

Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) implemented between **7/5/2022 and 10/4/2022** (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 under Resources > Tools & Calculators on [our website](#). **Note:** If an MLN is not listed, there is no MLN associated with the CR.

Change Request	Summary and Reference
CR 10771 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Expert Claims Processing System (ECPS) Enhancement to Process Notice of Elections (NOEs) with Frequency B or E System enhancement to automate an existing manual function, there are no policy implications. Transmittal 11226: CMS IOM Publication 100-20, One Time Notification
CR 12054 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - MAP1181 Online Grab Request to Include Line Numbers Provides an enhancement to an existing system function; there are no policy implications. Transmittal 11228: CMS IOM Publication 100-20, One Time Notification
CR 12124; MM12124 Issued: 6/10/2022 Effective: 7/1/2021 Implemented: 7/6/2021	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021 Provides 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. Transmittal 11453: CMS IOM Publication 100-20, One Time Notification
CR 12235 Issued: 8/5/2022 Effective: 9/6/2022 Implemented: 9/6/2022	Provider/Supplier Enrollment Adverse Legal Actions Expands and clarifies instructions in Section 10.6.6 in Chapter 10 of CMS IOM Publication 100-08 regarding MACs proper handling of situations where a Medicare provider/ supplier or an associate thereof has an adverse legal action. Additional factual scenarios that the MACs may encounter are included. No change to legislative or regulatory policies. Transmittal 11536: CMS IOM Publication 100-08, Medicare Program Integrity Manual

Change Request	Summary and Reference
CR 12261 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Clear PRMNAPRO Screen Upon Completion of Job <p>System enhancement (does not have any policy impact). Online parameter PRMNAPRO does not remove the existing data from enterable fields when the batch job runs. MACs have to manually clear the screen before they start to enter new provider data. Modifies FISS to delete the MAC entries upon completion of the batch updates.</p> <p>Transmittal 11229: CMS IOM Publication 100-20, One Time Notification</p>
CR 12481 Issued: 6/23/2022 Effective: 7/25/2022 Implemented: 7/25/2022	Federal Paper Tax Levy <p>The Taxpayer Relief Act of 1997 authorized the Federal Payment Levy Program (FPLP), which the IRS and the Treasury Department's Financial Management Service implemented in July 2000. This program gives CMS the authority to collect overdue taxes through a levy on certain federal payments, including those made to providers, contractors, and vendors doing business with the government. MIPAA of 2008 requires CMS to fully implement the FPLP for Medicare payments for overdue taxes, and extends it to also include a levy for non-tax debt. Under Internal Revenue Manual (IRM) 5.11.6.7.2, and in addition to automatic levies through FPLP, payments to Medicare providers and suppliers may be general levies, also referred to as paper levies.</p> <p>Transmittal 11462: CMS IOM Publication 100-06, Medicare Financial Management</p>
CR 12493 Issued: 3/8/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Reason Code 38205 to Include All Patient Status Codes <p>FISS did not recognize all patient status codes that represent a discharge when editing the PHP final claim. Ensures that FISS considers all patient status codes that represent a discharge when assigning reason code 38205. FISS reason code 38205 assigns when an outpatient PHP final claim is received and there is no record of receiving an interim bill with a line item date of service within the last seven days.</p> <p>Transmittal 11289: CMS IOM Publication 100-20, One Time Notification</p>

Change Request	Summary and Reference
CR 12497 Issued: 4/6/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN) Corrects a technical issue. No policy implications. FISS displays the DCN of the claim to be adjusted, as submitted by the provider, on claim page 2 in the ADJ DCN field. The value in the ADJ DCN should match to the XREF DCN field on claim page 6. Currently, adjustments submitted through DDE are displaying an incorrect ADJ DCN when the adjustment/cancel is submitted against a previous adjustment. The ADJ DCN is retaining the DCN of the original claim and is not updated to the adjustment DCN. Modifies the adjustment process to update the AD DCN when the claim is reimaged for adjustment or cancellation. Transmittal 11333: CMS IOM Publication 100-20, One Time Notification
CR 12535 Issued: 1/20/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Prevent Loading of Dental HCPCS Codes in the Fiscal Intermediary Shared System (FISS) Corrects a problem where dental codes conflict with IRF PPS payment group codes. No new policy. Transmittal 11194: CMS IOM Publication 100-20, One Time Notification
