

NGS CMS Quarterly Updates

8/18/2022



2410_0822

Today's Presenters



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2

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Objectives

 Prepare Medicare providers to adapt to changes CMS implemented between
4/5/2022 and 7/4/2022 (unless otherwise noted)





Agenda

- Background
 - Utilizing resources
- CRs and Related Resources
 - (Also Refer to Handout)
- Questions and Answers





6

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2017 Transmittals								Date 🔷
2016 Transmittals			The purpose of this Cl	hange				
2015 Transmittals	R11346OTN	2022-04-07	Request (CR) is to implement the following		2022-10-03	12662		
2014 Transmittals	<u>K113400111</u>	2022-04-07	updates to the list of	ig	2022-10-03			
2013 Transmittals			DRGs					
CMS Program Memoranda		System Limitation		date				
	<u>R113430TN</u>	2022-04-07	for Centralized Flu Bill (CFB), Pneumococcal Covid-19 Vaccinations	and	2022-10-03	12673		
			Electronic Transmissic Medicare Administrativ	N.24380				





Change Requests





- Revisions to Chapters 3, "Inpatient Hospital Billing" of the *Medicare Claims Processing Manual* (Pub 100-04), 18, "Preventive and Screening Services" of the *Medicare Claims Processing Manual* (Pub 100-04), and 32 "Billing Requirements for Special Services" of the *Medicare Claims Processing Manual* (Pub 100-04) to Update Coding
 - Implemented: 5/9/2022
 - Effective: 5/9/2022





- Update to Publication 100-04, Chapter 18 and Publication 100-02, Chapter 15, Section to Add Data Regarding Novel Coronavirus (COVID-19) and its Administration to Current Claims Processing Requirements and Other General Update
 - Implemented: 5/16/2022
 - Effective: 5/16/2022





- Chapter 15 Covered Medical and Other Health Services, Section 50.4.4.2 – Immunizations – adds D. COVID-19 Vaccine
 - Medicare Part B program covers COVID-19 vaccines and administration when furnished in compliance with applicable State law by any provider of services or any entity or individual with a supplier number
 - Beneficiary may receive the vaccine upon request without a physician's order and without physician supervision





12

- Implementation of the Award for the Jurisdiction K (J-K) Part A and Part B Medicare Administrative Contractor (JK A/B MAC)
 - Implemented: 5/1/2022
 - Effective: 5/1/2022
 - CMS recently competed the JK A/B MAC workload and awarded this workload to NGS, Inc., the incumbent
 - Current JK workload identifier numbers, FISS roll-up identifier and Business Segment Identifiers (BSI) remain unchanged





- Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the *Medicare Benefit Policy Manual* Chapter 15, Section 50.4.4.2
 - Implemented: 6/6/2022
 - Effective: 7/1/2022
 - Effective 7/1/2021 CMS updated the Medicare coverage for pneumococcal vaccinations to align with the Advisory Committee on Immunization Practices (ACIP) recommendations





- ACIP recommendations vary based on patient age and risk factors
- For claims processing instructions, refer to MLN Matters Article <u>MM12439</u>





15

- Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Qtr Notification for FY 2022
 - Implemented: 4/18/2022
 - Effective: 4/18/2022
 - Private consumer rate has been changed to 9.375%
 - Most recent previous rate was 9.125%





- Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
 - Implemented: 7/5/2022
 - Effective: 7/1/2022
 - 27 NCDs added to Outlier Services List effective 1/1/2022
 - Refer to CR 12741 Attachment A or
 - Current list posted to CMS <u>ESRD PPS Outlier Services</u>





- Effective 7/1/2022
 - Updated mean unit cost for renal dialysis drugs that are oral equivalents to injectable drugs
 - Revised mean dispensing fee for NDCs qualifying for outlier to \$0.57 per NDC per month
 - Adding or removing any renal dialysis items and services from the list of outlier services, as necessary
 - Refer to CR 12741 Attachment B or
 - Current list posted to CMS ESRD PPS Outlier Services





- July 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.2
 - Implemented: 7/5/2022
 - Effective: 7/1/2022
 - Shows HCPCS, APC, HCPCS Modifier, and Revenue Code additions, changes, and deletions
 - <u>I/OCE Quarterly Release Files</u>





- July 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS)
 - Implemented: 7/5/2022
 - Effective: 7/1/2022
 - Over-the-Counter (OTC) COVID-19 Tests Demonstration

Code	Description	Add Date	SI	OPPS APC
K1034	Provision of covid-19 test, non- prescription self-administered and self- collected use, FDA approved, authorized or cleared, one test count	4/4/2022	A	NA





