

Change Request Summaries

The following chart lists the Centers for Medicare & Medicaid Services (CMS) Change Requests (CRs) implemented between 1/5/2023 and 4/4/2023 (unless otherwise noted) in numeric order. The chart also includes Medicare Learning Network (MLN) Matters® Special Edition (SE) articles issued within the same timeframe. Acronyms can be found under Resources > Tools & Calculators on [our website](#) under Provider Resources. Acronyms can be found. **Note:** If no MLN is listed then no MLN was associated with the CR at the time of publication; CMS also uses MLN Connects Newsletter messaging to convey important details.

Change Request	Summary and Reference
CR 12184 Issued: 10/6/2022 Effective: 4/1/2023 Implemented: 4/3/2023	User CR: Fiscal Intermediary Shared System (FISS) Enhancement to View All Changes for All Adjustment Types With CR 9071, FISS implemented functionality to allow the MACs to execute a side-by-side comparison of an adjustment and the original processed claim. This function is currently limited to provider submitted adjustments with bill type XX7 or XXQ. MACs have requested an enhancement to allow the compare functionality for all adjustment types. Allows more efficient MAC research by allowing a side by side comparison of the previous/original and adjustment to see where changes were made to the processed claim. Transmittal 11629: CMS IOM Publication (Pub.) 100-20, One Time Notification
CR 12621 Issued: 10/20/2022 Effective: 4/1/2023 Implemented: 4/3/2023	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Reason Code 31849 FISS created reason code 31849 to suspend incoming SNF PDPM claims when one or more claims in the same inpatient stay are offline. The reason code unnecessarily suspends some claims when retrieval of the offline claim(s) is not necessary. When an interrupted stay or change in level of care greater than three (3) days is present in the prior claim, the incoming claim should be returned to the provider to bill as a new stay. A new SNF inpatient stay is necessary to ensure correct payment to the provider. Currently, there is not a reason code in FISS to identify when the incoming claim is incorrectly billed as a continuation of an existing stay. No policy impact. Transmittal 11649: CMS IOM Pub. 100-20, One Time Notification

Change Request	Summary and Reference
CR 12652 Issued: 8/19/2022 Effective: 3/7/2022 Implemented: 4/3/2023	Pub. 100-17 Medicare Business Partners Systems Security Manual Update Updates the existing Business Partners Systems Security Manual (BPSSM) and the Medicare Administrative Contractor Acceptable Risk Safeguards (MAC ARS). The BPSSM provides clarification and support to various CMS security policies, standards guidelines and procedures. The MAC ARS is based on NIST Special Publication 800-53 Revision 5, dated September, 2020 and has been customized for usage by the MACs. Transmittal 11570: CMS IOM Pub. 100-17, Medicare Business Partners System Security
CR 12871 Issued: 10/6/2022 Effective: 4/1/2023 Implemented: 4/3/2023	Instructions to the Fiscal Intermediary Shared System [FISS] to Add Additional Multiple Procedure Indicators 6 and 7 Into the Physician Fee Schedule Payment Policy Indicator File Record Layout Provides instructions to FISS to add additional multiple procedure indicators 6 and 7 into the Physician Fee Schedule Payment Policy Indicator File Record Layout. This will allow codes to be loaded, but will not affect the cost-based payment on CAH claims. In addition, this CR updates Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 50.6. Transmittal 11630: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 12881 Issued: 11/9/2022 & 3/30/2023 Effective: 4/1/2023 Implemented: 4/3/2023	Update to Process and Responsibility for Tracking Medicare Contractors' Prepayment and Post Payment Reviews in the RAC Data Warehouse (RACDW) Updates the process for MACs to upload Post Payment claims monthly into the RACDW. Transmittal 11697 & 11933: CMS IOM Pub. 100-08, Medicare Program Integrity Manual
CR/MM 12896 Issued: 3/29/2023 Effective: DOS on/after 10/1/2019 Implemented: 4/3/2023	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing Implements changes to correct claims processing edits. Applies to FISS and the CWF. SNFs billing on TOB 21X (subject to SNF PPS) will be subject to these requirements. Also corrects hospital overlap edits when billing during an interrupted stay where the hospital claim was processed as provider liable. Modifies claims processing to adhere to current policy. No new policy changes exist with this CR. Transmittal 11932: CMS IOM Pub. 100-20, One Time Notification