CR 12539 Issued: 1/26/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249 Revises an existing reason code and does not implement or change policy. The FISS Maintainer reason code 32287 is currently returning inpatient Part B claims (TOB 012x) containing HCPCS code Q0249 describing COVID-19 Monoclonal Antibody injection, tocilizumab, for hospitalized adults and pediatric patients when the number of units on the claim is greater than one. Revises the FISS reason code edit 32287 to allow processing of claims containing HCPCS code Q0249 when the number of units on the claim is greater than one. Transmittal 11220: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
CR 12540 Issued: 1/20/2022 Effective: 7/1/2022 Implemented: 7/5/2022	New Occurrence Span Code and Revenue Code for Acute Hospital Care at Home Implements a mechanism for identifying and tracking inpatient claims submitted for beneficiaries receiving acute Hospital care services at home. Hospital-at-Home programs enable patients to receive certain acute, in-patient care from their home rather than within a hospital. Currently, there is no delineated method of submitting a Hospital-at-Home institutional claim. The NUBC has approved the following codes effective for claims received on or after 7/1/2022: New Occurrence Span Code 82, Hospital at Home Care Dates – from/through dates of a period of hospital at home care provided during an inpatient hospital stay New Room and Board (R&B); and Revenue Code Subcategory 0161, Hospital at Home – R&B/Hospital at Home Transmittal 11191: CMS IOM Publication 100-20, One Time Notification
CR 12542 Issued: 2/10/2022 Effective: 7/1/2022 Implemented: 7/5/2022	ESRD Treatment Choices (ETC) Model Demo Priorities Correction Updates the demo code priorities as listed in CR 11390 for the ETC Model. The demo code 94 was incorrectly being applied to VA claims (demo code 31) and causing these claims to not process. ETC Model is a mandatory model, which takes precedence over all other models, hence the demo code 94 which identifies ETC model related claims is placed in the first position. VA claims, which are represented by demo code 31, are not paid by Medicare. Hence, any VA claims for dialysis should not be part of the ETC model and need to be excluded from the model. Transmittal 11266: CMS IOM Publication 100-19, Demonstrations
CR 12551 Issued: 3/9/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Correction to Processing When Osteoporosis Drugs Are Billed for Other Indications No change to existing policy, but does correct the implementation of existing policy to permanently remove an edit requiring osteoporosis drugs to be billed only by HHAs. Transmittal 11290: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
CR 12565 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Medicare Secondary Payer (MSP) Reports RPT800AA and RPT800AB Updates <p>This UCR is an enhancement to an existing report. FISS created reports RPT800AA and RPT800AB to allow the Medicare Administrative Contractors to track FISS MSP Insurer (MSPI) records used to transmit MSP insurer information to CWF. MSPI records are generated when a MSP claim is received and the CWF response indicates that there is not an open MSPI record matching the claim insurer information at the host. Enhances the FISS reports to include the DCN of the claim that triggered the CWF update. No policy impacts.</p> <p>Transmittal 11234: CMS IOM Publication 100-20, One Time Notification</p>
CR 12568 Issued: 2/10/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Shared System Support Hours for Application Programming Interfaces (APIs) <p>Provides hours for 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 11257: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
CR 12570 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Access to Reason Code File Update to Allow Narrative Only Updates <p>Enhancement to the FISS access to update the reason code file. MACs need the ability to allow specified users to update the internal and/or external reason code narratives without also authorizing updates to other fields. Improves MAC efficiency by allowing impacted departments to make needed reason code narrative changes. No policy impacts.</p> <p>Transmittal 11235: CMS IOM Publication 100-20, One Time Notification</p>
CR 12572 Issued: 1/27/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Updating the Exempt Diagnosis Codes Present on Admission (POA) File to Accommodate Multiple Effective and Termination Dates <p>Expands the POA file to accommodate multiple effective and termination dates for the exempt diagnosis codes from POA. Prior to this expansion, the file only allowed a code to be terminated once. The policy remains the same.</p> <p>Transmittal 11236: CMS IOM Publication 100-20, One Time Notification</p>

Change Request	Summary and Reference
CR 12589 Issued: 10/21/2022 Effective: 1/1/2021 Implemented: 7/5/2022	Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals Updates the CWF edits and claims processes to allow Medicare FFS coverage and add-on payment of kidney acquisition costs for MA beneficiaries provided by MW hospitals. Transmittal 11659: CMS IOM Publication 100-20, One Time Notification
CR 12596 Issued: 2/4/2022 Effective: 3/7/2022 Implemented: 8/8/2022	Nursing and Allied Health Medicare Advantage Payment - Revision to CY 2018 Corrects the CY 2018 percent reduction to direct GME MA payments that were previously addressed in CR 11642 which included Attachment A containing applicable N&AH factors and direct GME MA percent reductions for CYs 2002 through 2018. Transmittal 11248: CMS IOM Publication 100-20, One Time Notification
