipment Information Forms</p> <p data-bbox="380 338 1495 394">CMS is discontinuing Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs) effective 1/1/2023. Make sure your billing and IT staff knows about these changes for CMNs and DIFs:</p> <p data-bbox="380 411 1490 468">For services before 1/1/2023: Submit CMN and DIF forms or their electronic claim data elements with the claims if required</p> <p data-bbox="380 485 1411 541">For services on or after 1/1/2023: Don't submit CMN or DIF forms or their electronic claim data elements with the claims or we'll reject your claims and return them to you</p>