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Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) **implemented between 4/5/2022 and 7/4/2022** (unless otherwise noted) in numeric order. The chart also includes Medicare Learning Network (MLN) Matters® and Special Edition (SE) articles issued within the same timeframe. Acronyms can be found on *our website* under Provider Resources.

Change Request	Summary & Reference
CR 12546	Expedited Review Process for Hospital Inpatients in Original Medicare
Issued: 1/21/2022	Updates Section 200 in Chapter 30 of Publication 100-04. The section has been
Effective: 4/21/2022	reformatted to improve readability and understanding. There are no substantive changes.
Implemented: 4/21/2022	Transmittal 11210: CMS IOM, Publication 100-04, <i>Medicare Claims Processing Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12546
CR 12598	Fifth General Update to Provider Enrollment Instructions in Chapter 10 of
Issued: 3/25/2022	Publication (Pub.) 100-08
Effective: 3/4/2022	Clarifies several provider enrollment model letters, deactivation policies, procedures for processing certain federally qualified health center applications,
Implemented: 4/25/2022	and other provider enrollment topics in Chapter 10 of Pub. 100-08.
	Transmittal 11307: CMS IOM, Publication 100-08, <i>Medicare Program Integrity Manual</i>
CR 12602	Revisions to Chapters 3, "Inpatient Hospital Billing" of the Medicare Claims
Issued: 6/3/2022	Processing Manual (Pub 100-04), 18, "Preventive and Screening Services" of the Medicare Claims Processing Manual (Pub 100-04), and 32 "Billing Requirements"
Effective: 5/9/2022	for Special Services" of the Medicare Claims Processing Manual (Pub 100-04) t
Implemented: 5/9/2022	Update Coding
	Makes updates to chapters 3, 18, and 32 of the Medicare Claims Processing Manual Pub.100-04.
	Transmittal 11445: CMS IOM, Publication 100-04, Medicare Claims Processing Manual
CR 12620	Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly
Issued: 3/23/2022	Status Report (MSR) Narrative Template
Effective: 4/22/2022	Rescinds and Fully Replaces CR 12144
Implemented: 4/22/2022	CMS Medicare Contractor Management Group (MCMG) is updating the Part A and B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Monthly Status Report (MSR) narrative to ensure that these reports continue to capture meaningful and useful information about the MACs' activities and performance across business functions.
	Transmittal 11321: CMS IOM, Publication 100-20, <i>One Time Notification</i>





Change Request	Summary & Reference
CR 12634 Issued: 4/14/2022 Effective: 5/16/2022	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 Updates
5/16/2022	Updates the claims processing and benefits policy manual to add data for claims processing of novel Coronavirus (COVID-19). Additional updates to Chapter 18, Section 10 of the claims processing manual include: removing duplicate data; revising the centralized billing enrollment process to streamline provider enrollment; and reordering and/or removing data.
	Transmittal 11355: CMS IOM, Publication 100-04, Medicare Claims Processing Manual
	Transmittal 11355: CMS IOM, Publication 100-02, <i>Medicare Benefit Policy Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12634
CR 12670 Issued: 4/7/2022	Electronic Transmission of Medicare Administrative Contractor Provider Enrollment Recommendations of Approval
	Instructs contractors on the forthcoming implementation of a new process for sending provider enrollment recommendations of approval to, as applicable, state
	agencies, accrediting organizations, and/or SOG Locations. Transmittal 11337: CMS IOM, Publication 100-20, <i>One Time Notification</i>
CR 12695	Implementation of the Award for the Jurisdiction K (J-K) Part A and Part B Medicare Administrative Contractor (JK A/B MAC)
Issued: 4/28/2022 Effective: 5/1/2022 Implemented: 5/1/2022	Announces the Jurisdiction JK A/B MAC recompetition procurement that was recently awarded to National Government Services, Inc. (NGS), the incumbent contractor for this workload. The current JK workload identifier numbers, the Fiscal Intermediary Shared System (FISS) roll-up identifier and the Business Segment Identifiers (BSI) will not change.
	Transmittal 11390: CMS IOM, Publication 100-20, <i>One Time Notification</i>
CR 12700 Issued: 4/21/2022 Effective: 5/23/2022	Updates of Chapter 4 in Publication (Pub.) 100-08, Including Update to Medicare Program Integrity Contractor Investigative Timeliness Requirement, and Updates to Exhibit 5 - Background Information for Contractor Staff When Incentive Reward Program (IRP) is Questioned in Pub. 100-08
Implemented: 5/23/2022	Updates various sections within Chapter 4 in Pub. 100-08. The primary updates include updating the Medicare Program Integrity Contractor investigative timeliness requirement and removing all references to the Incentive Rewards Program Tracking Database. Additionally, Exhibit 5 - Background Information for Contractor Staff When IRP is Questioned in the Exhibits Chapter of Pub. 100-08 has been revised. Transmittal 11358: CMS IOM, Publication 100-08, Medicare Program Integrity Manual

