Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) implemented between **1/5/2022 and 4/4/2022** (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.

Change Request	Summary & Reference
CR # 12055 Issued: 10/28/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Workload Reports to Capture Optical Character Reader (OCR) and Paper Claim Counts Correctly **Summary:** Since the implementation of the 5010 OCR format, FISS does not correctly identify OCR claims on the workload reports. Medicare Administrative Contractors (MACs) have to manually capture the number of OCR claims entered into the system and adjust the workload reports. This UCR will correct the FISS Workload Reports to capture the OCR claims and report them on line 38 **Transmittal 11076:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12227 Issued: 8/19/2021 Effective: 1/1/2022 – claims on/after Implemented: 10/4/2021; 1/3/2022; 4/4/2022 – CWF changes to HICR	**CR Title:** Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation **Summary:** This CR 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. Starting in CY 2022, RAPs will be eliminated and replaced by submission of a one-time NOA for all home health agencies (HHAs). HHAs must submit a NOA to their Medicare contractor within 5 calendar days from the start of care date. The NOA is a one-time submission to establish the home health period of care and covers contiguous 30-day periods of care until the individual is discharged from Medicare home health services. NOA submission criteria will require HHAs having a verbal or written order from the physician that contains the services required for the initial visit, and that the HHA has conducted an initial visit at the start of care. There will be a non-timely submission reduction in payment amount tied to any late submission of NOAs when the HHA does not submit the NOA within 5 calendar days from the start of care. That is, if an HHA failed to submit a timely NOA, the reduction in payment amount would be equal to a 1/30th reduction to the wage-adjusted 30-day period payment amount for each day from the home health start of care date until the date the HHA submitted the NOA. No low utilization payment adjustment (LUPA) per-visit payments shall be made for visits that occurred on days that fall within the period of care prior to the submission of the NOA. **Transmittal 10977:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12439 Issued: 3/29/2022 Effective: 7/1/2022 & 7/16/2022 Implemented: 4/4/2022 MM12439	**CR Title:** Claims Processing Instructions for the New Pneumococcal 15-valent Conjugate Vaccine Code 90671 and Pneumococcal 20-valent Conjugate Vaccine Code 90677 **Summary:** Pneumococcal conjugate vaccine code 90677 (Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use) and 90671 (Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use) will be payable by Medicare. The new codes will be in the 2021 Medicare Physician Fee Schedule Database file update and the annual HCPCS update. Your MAC will use the CMS Vaccines Pricing webpage to obtain the payment rate for code 90677. Coinsurance and deductible don't apply. **Transmittal 11329:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12441 Issued: 11/30/2021 Effective: 4/1/2022 analysis; 7/1/2022 implement Implemented: 4/4/2022 - analysis; 7/5/2022 - implement	**CR Title:** User Change Request (UCR) - Fiscal Intermediary Shared System (FISS) - Implement New Search Functionality for Reason Codes, Expert Claims Processing System (ECPS) and Medical Policy Parameters (MPP) **Summary:** This CR implements changes requested in a User CR. FISS, the CMS and the MACs participated in an Analysis and Design CR to clarify the MAC needs and ensure FISS had sufficient information to develop a base design. Upon implementation, FISS will develop new functionality that allows the MACs to efficiently search within reason codes, ECPS events and MPPs for specific values. **Transmittal 11141:** CMS IOM, Publication 100-20*, One Time Notification*
CR # 12461 Issued: 12/10/2021 Effective: 1/1/2021 Implemented: 4/4/2022	**CR Title:** Correct Processing of Home Health Claims if the Request for Anticipated Payment (RAP) or Notice of Admission (NOA) Was More Than 30 Days Late and Correct Identification Critical Access Hospital Sub-Unit Discharges as Institutional Periods of Care **Summary:** This CR ensures claims are systematically processed without payment if the RAP or NOA receipt date is more than 30 days after the claim From date. It also ensures discharges from Critical Access Hospital (CAH)-based inpatient rehabilitation units or inpatient psychiatric units correctly trigger institutional payment group **Transmittal 11155:** CMS IOM, Publication 100-20*, One Time Notification*
CR # 12471 Issued: 10/21/2021 Effective: 4/1/2022 - Effective for discharges occurring on/after 4/1/2022 Implemented: 4/4/2022 MM12471	**CR Title:** April 2022 Update to the Java Medicare Code Editor (MCE) for New Edit 20- Unspecified Code Edit **Summary:** This CR implements system changes needed to update the Shared System Maintainer (SSM) interface with the Java MCE to accept new MCE Edit 20- Unspecified Code Edit. This CR also provides a mechanism to systematically bypass the new edit when a specific billing note is present in the claim remarks field to indicate the primary reason why laterality could not be determined. **Transmittal 11059:** CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*