Change Request	Summary and Reference
CR 12916 Issued: 12/21/2022 Effective: 1/23/2023 Implemented: 1/23/2023	Electronic Correspondence Referral System (ECRS) Restoration of Patient Relationship Code 18, Update to Medicare Secondary Payer (MSP) Inquiry Transactions for Deceased Beneficiaries, and Clarification of Existing ECRS User Guide Policy Based on the Medicare Administrative Contractors Feedback <p> Informs MACs of various modifications to the ECRS Web User Guide. Changes made cover restoring the usage of Patient Relationship Code (18) defined as Parent; clarifying when a MSP inquiry transaction for a deceased beneficiary may be added; and clarifying the usage of specific reason and action codes, hierarchy, MSP Type G (Disabled), MSP Type B (ESRD), and matching criteria for inquiries and transactions. </p> <p> Transmittal 11754: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual </p>
CR/MM 12928 Issued: 12/30/2022 Effective: 1/1/2022 Implemented: 1/31/2023	National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy <p> Provides updated instructions on how to process claims in the Part B physician office and independent clinics for CAR T Cell Therapy. Also applies to Part A inpatient and outpatient claims. </p> <p> Transmittal 11774: CMS IOM Pub. 100-04, Medicare Claims Processing Manual </p>
CR 12937 Issued: 11/17/2022 Effective: 4/1/2023 Implemented: 4/3/2023	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 <p> Instructs 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 February 1, 2023. Applies to Chapter 22, Section 80.2. </p> <p> Transmittal 11703: CMS IOM Pub. 100-04, Medicare Claims Processing Manual </p>
CR/MM 12943 Issued: 11/17/2022 Effective: 1/1/2023 Implemented: 4/3/2023	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS <p> Provides instructions for the Medicare contractors to download, test, and implement the annual Part B Preventive Vaccine Administration file. The rates from the new annual Part B Preventive Vaccine Administration file will be applied to preventive service claims beginning 4/1/2023. </p> <p> Transmittal 11710: CMS IOM Pub. 100-20, One Time Notification </p>

Change Request	Summary and Reference
CR 12947 Issued: 10/20/2022 Effective: 4/1/2023 Implemented: 4/3/2023	Shared System Support Hours for Application Programming Interfaces (APIs) - April 2023 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 11651: CMS IOM Pub.100-20, One Time Notification
CR 12949 Issued: 3/1/2023 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder (Insert Summary here) The complete HCPCS file is updated and released quarterly. The file contains existing, new, revised and discontinued HCPCS codes for the April 2023 quarter. Contractors must download the file via the CMS mainframe in March 2023. Applies to Chapter 23, Section 20 of the Medicare Claims Processing Manual. Transmittal 11883: CMS IOM Pub.100-04, Medicare Claims Processing Manual
CR/MM 12960 Issued: 11/4/2022 Effective: 4/1/2023 Implemented: 4/3/2023	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2023 Update 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: ICD10 , along with other CRs implementing new policy NCDs. Transmittal 11676: CMS IOM Pub.100-20, One Time Notification
CR 12971 Issued: 12/8/2022 Effective: 2/1/2023 Implemented: 2/1/2023	Implementation of the Award for the Jurisdiction M (J-M) Part A and Part B Medicare Administrative Contractor (JM A/B MAC) (Insert Summary here) Announces the Jurisdiction JM A/B MAC recompetition procurement that was recently awarded to Palmetto Government Benefit Administrator (GBA), Limited Liability Company (LLC), the incumbent contractor for this workload. Transmittal 11730: CMS IOM Pub.100-20, One Time Notification
CR 12988 Issued: 2/6/2023 Effective: 4/1/2023 Implemented: 4/3/2023	New State Codes for North Carolina and other States Some States have exhausted their supply of CMS Certification Numbers (CCNs) for multiple provider types. The new State Codes are in addition to the State Code the state already possesses. Transmittal 11838: CMS IOM Pub.100-20, One Time Notification