CR 12605 Issued: 5/19/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Update the International Classification of Diseases, Tenth Revision (ICD-10) 2023 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims Instructs the maintainer to upload and implement the ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the time line to implement the updated ICD-10 diagnosis codes by the mandated time frame, CWF shall implement the ICD-10 updates effective with the October 2022 release. Applies to CMS IOM Publication 100-05, Chapter 6, Medicare Secondary Payer CWF Process, Section 40.10.3, Implementation of the ICD-10 Tables in the CWF for Purposes of Processing NGHP MSP Records and Claims. Transmittal 11419: CMS IOM Publication 100-05, Medicare Secondary Payer Manual
CR 12606; MM12606 Issued: 4/29/2022 Effective: 7/1/2022 Implemented: 7/5/2022 (shared system edits)	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022 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. Transmittal 11391: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
CR 12611; MM12611 Issued: 4/27/2022 Effective: 4/13/2021 Implemented: 7/5/2022 & 10/3/2022	Common Working File (CWF) Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds Informs contractors of the CWF frequency editing for the NCD 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds. Follows-up on CR 12403 to provide CWF editing for autologous PRP claims for diabetes and chronic ulcers, HCPCS G0465, for claims which are performed more than 20 weeks after the DOS of the first HCPCS G0465. CWF edits will allow payment for such claims when the KX modifier is included on the claim, where the MAC has exercised its discretion to cover such claims. Transmittal 12611: CMS IOM Publication 100-20, One Time Notification
CR 12613; MM12613 Issued: 5/20/2022 Effective: 1/1/2022 Implemented: 7/5/2022	An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage Updates to remove two National Determination NCDs, updates to the MNT policy and updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) resulting from changes specified in the CY 2022 PFS final rule published on November 19, 2021. Transmittal 11426: CMS IOM Publication 100-02, Medicare Benefit Policy Manual ; CMS IOM Publication 100-03, Medicare National Coverage Determinations Manual ; CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12617 Issued: 2/10/2022 Effective: 7/1/2022 Implemented: 7/5/2022	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System Recurring instructions to FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. CMS IOM Publication 100.06, Chapter 9, requires the PS&R system to reflect FISS changes to the paid claims file fields. Transmittal 11260: CMS IOM Publication 100-06, Medicare Financial Management
CR 12619; MM12619 Issued: 2/25/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Gap Billing Between Hospice Transfers Creating system edits to prevent gap billing between hospice transfers. Since hospice transfers must occur on the same day, there cannot be a break in hospice care or a gap in billing Transmittal 11280: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12630 Issued: 3/3/2022 Effective: 7/1/2022 Implemented: 7/5/2022	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions <p>Direction for 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 11282: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
CR 12636 Issued: 4/7/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim <p>Medicare allows for ancillary services when provided in a CAH. The CAH ancillary service(s) TOB 12x should include the appropriate revenue codes. For facility services, not including physician or other practitioner services, payment will be based on 101 percent of the reasonable costs of the services. The only services for CAHs where the physician has reassigned their benefits are based off the MPFS services, on TOB 85x with the appropriate HCPCS code and revenue codes of 096x, 097x or 098x. There are no regulatory, legislative or statutory requirements.</p> <p>Transmittal 11339: CMS IOM Publication 100-20, One Time Notification</p>
CR 12644 Issued: 4/14/2022 Effective: 10/1/2022 Implemented: 10/3/2022	New State Codes for California <p>New State Codes are assigned to California. The new State Codes are in addition to the State Code the state already possesses.</p> <p>Transmittal 11356: CMS IOM Publication 100-20, One Time Notification</p>
CR 12647 Issued: 5/17/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Updates to Current Inpatient Claim Edits <p>Updates current SNF edits to bypass services related to an emergency room encounter and there is also a 250 revenue code present on the same claim, which is currently being done by the MAC. Also makes updates to certain duplicate edits since the implementation of SNF PDPM. Updates an IPPS edit to allow MACs to bypass after claims review. No policy changes exist with this CR.</p> <p>Transmittal 11421: CMS IOM Publication 100-20, One Time Notification</p>

Change Request	Summary and Reference
CR 12656; MM12656 Issued: 9/29/2022 Effective: 1/1/2022 Implemented: 10/3/2022 (coding); 1/3/2023 (testing/full implementation)	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 11622: CMS IOM Publication 100-20, One Time Notification