CR # 12478 Issued: 11/17/2021 Effective: 4/1/2022 Implemented: 4/4/2022 MM12478	**CR Title:** Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update **Summary:** This CR updates the RARC and CARC lists and instructs the ViPS Medicare System (VMS) and the FISS to update the MREP and the PC Print. This CR applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of Publication 100-04. **Transmittal 11111:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12485 Issued: 11/16/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** April 2022 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder **Summary:** Medicare providers submitting claims to Medicare contractors for Part B services use a HCPCS code to indicate the service that was rendered. The updated HCPCS file containing the HCPCS codes is released quarterly to Medicare contractors via the CMS mainframe telecommunications system. If any adjustments/updates are needed prior to the CR effective date, the contractors shall be notified by an email from CMS to the CMS Functional Workgroups. The email will include instructions to implement the adjustments/updates. The alphanumeric index and the table of drugs was posted to the CMS website in 2/2022. **Transmittal 11116:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12492 Issued: 3/30/2022 Effective: 4/1/2022 & 7/1/2022 -FISS development Implemented: 4/4/2022 – FISS development; 7/5/2022- implement MCS & CWF	**CR Title:** ESRD Treatment Choices (ETC) Model Performance Payment Adjustment (PPA) - Facility Component (Implementation CR) **Summary:** The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is a mandatory model (demo code: 94), for which about a third of the nation's dialysis facilities will be required to participate based on zip code. The model started on January 1, 2021, and ends on June 30, 2027. The model includes, two payment adjustments, the Home Dialysis Payment Adjustment (HDPA) and the Performance Payment Adjustment (PPA), which apply to both the participating ESRD facilities and clinicians managing Medicare fee-for-service beneficiaries with ESRD, referred to as Managing Clinicians. The HDPA is an upward adjustment in home-dialysis related claims and is being implemented through CR 12038. The PPA is an upward and downward payment adjustment made on all dialysis and dialysis-related claims between 7/1/2022 and 6/30/2027. The PPA applies to both participating ESRD facilities and Managing Clinicians and CR 12404 is implementing the PPA for Managing Clinicians, who are paid through the ESRD Monthly Capitation Payment (MCP). Whereas, this CR implements the policy on how to apply the PPA for ESRD Facilities, who are paid through the ESRD Prospective Payment System (PPS). **Transmittal 11330:** CMS IOM, Publication 100-19, *Demonstrations*
CR # 12501 Issued: 2/9/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12501	**CR Title:** Update to Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Claims Containing Non-Covered days **Summary:** This CR implements changes to the SNF PPS, specifically implementing changes required for the Patient Driven Payment Model (PDPM) in FISS. SNFs billing on TOB 21X and hospital swing bed providers billing on TOB 18X (subject to SNF PPS) will be subject to these requirements. This CR modifies claims processing to account for noncovered days correctly and reset the variable per diem appropriately. There are no policy changes. **Transmittal 11256:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12505 Issued: 2/4/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Claim Status Category and Claim Status Codes Update **Summary:** This CR updates, as needed, 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 the ASC X12 277 Health Care Claim Acknowledgment transactions. The Recurring Update Notification (RUN) can be found in chapter 31, section 20.7 of Publication 100-04. **Transmittal 11251:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12513 Issued: 11/16/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Shared System Support Hours for Application Programming Interfaces (APIs) **Summary:** The purpose of this CR is to provide 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. **Transmittal 11117:** CMS IOM, Publication 100-04 *Medicare Claims Processing Manual*
CR # 12532 Issued: 11/30/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Quarterly Update to Home Health (HH) Grouper **Summary:** This change request provides an April 2022 update to the HH Grouper software to reflect an update to diagnosis codes. This Recurring Update Notification applies to chapter 10, section 80. **Transmittal 11138:** CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12543 Issued: 3/4/2022 Effective: 1/1/2022 Implemented: 2/15/2022 MM12543	**CR Title:** Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, and Physician Assistants **Summary:** This CR updates the IOM to conform with the updated policies published in the "CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies" final rule (CMS1751-F) for critical care services, split/shared evaluation and management services, teaching physicians, and physician assistants. This is a companion CR that updates manual instructions in Chapter 12 of Publication 100-04 and Chapter 15 of Publication (Publication) 100-02. **Transmittal 11288:** CMS IOM, Publication 100-02, *Medicare Benefit Policy Manual* and CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*