Change Request	Summary and Reference
CR 12992 Issued: 12/9/2022 Effective: 1/11/2023 Implemented: 1/11/2023	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 1, Section 90, to include Critical Access Hospitals (CAHs) for a Portion of a Medicare Advantage (MA) Billing Period Updates to Pub. 100-04, Chapter 1, Section 90 Patient Is a Member of a MA Organization for Only a Portion of the Billing Period for the Billing Requirements of the Medicare Claims Processing manual for clarification. Transmittal 11731: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 12995 Issued: 1/19/2023 Effective: 2/21/2023 Implemented: 2/21/2023	Electronic Correspondence Referral System (ECRS) Updates to the Check Amount Screens, Removal of the Insurer Phone Number, Batch Processing Error Code Updates, Removal and Relocation of Excluded ICD-10 Diagnosis Codes and Clarification of Action Code II Informs MACs of modifications to the ECRS Web User Guide. Updates made consist of the following: two decimal places on the ECRS check amount screens; removing the insurer phone number from several ECRS screens; updating various batch processing error codes; removing and relocating excluded ICD-10 diagnosis codes; and clarifying Automation Action Code "II." Transmittal 11788: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual
CR 13000 Issued: 12/21/2022 Effective: 1/23/2023 Implemented: 1/23/2023	Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapters 1 and 2 Revises Pub. 100-05 Medicare Secondary Payer Manual, Chapters 1 and 2, which are out of date specific to verbiage, policy, and operational procedures. Transmittal 11755: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual
CR 13001 Issued: 11/23/2022 Effective: 4/1/2023 Implemented: 4/3/2023	Update the Common Working File (CWF) to Apply Error Code 7282 to all Applicable Detail Lines of a Claim Updates CWF to apply error code 7282 to all applicable detail lines of a claim in one cycle. Transmittal 11719: CMS IOM Pub. 100-20, One Time Notification
CR 13002 Issued: 12/21/2022 Effective: 1/23/2023 Implemented: 1/23/2023	Deleting Internet Only Manuals (IOM) Pub. 100-05, Chapter 4 and Chapter 8 Pub. 100-05, Chapter 4 and Chapter 8 are being deleted because they are no longer being used or have been merged with other Pub. 100-05 Chapters Transmittal 11756: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual

Change Request	Summary and Reference
CR 13005 Issued: 12/21/2022 Effective: 3/21/2023 Implemented: 3/21/2023	Manual Update to Pub. 100-04, Chapter 20, Pre-Discharge Delivery of DMEPOS for Fitting and Training, Section 110.3 Adds a note to manual Section 110.3 - Pre-Discharge Delivery of DMEPOS for Fitting and Training, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Transmittal 11760: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13007 Issued: 12/30/2022 Effective: 4/1/2023 Implemented: 4/3/2023	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 to instruct the Viable Information Processing Systems (ViPS) Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the MREP and the PC Print. Applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of Pub. 100-04. Transmittal 11768: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13008 Issued: 1/19/2023 Effective: 4/1/2023 & 7/1/2023 Implemented: 4/3/2023 & 7/3/2023	Preventing Submission of Cross-Reference Document Control Numbers on Original Claims Creates a new edit in Original Medicare systems to prevent providers from submitting unnecessary data on original claims. Transmittal 11794: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13016 Issued: 12/21/2023 Effective: 2/15/2023 Implemented: 2/15/2023	Provider Education for Prior Authorization (PA) Process for Facet Joint Interventions in the Hospital Outpatient Department (OPD) Setting Instructs the A/B MACs to provide education for providers regarding the PA process for facet joint interventions in the hospital OPD setting. Transmittal 11753: CMS IOM Pub. 100-20, One Time Notification