CR 12657 Issued: 4/7/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Corrections to Home Health Billing for Denial Notices and Calculation of 60-Day Gaps in Services Removes the requirement to submit a Notice of Admission before billing for home health denial notices. Also revises home health edit criteria to ensure Medicare systems calculate 60-day gaps in service consistently. Transmittal 11341: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12662 Issued: 4/7/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Updates For Medical Severity Diagnosis Related Groups (MS-DRG) Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered Without Cost or With a Credit Policy - Fiscal Years (FYs) 2021-2022 Implements the following updates to the list of DRGs subject to the IPPS payment policy for the reimbursement of replaced devices offered without cost or with a credit, effective for discharges on or after 10/01/2020: Add MS-DRGs 140,141,142, 521, and 522; terminate MS-DRGs 129 and 130. Transmittal 11346: CMS IOM Publication 100-20, One Time Notification
CR 12668 Issued: 3/25/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement Provides the July 2022 quarterly update to the list of HCPCS codes used by Medicare systems to enforce consolidated billing of home health services. Applies to Chapter 10, Section 20. Transmittal 11299: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12676; MM12676 Issued: 3/25/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update Updates the RARC and CARC lists and instructs VMS and FISS to update the MREP and the PC Print. Applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of CMS IOM Publication 100-04. Transmittal 11301: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12678 Issued: 4/29/2022 Effective: 10/1/2022 Implemented: 10/2/2022	Updating the Common Working File (CWF) Logic Tied to Medicare Secondary Payer (MSP) Investigational Records to Match Newly Revised Development Timeframes Modifies the CWF timeframes for allowing Medicare Administrative Contractors to create an additional MSP investigational record. CWF is modifying its current SP20 logic timeframe for allowing A/B MACs to create an additional MSP Investigational ("I") record from 100 to 45 days. Transmittal 11381: CMS IOM Publication 100-05, Medicare Secondary Payer Manual
CR 12680 Issued: 3/25/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Quarterly Update to the National Correct Coding Initiative [NCCI] Procedure-to-Procedure [PTP] Edits, Version 28.2, Effective July 1, 2022 Quarterly update to the NCCI PTP edits. Applies to CMS IOM Publication 100-04, Chapter 23, Section 20.9. Transmittal 11309: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12685 Issued: 3/29/2022 Effective: 7/1/2022 Implemented: 7/5/2022	July 2022 Quarterly Average Sales Price [ASP] Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files CMS supplies the contractors with the ASP and NOC drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP methodology is based on quarterly data submitted to CMS by manufacturers. Payment allowance limits under the OPPS are incorporated into the OCE through separate instructions that can be located in Chapter 4, Section 50 of the Internet Only Manual. Transmittal 11318: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12686 Issued: 4/22/2022 Effective: 1/11/2022 Implemented: 7/5/2022	Claims Processing Instructions for the New Hepatitis B Vaccine Code 90759 Updates CWF and FISS to include the new Hepatitis B vaccine code. Includes new Hepatitis B vaccine code 90759 for claims with DOS on or after 1/11/2022. Transmittal 11362: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12687 Issued: 8/17/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Automation of the Medicare Duplicate Primary Payment (DPP) Process Describes the process for a new automated DPP process designed and developed by CMS and associated stakeholders. Transmittal 11557: CMS IOM Publication 100-05, Medicare Secondary Payer Manual

Change Request	Summary and Reference
CR 12688; MM12688 Issued: 4/29/2022 Effective: 1/1/2023 Implemented: 10/3/2022 (analysis and design)	Calendar Year 2023 Modifications/Improvements to Value-Based Insurance Design (VBID) Model – Implementation Makes modifications/improvements for CY 2023 to CRs 11754 and 12349, which were implementation CRs for the CMS Innovation Center to test incorporating the Medicare hospice benefit into MA through the VBID Model ("hospice benefit component"). Unless otherwise stated, all other business requirements in CRs 11754 and 12349 remain the same. The hospice benefit component of the Model will be tested through 2024. Transmittal 11383: CMS IOM Publication 100-19, Demonstrations