CR # 12544 Issued: 12/10/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** 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 **Summary:** This CR 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 2/1/2022. This CR applies to chapter 22, section 80.2 **Transmittal 11147:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12545 Issued: 1/27/2022 Effective: 1/1/2022 Implemented: 3/1/2022	**CR Title:** Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and New Modifier for Audio-only Services **Summary:** This CR revises the Medicare Benefit Policy Manual, Chapter 17, and the Medicare Claims Processing Manual, chapter, Chapter 39, to reflect changes made in the CY 2022 Physician Fee Schedule Final Rule. **Transmittal 11219:** CMS IOM, Publication 100-02*, Medicare Benefit Policy Manual* and CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12547 Issued: 1/27/2022 Effective: 3/16/2022 Implemented: 3/16/2022	**CR Title:** MAC Participation in Change Request (CR) Development **Summary:** This CR provides updated direction to the MACs regarding the CR development process. There are no new policy or regulation changes. **Transmittal 11196:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12549 Issued: 1/14/2022 Effective: 1/1/2022 Implemented: 4/4/2022 MM12549	**CR Title:** CY2022 Telehealth Update Medicare Physician Fee Schedule **Summary:** As established in Section 1834 (m) Payment for Telehealth Services, of the Social Security Act, this CR concerns the adjustments and the updates of those services under the Medicare Physician Fee Schedule as of the CY 2022 Final Rule, effective 1/1/2022, and to any relevant recent Legislation, such as the Consolidated Appropriations Act of 2021, under TITLE I—MEDICARE PROVISIONS; Subtitle B—Other Medicare Provisions, Sec. 123. Expanding access to mental health services furnished through telehealth. Two additional modifiers for CY 2022 for Telehealth Services: FQ and FR. The Telehealth Services List has been updated to reflect minor changes due to various activities **Transmittal 11175:** CMS IOM, Publication 100-20, *One Time Notification*

Change Request	Summary & Reference
CR # 12550 Issued: 3/2/2022 Effective: 1/1/2022 Implemented: 2/22/2022 MM12550	**CR Title:** Internet-Only Manual Updates for Critical Care Evaluation and Management Services **Summary:** This CR updates the IOM to conform with updated policies published in the "CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies" final rule (CMS-1751-F) for critical care evaluation and management services. The IOM sections updated here include Publication (Publication) 100-04, Chapter 12. **Transmittal 11287:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12555 Issued: 12/10/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions **Summary:** This CR 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. This recurring update notification 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 the CMS. **Transmittal 11148:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12559 Issued: 12/22/2021 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** April 2022 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files **Summary:** 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 chapter 4, section 50 of the IOM. **Transmittal 11169:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12567 Issued: 1/14/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 28.1, Effective 4/1/2022 **Summary:** This CR provides the quarterly update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits and applies to publication 100-04, chapter 23, section 20.9. **Transmittal 11172:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12569 Issued: 1/14/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Quarterly Update for the Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2022 **Summary:** The DME CBP files are updated on a quarterly basis in order to implement necessary changes to the healthcare common procedure coding system, ZIP code, and single payment amount files. These requirements provide specific instruction for implementing the DMEPOS CBP files. FISS shall pull in the correct files for reason code 31716. This recurring update notification applies to chapter 23, section 100. **Transmittal 11182:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*

Change Request	Summary & Reference
CR # 12578 Issued: 2/4/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12578	**CR Title:** April 2022 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment **Summary:** This CR implements new ICD-10-CM codes Z28.310, Z28.311, and Z28.39 for reporting COVID-19 vaccination status, and introduces 9 new ICD-10-PCS codes to the Medicare Severity – Diagnosis Related Groups (MS-DRG) Grouper and Medicare Code Editor (MCE) to describe the introduction or infusion of therapeutics, including vaccines for COVID-19 treatments, effective for discharges on/after 4/1/2022. Also updates for a new MCE Edit for "Unspecified" ICD-10-CM diagnosis codes where there are other diagnosis codes available in that diagnosis code subcategory that further specify the anatomic site. This new code edit is effective with discharges on/after 4/1/2022. This CR updates chapter 3, section 20.3.4. **Transmittal 11255:** CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*