 Covid-19 Laboratory Tests and Services and Other Laboratory Tests Coding Update

U0001	U0002	U0003	U0004	U0005	C9803	G2024	86328
86408	86409	86413	86769	87426	87428	87635	87636
87637	87811	87913	0202U	0223U	0224U	0225U	0226U
0240U	0241U	0014M					
CD 12761 Attachment A Table 1 Dravides the lang descriptors add							

CR 12761, Attachment A, Table 1: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs

- Status indicators, APCs, and payment rates for specific HCPCS codes: July 2022 OPPS Addendum B
- Status indicators (SI)/definitions: OPPS Addendum D1 in CY 2022 OPPS/ASC final rule (2022 NFRM OPPS Addenda)





New Covid-19 CPT Vaccines and Administration Codes

91300	0001A	0002A	0003A	0004A	91301	0011A	0012A
0013A	91302	0021A	0022A	91303	0031A	0034A	91304
0041A	0042A	91305	0051A	0052A	0053A	0054A	91306
0064A	91307	0071A	0072A	0073A	0074A	91308	0081A
0082A	91309	0094A	91310	0104A			

CR 12761, Attachment A, Table 3: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs





 CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective July 1, 2022

1323U	0324U	0325U	0326U	0327U		
0328U	0329U	0330U	0331U			
CR 12761 Attachment A Table 4: Provides the long descriptors add dates						

CR 12761, Attachment A, Table 4: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs

- Advanced Diagnostic Laboratory Tests (ADLT) Under the Clinical Lab Fee Schedule (CLFS): 0801U
 - Current list: <u>Advanced Diagnostic Laboratory Tests Under the</u> <u>Medicare CLFS</u>





New CPT Category III Codes Effective July 1, 2022

0714T	0715T	0716T	0717T	0718T	0719T
0720T	0721T	0722T	0723T	0724T	0725T
0726T	0727T	0728T	0729T	0730T	0731T
0732T	0733T	0734T	0735T	0736T	0737T

CR 12761, Attachment A, Table 6: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs

- Procedures Assigned to New Technology APCs
 - The Optellum Lung Cancer Prediction (LCP) Procedure
 - The Quantitative Magnetic Resonance Cholangiopancreatography (QMRCP) Procedure





24

- Procedures Assigned to New Technology APCs
 - Optellum Lung Cancer Prediction (LCP) Procedure
 - 0721T effective 7/1/2022
 - Quantitative Magnetic Resonance Cholangiopancreatography (QMRCP) Procedure
 - 0723T effective 7/1/2022
 - Retinal Prosthesis Implant Procedure Status indicators and APC Assignments for the Argus® II Device, the Argus® II Implantation Procedure, and the Argus® II Programming Procedures
 - 0100T, 0472T, 0473T, and C1841
 - Effective 7/1/2022 assigned SI E2 and no APC





- CardiAMP Cell Therapy IDE Descriptor Change and APC Reassignment Retroactive to 4/1/2022
 - C9782 reassigned to APC 1590





 Nine new CY 2022 HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status effective 7/1/2022

A9596	C9094	C9095	C9096	C9097
C9098	J1306	J2356	J9332	

CR 12761, Attachment A, Table 10: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs

- Effective 4/1/2022, HCPCS code J0879 (Injection, difelikefalin, 0.1 microgram, (for End Stage Renal Disease on dialysis))
 - SI retroactively changed from E2 to K





 Effective 7/1/2022: 16 New HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals

A9596	A9601	C9094	C9095	C9096	C9097	C9098	J0739	
J1306	J1551	J2356	J2779	J2998	J3299	J9331	J9332	
CR 12761, Attachment A, Table 11: Provides the long descriptors, add dates, OPPS SIs, and OPPS APCs								

 Effective 7/1/2022: Updated payment rates for drugs and biologicals with Payments Based on Average Sales
Price (ASP) are available in the July 2022 update of the OPPS Addendum A and Addendum B





- Skin Substitutes
 - Packaged into payment for associated skin substitute application procedure when do not qualify for pass-through status
 - New skin substitute HCPCS codes assigned low-cost skin substitute group unless pricing data demonstrates cost of product is above either the mean unit cost of \$48 or the per day cost of \$949 for CY 2022
 - Three new skin substitute products as of 7/1/2022
 - Q4259, Q4260, Q4261





- Four skin substitute products reassigned to high cost skin substitute group as of 7/1/2022
 - A2001, A2002, Q4229, Q4258
- HCPCS code A2004: skin substitute product defined as powdered skin substitute retroactive to 1/1/2022
 - Description: Xcellistem, 1 mg
 - No longer described as a graft skin substitute product
 - Not assigned to either the low cost skin substitute group or the high cost skin substitute group
- HCPCS code A2001 (Innovamatrix ac, per square centimeter) skin substitute product reassigned to high cost skin substitute group retroactive to 4/1/2022





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?







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