CR 12691; MM12691 Issued: 4/29/2022 Effective: 2/10/2022 Implemented: 10/3/2022	National Coverage Determination (NCD) 210.14 Reconsideration – Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) Effective February 10, 2022, CMS is expanding beneficiary eligibility for screening for lung cancer with LDCT to closely align with the United States Preventive Services Task Force's recommendation. CMS is lowering the minimum age for screening from 55 to 50 years and reducing the smoking history from at least 30 pack-years to at least 20 pack-years. Transmittal 11388: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12693 Issued: 4/1/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Quarterly Update for the Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2022 Quarterly update of the DME CBP files in order to implement necessary changes to the HCPCS, ZIP code, and single payment amount files. Provides specific instruction for implementing the DMEPOS CBP files. Applies to Chapter 23, Section 100. Transmittal 11316: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12696 Issued: 3/29/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Instructions for Downloading the Medicare ZIP Code Files for July 2022 Describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the July 2022 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). Transmittal 11317: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12703 Issued: 5/26/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Update to Addition of Disposition Category "U" to Recovery Audit Contractor Data Warehouse (RACDW) Appeals Layout File - This CR Rescinds and Fully Replaces CR 12528 Implements a series of updates and additional Business Requirements to CR 12528 Transmittal 11433: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
<p>CR 12705; MM12705</p> <p>Issued: 6/17/2022</p> <p>Effective: 10/1/2022</p> <p>Implemented: 7/19/2022& 10/3/2022</p>	<p>International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2022 Update</p> <p>Maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process.</p> <p>Transmittal 11460: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12706</p> <p>Issued: 5/19/2022</p> <p>Effective: 10/1/2022</p> <p>Implemented: 10/3/2022</p>	<p>User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Off-line History Retrieval of Canceled Claims</p> <p>Modifies FISS to not assign reason code 38000 when the only potentially overlapping offline claim was previously canceled. Improves system efficiency and reduces system resource utilization by recognizing that the canceled claim should not be considered for duplicate editing</p> <p>Transmittal 11416: CMS IOM Publication 100-20, One Time Notification</p>
<p>CR 12709; MM12709</p> <p>Issued: 4/28/2022</p> <p>Effective: 10/1/2022</p> <p>Implemented: MACs) shall follow regular interim rate adjustment schedule after 10/1/2022</p>	<p>Section 127 of the Consolidated Appropriations Act: Graduate Medical Education (GME) Payment for Rural Track Programs (RTPs)</p> <p>On December 27, 2021, CMS published a final rule with comment period CMS-1752-FC3 that implements changes to Medicare GME payments for teaching hospitals. The rule implements the legislative changes to direct GME and IME payments to teaching hospitals included in Sections 126, 127, and 131 of the Consolidated Appropriations Act (CAA), 2021. Section 127 made several changes with regard to urban hospitals and rural hospitals training residents in Rural Training Programs (formerly called rural training tracks). Provides guidance to hospitals and instructions to the MACs on how to review and implement requests to increase hospitals' IME and direct GME interim rates (and eventually, rural track Full-time Equivalent (FTE) limitations) due to participating in new RTPs and/or adding clinical participating sites to existing RTPs.</p> <p>Transmittal 11366: CMS IOM Publication 100-20, One Time Notification</p>

Change Request	Summary and Reference
CR 12711 Issued: 4/29/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Updating Reason Code 32287 Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing COVID-19 Vaccine and Other Vaccines When Billed on the Same Claim Revises the FISS reason code edit 32287 to allow processing of claims containing COVID-19 vaccines and other vaccines (flu or PPV) when billed on the same claim. Transmittal 11377: CMS IOM Publication 100-20, One Time Notification
CR 12715 Issued: 5/4/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Update to Chapters 3, 4, 27 and 37 of Publication (Publication) 100-04 Medicare Claims Processing Manual to Remove Reference to the Term "OSCAR" Updates the CMS IOM Publication 100-04, by removing reference to the term OSCAR for Chapters 3 (Sections 60, 150.3, 190.3, 190.17.1 and Addendum A), Chapter 4 (Section 50.1), Chapter 27 (Section 80.4), and Chapter 37 (Section 1.4). Transmittal 11396: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12719 Issued: 5/19/2022 Effective: 1/1/2023 Implemented: 10/3/2022	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports Instructs the MCS to update the applicable federal holiday schedule tables and instructs the Part A and Home Health and Hospice MACs to manually update the federal holiday schedule tables in FISS, and the DME MACs to manually update the federal holiday schedule tables in the VMS on an annual basis. The federal holiday schedule table is used in generating reports for the prior authorization and pre-claim review programs. Transmittal 11423: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12724 Issued: 7/8/2022 Effective: 10/1/2022 Implemented: 8/19/2022	Interns and Residents Information System (IRIS) XML Format Instructs and provides the MACs with the attached list of XML IRIS approved vendors. Providers are not required to use vendors from the list, but the vendors listed have