CR # 12583 Issued: 2/24/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12583	**CR Title:** Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS) **Summary:** This CR provides instructions for implementing the Transitional Drug Add-on Payment Adjustment (TDAPA) effective 4/1/2022 for a new Healthcare Common Procedure Coding System (HCPCS) code **Transmittal 11278:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12586 Issued: 1/14/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** Instructions for Downloading the Medicare ZIP Code Files for April 2022 **Summary:** This CR describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the April 2022 quarter. This instruction also describes the revision to and the process for downloading the Calendar Year-End ZIP Code files. The attached recurring update notification applies to chapter 15, section 20.1.5(B). **Transmittal 11183:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12588 Issued: 1/20/2022 Effective: 2/28/2022 unless otherwise specified Implemented: 2/28/2022	**CR Title:** Modify Fiscal Intermediary Shared System (FISS) Existing Logic for Vaccine Administration Codes for Non-outpatient Prospective Payment System (Non-OPPS) Island Providers **Summary:** This CR instructs FISS to modify existing logic to allow the processing of claims, submitted by island providers, containing vaccine administration codes, when pricing indicator "B" is present for these codes. There are no regulatory, legislative or statutory requirements related to this CR. Section 2005 of the SUPPORT for Patients and Communities Act established a new Medicare Part B benefit for Opioid Treatment Programs (OTPs). CMS finalized policies related to implementing this new benefit in the Calendar Year (CY) 2020 Physician Fee Schedule final rule. CMS finalized additional OTP policies in the CY 2022 Physician Fee Schedule final rule. **Transmittal 11204:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12590 Issued: 1/27/2022 Effective: 5/1/2020 Implemented: 3/39/2022	**CR Title:** Method of Payment and Cost Settlement for Inpatient Services for Hospitals Participating under the Rural Community Hospital Demonstration **Summary:** This CR provides the payment methodology for Round 4 of the demonstration, the list of participating hospitals, the periods of performance for all hospitals, the methodology for establishing enhanced interim payments and conducting final cost report settlements, and requirements for the MACs with regard to collaborating with a separate audit contractor. **Transmittal 11243:** CMS IOM, Publication 100-20*, One Time Notification*

Change Request	Summary & Reference
CR # 12593 Issued: 1/14/2022 Effective: 1/1/2022 Implemented: 2/2/2022 MM12593	**CR Title:** Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens **Summary:** This CR revises the payment of travel allowances when billed on a per mileage basis using Health Care Common Procedure Coding System (HCPCS) code P9603 and when billed on a flat rate basis using HCPCS code P9604 for Calendar Year (CY) 2022. Medicare Part B allows payment for a specimen collection fee and travel allowance, when medically necessary, for a laboratory technician to draw a specimen from either a nursing home patient or homebound patient under Section 1833(h)(3) of the Act. Payment for these services is made based on the clinical laboratory fee schedule. This recurring update notification applies to chapter 16, section 60.2 of the IOM. **Transmittal 11184:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12595 Issued: 1/27/2022 Effective: 2/28/2022 Implemented: 2/28/2022	**CR Title:** Updates to Chapter 4 in Publication (Publication) 100-08, Including Removal of Requests for Anticipated Payment (RAP) Suppressions and Updates to Exhibit 16 - Model Payment Suspension Letters in Publication 100-08 **Summary:** This CR updates various sections within Chapter 4 in Publication 100-08. The primary updates include the removal of references to RAP suppressions. Additionally, Exhibit 16 (Model Payment Suspension Letters) in the Exhibits Chapter of Publication 100-08 has been revised. **Transmittal 11218:** CMS IOM, Publication 100-08, *Medicare Program Integrity Manual*
CR # 12601 Issued: 2/4/2022 Effective: 5/5/2022 Implemented: 5/5/2022	**CR Title:** Mobile Personal Identity Verification (PIV) Station **Summary:** This CR is for CGS to install a CMS supplied mobile PIV station computer at the CGS office located in Nashville, TN. **Transmittal 11254:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12604 Issued: 1/21/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System **Summary:** This recurring CR 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 system to reflect FISS changes to the paid claims file fields. **Transmittal 11213:** CMS IOM, Publication 100-06, *Medicare Financial Management*
CR # 12606 Issued: 2/10/2022 Effective: 7/1/2022 unless otherwise specified Implemented: 3/12/2022 (MAC); 7/5/2022 (Shared System) MM12606	**CR Title:** International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022 **Summary:** This CR constitutes a 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, along with other CRs implementing new NCD policy. NCD spreadsheets included with this CR. **Transmittal 11264:** CMS IOM, Publication 100-20, *One Time Notification*