Change Request	Summary & Reference
CR 12707	Update of Internet Only Manual (IOM), Pub. 100-04, Chapter 15 - Ambulance
	Revises the Medicare Claims Processing Manual, Publication 100-04, Chapter 15,
Effective: 5/31/2022	Section 30.2.
Implemented: 5/31/2022	Transmittal 11365: CMS IOM, Publication 100-04, <i>Medicare Claims Processing Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12707
	Updated Instructions for the Change Request Implementation Report (CRIR) and Technical Direction Letter (TDL) Compliance Report (TCR)
ISSUECI: 5/4/2022	Provides updated instructions about reporting delayed MLN articles on the CRIR.
Effective: 5/31/2022	Transmittal 11395: CMS IOM, Publication 100-01 <i>, Medicare General Information,</i>
Implemented: 5/31/2022	Eligibility, and Entitlement Manual
	Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the
ISSUEA: 6/6/2022	Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2
Effective: 7/1/2022	Informs contractors that effective July 1, 2021, CMS updated the Medicare coverage requirements to align with the Advisory Committee on Immunization Practices
Implemented: 6/6/2022	(ACIP) recommendations for Coverage of Pneumococcal Vaccinations. This CR makes the necessary updates to the Benefit Policy Manual.
	Transmittal 11448: CMS IOM, Publication 100-02, <i>Medicare Benefit Policy Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12723
	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 3rd Qtr Notification for FY 2022
	Medicare Regulation 42 CFR Section 405.378 provides for the charging and pay
Effective: 4/18/2022 Implemented: 4/18/2022	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 11349: CMS IOM, Publication 100-06 <i>, Medicare Financial Management Manual</i>
	Quarterly Update to the End-Stage Renal Disease Prospective Payment System
ISSUEd: 5/20/2022	(ESRD PPS)
IF116(11V6, 1/11/2012)	Updates the list of outlier services under the End Stage Renal Disease Prospect Payment System.
Implemented: 7/5/2022	Transmittal 11424: CMS IOM, Publication 100-04, <i>Medicare Claims Processing Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12741

Change Request	Summary & Reference
CR 12749	Transition of Enrollment and Certification Activities for Various Certified Provider and Supplier Types and Transactions
Issued: 5/26/2022	
Effective: 5/27/2022	Updates Chapter 10 of CMS Publication (Pub.) 100-08, Program Integrity Manual, with instructions regarding the processing of various certified provider and supplier enrollment transactions.
Implemented: 5/27/2022	
	Transmittal 11432: CMS IOM, Publication 100-08, <i>Medicare Program Integrity Manual</i>
CR 12759	July 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.2
Issued: 5/26/2022	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.
Effective: 7/1/2022	
Implemented: 7/5/2022	
	Transmittal 11434: CMS IOM, Publication 100-04, <i>Medicare Claims Processing Manual</i>
CR 12761	July 2022 Update of the Hospital Outpatient Prospective Payment System
Issued: 6/15/2022	(OPPS)
Effective: 7/1/2022	Describes changes to and billing instructions for various payment policies implemented in the July 2022 OPPS update. The July 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 CR. Applies to Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later). The July 2022 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2022 I/OCE CR.
Implemented: Code Ed 7/5/2022 (HCPCS) Code ad section Later). T provide	
	Transmittal 11457: CMS IOM, Publication 100-04, <i>Medicare Claims Processing Manual</i>
	Associated Medicare Learning Network (MLN) Matters article 12761