Change Request	Summary and Reference
CR/MM 13017 Issued: 2/16/2023 Effective: 1/1/2023 Implemented: 2/27/2023 & 4/3/2023	<p>An Omnibus CR to Implement Policy Updates in the calendar year (CY) 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR</p> <p>Policy updates from CY 2023 PFS Final Rule (87 FR 69404) including removal of one selected NCD: Ambulatory Electroencephalographic (EEG) Monitoring (NCD 160.22). Separately, the policy updates also include policies to expand colorectal cancer screening coverage by 1) reducing the minimum age for certain CRC screening tests from 50 to 45 years and 2) expanding the regulatory definition of CRC screening tests to include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based test returns a positive result.</p> <p>Transmittal 11865: CMS IOM Pub. 100-02, Medicare Benefit Policy Manual; CMS IOM Pub. 100-03, Medicare National Coverage Determinations Manual; CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>
CR 13025 Issued: 1/19/2023 Effective: 2/21/2023 Implemented: 2/21/2023	<p>Update to the Internet Only Manual (IOM) For Alpha-Numerical Order in Pub. 100-04, Chapter 32, Index, Sections 40.2.1 and 40.2.4</p> <p>Updates 100-04, Chapter 32 to ensure that the HCPCS codes in Sections 40.2.1 and 40.2.4 are in alpha-numerical order of the claims processing Manual. CR 12069 was previously implemented for the HCPCS codes, but were submitted out of order.</p> <p>Transmittal 11789: CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>
CR/MM 13026 Issued: 12/8/2022 Effective: 4/1/2023 Implemented: 4/3/2023	<p>Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2023</p> <p>Announces changes that will be included in the April 2023 quarterly release of the edit module for clinical diagnostic laboratory services. Applies to Chapter 16, Section 120.2, Pub. 100-04.</p> <p>Transmittal 11734: CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>
CR 13028 Issued: 12/30/2022 Effective: 1/31/2023 Implemented: 1/31/2023	<p>Manual Update Pub. 100-02 Medicare Benefit Policy, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations</p> <p>Updates CMS IOM Pub. 100-02 <i>Medicare Benefit Policy Manual</i> to add Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations. This manual Section is a quick reference tool for benefit categories determinations on or after 9/26/ 2022 in accordance with the procedures at 42 CFR Section 414.114 and Section 414.240.</p> <p>Transmittal 11769: CMS IOM Pub. 100-02, Medicare Benefit Policy Manual</p>

Change Request	Summary and Reference
CR 13029 Issued: 12/30/2022 Effective: 1/1/2023 Implemented: 1/31/2023	Internet-Only Manual (IOM) Updates for Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) <p>Adds the Nurse Portfolio Credentialing Commission (NPCC) to the list of national certifying bodies under the manual instructions at Chapter 15, Section 200 for NPs and, Section 210 for CNSs of the <i>Medicare Benefit Policy Manual</i>, Pub. 100-02. (Sections 10.2.3.5 and 10.2.3.8 in Chapter 10 of Pub. 100-08 are also being updated with the foregoing changes.) The CY 2023 Physician Fee Schedule final rule adds the NPCC to the list of recognized national certifying bodies for NPs and CNSs. Accordingly, effective 1/1/2023, NPs and CNSs who are certified by the NPCC meet the Medicare Part B program's national certification qualification requirement to enroll under the NP and CNS statutory benefit category.</p> <p>Transmittal 11771: CMS IOM Pub. 100-02, Medicare Benefit Policy Manual; CMS IOM Pub. 100-08, Medicare Program Integrity Manual</p>
CR 13034 Issued: 12/15/2022 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 40.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for Collection of Health-Related Social Needs (HRSNs) and New ICD-10 Procedure Coding System (PCS) Codes <p>Implements new ICD-10-CM codes for collection of health-related social needs (HRSNs) and also introduces new ICD-10-PCS codes to the MS-DRG Grouper and MCE version 40.1, effective for discharges on and after 4/1/2023. Applies to Chapter 3, Section 20.3.4</p> <p>Transmittal 11746: CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>
CR 13044 Issued: 12/15/2022 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files <p>The ASP methodology is based on quarterly data submitted to CMS by manufacturers. CMS will supply the contractors with the ASP and NOC drug pricing files for Medicare Part B drugs on a quarterly basis. 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.</p> <p>Transmittal 11752: CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>
CR 13047 Issued: 12/21/2022 Effective: 4/1/2023 Implemented: 4/3/2023	Instructions for Downloading the Medicare ZIP Code File for April 2023 Files <p>Describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the April 2023 quarter and also describes the revision to and the process for downloading the Calendar Year-End ZIP Code files. Applies to Chapter 15, Section 20.1.5(B).</p> <p>Transmittal 11761: CMS IOM Pub. 100-04, Medicare Claims Processing Manual</p>