CR # 12608 Issued: 1/28/2022 Effective: 1/10/2022 Implemented: 2/28/222	**CR Title:** Electronic Correspondence Referral System (ECRS) Updates to the Medicare Secondary Payer (MSP) Development Letter and Additional Operational Updates **Summary:** This CR informs the MACs of various modifications that the Benefits Coordination & Recovery Center (BCRC) is making to the Electronic Correspondence Referral System (ECRS) Web. **Transmittal 11247:** CMS IOM, Publication 100-05, *Medicare Secondary Payer Manual*

Change Request	Summary & Reference
CR # 12612 Issued: 1/27/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12612	**CR Title:** Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment **Summary:** This CR provides instructions for the quarterly update to the clinical laboratory fee schedule and applies to chapter 16, section 20. **Transmittal 11221:** CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*
CR # 12616 Issued: 1/11/2022 Effective: 1/18/2022 Implemented: 1/18/2022	**CR Title:** Notice of New Interest Rate for Medicare Overpayments and Underpayments -1st Quarter Notification for FY 2022 **Summary:** 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. The attached Recurring Update Notification applies to Chapter 3, Section 10. Effective 1/18/2022, the interest rate of 9.125% applies to Medicare overpayments and underpayments. **Transmittal 11203:** CMS IOM, Publication 100-06*, Medicare Financial Management*
CR # NA Issued: 3/11/2022 Effective: 3/11/2022 Implemented: 3/11/2022	**CR Title:** Revisions to State Operations Manual (SOM), Chapter 2, Section 2779A1 – CCN for Medicare Provider **Summary** This CR revises the CCN for Medicare providers **Transmittal 205:** CMS IOM, Publication 100-07*, State Operations Manual*
CR # 12623 Issued: 2/17/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12623	**CR Title:** Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update **Summary:** Payment files were issued to contractors based upon the 2022 Medicare Physician Fee Schedule (MPFS) Final Rule. This Change Request (CR) amends those payment files. This recurring update notification applies to Publication (Publication) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1. **Transmittal 11268:** CMS IOM, Publication 100-04*, Medicare Claims Processing Manual*
CR # 12628 Issued: 2/24/2022 Effective: 3/25/2022 Implemented: 3/25/2022 MM12628	**CR Title:** The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2020 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs) **Summary: :** This CR provides updated data for determining the disproportionate share adjustment for IPPS hospitals and the low-income patient adjustment for IRFs, as well as payments as applicable for LTCH discharges (e.g., discharges paid by the IPPS comparable amount under the short-stay outlier payment adjustment). The SSI/Medicare beneficiary data for hospitals are available electronically and contains 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 9th Circuit decision in Empire Health Foundation v. Azar for hospitals under the jurisdiction of that court. **Transmittal 11276:** CMS IOM, Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*

Change Request	Summary & Reference
CR # 12631 Issued: 2/17/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12631	**CR Title:** April 2022 Update to the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) **Summary:** This CR provides a mechanism to update to the FY 2022 IPPS Pricer; there is no new policy. For additional information on Medicare's COVID-19 NCTAP payment policies, refer to the CMS website on Covid-19 add-on payments **Transmittal 11269:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12648 Issued: 3/24/2022 Effective: 4/1/2022 Implemented: 4/4/2022	**CR Title:** April 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.1 **Summary:** This CR 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 non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1. The CMS website provides the I/OCE specifications **Transmittal 11304:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12654 Issued: 3/10/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12654	**CR Title:** April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule **Summary:** 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, chapter 23, section 60. 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, chapter 23, section 60 **Transmittal 11292:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
CR # 12666 Issued: 3/24/2022 Effective: 4/1/2022 Implemented: 4/4/2022 MM12666	**CR Title:** April 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS) **Summary:** This CR describes changes to and billing instructions for various payment policies implemented in the April 2022 OPPS update. The April 2022 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). This CR applies to Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and later). The April 2022 revisions to I/OCE data files, instructions, and specifications are provided in the April 2022 I/OCE per CR12648 **Transmittal 11305:** CMS IOM, Publication 100-04, *Medicare Claims Processing Manual*
SE22001 Article release: 3/30/2022	**Title:** Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers **Summary**: This MLN Matters Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients. CMS finalized regulatory language for mental health visits in RHCs and FQHCs in the CY 2022 Physician Fee Schedule (PFS) final rule. Effective 1/1/2022, you may provide mental health visits using interactive, real-time telecommunications technology