been confirmed to be able to produce XML IRIS files that conform to the new format and specification. Teaching providers are required to submit IRIS data for all interns and residents claimed on the submitted cost report. The federal register for FY 2022 updated 42 CFR 413.24(f)(5)(i)(A) to require that teaching providers file their IRIS data using the XML format for all cost reports with fiscal year beginning on or after 10/1/2021. This Section of the federal register also instructed teaching providers to ensure that the total GME and IME FTEs reported on the IRIS match total GME and IME FTEs reported on the as-filed cost report. Cost reports with FY beginning on or after 10/1/2022 that the XML IRIS GME and IME FTEs do not match what is reported on the as-filed cost report will be rejected by the MACs. Transmittal 11491: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
CR 12728 Issued: 5/19/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Quarterly Update to Home Health (HH) Grouper Provides the October 2022 update to the HH Grouper software to reflect an update to diagnosis codes. Applies to Chapter 10, Section 80. Transmittal 11417: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12737; MM12737 Issued: 5/4/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment Provides instructions for the quarterly update to the clinical laboratory fee schedule. Applies to Chapter 16, Section 20. Transmittal 11398: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12738; MM12738 Issued: 5/20/2022 Effective: 1/1/2022 Implemented: 7/55/2022	Update to the Payment for Grandfathered Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2022 Section 10501(i)(3)(A) of the Affordable Care Act (Publication L. 111–148 and Publication L. 111–152) added Section 1834(o) of the Act to establish a payment system for the costs of FQHC services under Medicare Part B based on prospectively set rates. In the PPS for FQHC Final Rule published in the May 2, 2014 Federal Register (79 FR 25436), CMS implemented a methodology and payment rates for FQHCs under the PPS beginning on October 1, 2014. Transmittal 11425: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12744 Issued: 6/2/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Shared System Support Hours for Application Programming Interfaces (APIs) 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. Transmittal 11439: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12747 Issued: 5/12/2022 Effective: 7/1/2022 Implemented: 7/5/2022	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2022 Update Amends the payment files, which were issued to contractors based upon the 2022 MPFS Final Rule. Applies to CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1. Transmittal 11408: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12756 Issued: 5/26/2022 Effective: 10/1/2022 Implemented: 10/3/2022	October 2022 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder Medicare contractors download the updated HCPCS file when it becomes available. The complete HCPCS file is updated and released quarterly to the Medicare contractors. The file contains existing, new, revised and discontinued HCPCS codes for the October 2022 quarter. Contractors must download the file via the CMS mainframe in September 2022. Applies to Chapter 23, Section 20 of the Medicare Claims Processing Manual. Transmittal 11436: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12758 Issued: 6/2/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Annual (2023) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Provides the 2023 ICD-10-CM updates. Applies to Chapter 23, Section 10. Transmittal 11440: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12762 Issued: 6/2/2022 Effective: 10/1/2022 Implemented: 10/3/2022	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions Provides direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by First Coast Service Options (FCSO) on a quarterly basis. Applies to 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. Transmittal 11443: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12772; MM12772 Issued: 6/9/2022 Effective: 7/1/2022 Implemented: 7/5/2022	July Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Update on a quarterly basis 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 CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 23, Section 60. Transmittal 11451: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12774; MM12774 Issued: 8/10/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update Updates the RARC and CARC lists and instructs the VMS and the FISS to update the MREP and the PC Print. Applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of CMS IOM Publication 100-04. Transmittal 11549: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12775 Issued: 6/23/2022 Effective: 10/1/2022 Implemented: 10/3/2022	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 June 1, 2022. Applies to Chapter 22, Section 80.2. Transmittal 11467: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12778 Issued: 8/10/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Claim Status Category and Claim Status Codes Update Updates the Claim Status and Claim Status Category Codes used for the ASC X12 276/277 Health Care Claim Status Request and Response and the ASC X12 277 Health Care Claim Acknowledgment transactions. Can be found in Chapter 31, Section 20.7 of CMS IOM Publication 100-04. Transmittal 11552: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12788 Issued: 7/14/2022 Effective: 10/1/2022 Implemented: 10/3/2022	October 2022 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files Provides the ASP and 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. Transmittal 11496: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12789 Issued: 8/25/2022 Effective: 6/24/2022 Implemented: 9/27/2022	Sixth General Update to Provider Enrollment Instructions in Chapter 10 of Publication (Publication) 100-08, Program Integrity Manual (PIM) Updates Chapter 10 of CMS IOM Publication 100-08, PIM, with new or clarifying instructions regarding the processing of certain Medicare provider enrollment applications and transactions. Transmittal 11574: CMS IOM Publication 100-08, Medicare Program Integrity Manual
CR 12795 Issued: 6/23/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 28.3, Effective October 1, 2022 Updates the NCCI PTP edits. Applies to publication 100-04, Chapter 23, Section 20.9. Transmittal 11471: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12797 Issued: 6/22/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Fiscal Year (FY) 2023 Annual Update to the Medicare Code Editor (MCE) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS) Implements the annual changes to the ICD-10-CM and ICD-10-PCS codes included in the Medicare Code Editor, which are used to revise edits for A/B MACs to make appropriate payments. Applies to Chapter 23, Section 10. Transmittal 11464: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12803; MM12803 Issued: 6/23/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2022 Announces the changes that will be included in the October 2022 quarterly release of the edit module for clinical diagnostic laboratory services. Applies to Chapter 16, Section 120.2, Publication 100-04. Transmittal 11465: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12807; MM12807 Issued: 8/5/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2023 A new IRF PRICER software package will be released prior to October 1, 2022, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2022, through September 30, 2023. Chapter 3, Section 140.2 of CMS IOM Publication 100-04 Medicare Claims Processing Manual is being updated accordingly. Transmittal 11840: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12808 Issued: 8/5/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update Fiscal Year (FY) 2023 Provides information on the updates to the payment rates used under the PPS for SNFs, for FY 2023, as required by statute. The update can be found in Chapter 6, Section 30.5 of the Claims Processing Manual. Transmittal 11541: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12809 Issued: 6/29/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Instructions for Downloading the Medicare ZIP Code Files for October 2022 Describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the October 2022 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). Transmittal 11475: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12811 Issued: 8/5/2022 Effective: 9/1/2022 Implemented: 9/1/2022	Implementation of the Award for the Jurisdiction N (J-N) Part A and Part B Medicare Administrative Contractor (JN A/B MAC) Announces the Jurisdiction JN A/B MAC recompetition procurement that was recently awarded to First Coast Service Options, Inc. (FCSO), the incumbent contractor for this workload. The current JN workload identifier numbers, the FISS roll-up identifier and the Business Segment Identifiers (BSI) will not change. Transmittal 11539: CMS IOM Publication 100-20, One Time Notification
CR 12822; MM12822 Issued: 8/31/2022 Effective: 9/6/2022 Implemented: 9/6/2022; 10/3/2022; 1/3/2023	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2023 Update Provides 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 that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html , along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. Transmittal 11584: CMS IOM Publication 100-20, One Time Notification

Change Request	Summary and Reference
CR 12825 Issued: 7/14/2022 Effective: 10/1/2022 Implemented: 10/3/2022	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System Instructs FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. CMS IOM Publication 100-06, Chapter 9, requires the PS&R system to reflect FISS changes to the paid claims file fields. Transmittal 11499: CMS IOM Publication 100-06, Medicare Financial Management
CR 12827 Issued: 7/28/2022 Effective: 8/30/2022 Implemented: 8/30/2022	Update of Chapter 3 in Publication 100-08, Including Update to Medicare Program Integrity Contractor Post-Payment Review Process, and Update of Chapter 8 Publication 100-08, Including Revision to When Contractor Suspects Additional Improper Claims Updates a Section within Chapter 3 in Publication 100-08. Includes updating the Medicare Program Integrity Contractor post-payment review process, specifically advising the contractor to document when they are unable to complete a post-payment medical review in 60 days. Additionally, a Section within Chapter 8 in Publication 100-08 is being revised to remove guidance that is no longer relevant. Transmittal 11529: CMS IOM Publication 100-08, Medicare Program Integrity Manual
CR 12832; MM12832 Issued: 8/4/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2023 Updates the hospice payment rates, hospice wage index, and Pricer for FY 2023. Also updates the FY 2023 hospice aggregate cap amount. Applies to CMS IOM Publication 100-04, Chapter 11, Section 30.2. Transmittal 11542: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12840 Issued: 8/25/2022 Effective: 7/1/2022 Implemented: 9/27/2022	Updates are Being Made to Chapter 1 of the Medicare Claims Processing Manual to Include Newly Created and Utilized Payer Only Codes Updates Chapter 1 of the Medicare Claims Processing Manual to include newly created and utilized Payer Only Codes. Transmittal 11571: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12842; MM12842 Issued: 10/5/2022 Effective: 1/1/2023 Implemented: 9/6/2022; 1/3/2023	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2023 Update--2 of 2 Provides 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 that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html , along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. Transmittal 11636: CMS IOM Publication 100-20, One Time Notification
CR 12847 Issued: 7/12/2022 Effective: 7/18/2022 Implemented: 7/18/2022	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 4th Qtr Notification for FY 2022 Medicare Regulation 42 CFR Section 405.378 provides for the charging and payment of interest on overpayments and underpayments to Medicare providers. The Secretary of Treasury certifies an interest rate quarterly. Treasury utilizes the most comprehensive data available on consumer interest rates to determine the certified rate. Interest is assessed on delinquent debts in order to protect the Medicare Trust Funds. Applies to Chapter 3, Section 10. Transmittal 11495: CMS IOM Publication 100-06, Medicare Financial Management
CR 12856 Issued: 8/18/2022 Effective: 8/1/2022 Implemented: 9/30/2022; 11/1/2022	Influenza Vaccine Payment Allowances - Annual Update for 2022-2023 Season Provides the availability of payment allowances for the seasonal influenza virus vaccines as updated on an annual basis, effective August 1 of each year. Applies to publication 100-04, Chapter 17, Section 20.5.9. Transmittal 11564: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 12859; MM12859 Issued: 8/4/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2023 Identifies changes that are required as part of the annual IPF PPS update established in IPF Final Rule entitled "Medicare Program; FY 2023 Inpatient Psychiatric Facilities Prospective Payment System – Rate Update and Quality Reporting – Request for Information." These changes are applicable to discharges occurring from October 1, 2022 through September 30, 2023 (FY 2023). Applies to the Claims Processing Manual (CLM), Chapter 3, Section 190.4.3 and Section 190.6.1. Transmittal 11543: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12869 Issued: 8/4/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2022 Update Payment files were issued to contractors based upon the 2022 MPFS Final Rule. Amends those payment files. Applies to CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1. Transmittal 11544: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12870; MM12870 Issued: 9/16/2022 Effective: 10/1/2022 Implemented: 10/3/2022	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment Provides instructions for the quarterly update to the clinical laboratory fee schedule. Applies to Chapter 16, Section 20. Transmittal 11604: CMS IOM Publication 100-04, Medicare Claims Processing Manual
CR 12875 Issued: 9/9/2022 Effective: 10/1/2022 Implemented: 10/3/2022	October 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.3 Provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPFS and non-OPFS for hospital outpatient departments, CMHCs, all non-OPFS providers, and for limited services when provided in a HHA not under the HH PPS or to a hospice patient for the treatment of a nonterminal illness. Applies to publication 100-04, Chapter 4, Section 40.1. Transmittal 11593: CMS IOM Publication 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
<p>CR 12885; MM12885</p> <p>Issued: 9/9/2022 Effective: 10/1/2022 Implemented: 10/3/2022</p>	<p>October 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS)</p> <p>Describes changes to and billing instructions for various payment policies implemented in the October 2022 OPPS update. The October 2022 I/OCE will reflect the HCPCS, 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 October 2022 revisions to I/OCE data files, instructions, and specifications are provided in the October 2022 I/OCE CR 12875.</p> <p>Transmittal 11594: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>
<p>CR 12918; MM12918</p> <p>Issued: 9/29/2022 Effective: 10/1/2022 Implemented: 10/3/2022</p>	<p>October Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule</p> <p>Updates on a quarterly basis 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 publication 100-04, Medicare Claims Processing Manual, Chapter 23, Section 60.</p> <p>Transmittal 11619: CMS IOM Publication 100-04, Medicare Claims Processing Manual</p>