Change Request	Summary and Reference
CR 13048 Issued: 12/21/2023 Effective: 4/1/2023 Implemented: 4/3/2023	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. IOM Publication 100.06, Chapter 9, requires the PS&R system to reflect FISS changes to the paid claims file fields. Transmittal 11757: CMS IOM Pub. 100-06, Medicare Financial Management
CR 13049 Issued: 131/2023 Effective: 4/1/2023 Implemented: 4/3/2023	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. Transmittal 11831: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13061 Issued: 2/16/2023 Effective: 3/17/2023 Implemented: 3/17/2023	Eighth General Update to Provider Enrollment Instructions in Chapter 10 of CMS Pub. 100-08 Clarifies several provider enrollment topics, including certain contractor referrals to CMS, sales agreements, and application processing clock stoppages. Transmittal 11859: CMS IOM Pub. 100-08, Medicare Program Integrity Manual
CR 13062 Issued: 1/19/2023 Effective: 1/1/2023 Implemented: 2/21/2023	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and Additional Claims Modifier for Audio-only Services Revises the <i>Medicare Benefit Policy Manual</i> , Chapter 17, and the <i>Medicare Claims Processing Manual</i> , Chapter 39, to reflect changes made in the CY 2023 Physician Fee Schedule Final Rule. Transmittal 11792: CMS IOM Pub. 100-02, Medicare Benefit Policy Manual ; CMS IOM Pub. 100-08, Medicare Program Integrity Manual
CR/MM 13063 Issued: 1/26/2023 Effective: 1/1/2023 Implemented: 2/27/2023	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update Chapter 13 of the <i>Medicare Benefit Policy Manual</i> has been revised to include payment policy for RHCs and FQHCs as finalized in the CY 2022 and CY 2023 Physician Fee Schedule Final Rules. All other revisions serve to clarify existing policy. Transmittal 11803: CMS IOM Pub. 100-02, Medicare Benefit Policy Manual

Change Request	Summary and Reference
CR/MM 13070 Issued: 3/1/2023 Effective: 7/1/2023 Implemented: 3/3/2023 & 7/3/2023	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 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. 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 11884: CMS IOM Pub. 100-20, One Time Notification
CR/MM 13071 Issued: 1/6/2023 Effective: 1/1/2023 Implemented: 1/23/2023	Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens and New Updates for 2023 Revises the payment of travel allowances when billed on a per mileage basis using HCPCS code P9603 and when billed on a flat rate basis using HCPCS code P9604 for CY 2023. In addition, it revises Chapter 16, Section 60.1 and 60.2 of the <i>Claims Processing Manual</i> to include the changes and clarifications related to the Final Rule. Transmittal 11778: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR/MM 13073 Issued: 3/27/2023 Effective: 9/26/2022 Implemented: 3/24/2023	National Coverage Determination (NCD) 50.3 - Cochlear Implantation Manual Update Updates the manuals with revised eligibility criteria for the cochlear implantation NCD policy that is expanding beneficiary coverage for treatment of bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification. Transmittal 11929: CMS IOM Pub. 100-03, Medicare National Coverage Determinations Manual ; CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13074 Issued: 2/9/2023 Effective: 3/9/2023 Implemented: 3/9/2023	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18, Section 10.2.2.1, to Clarify the Payment Method on Vaccines for Critical Access Hospitals (CAHs) Updates Pub. 100-04, Chapter 18, Section 10.2.2.1 Payment for Pneumococcal Pneumonia Virus, Influenza Virus, Hepatitis B Virus and COVID-19 Vaccines and Their Administration on Institutional Claims of the Medicare Claims Processing manual for clarification. Transmittal 11843: CMS IOM Pub. 100-04, Medicare Claims Processing Manual

Change Request	Summary and Reference
CR 13078 Issued: 2/9/2023 Effective: 3/9/2023 Implemented: 3/9/2023	Online Electronic Correspondence Referral System (ECRS) Added Edits Checking for Medicare Entitlement and Part D Enrollment For Specific Group Health Plan (GHP) Types and Batch Edits. Effective April, 2023, Hierarchy Rules Will Be Applied to Primary and Supplemental Part D Records Alerts to upcoming modifications to ECRS processes and the associated Web User Guide. CMS is adding online ECRS edits that check for Medicare entitlement and Part D enrollment; CMS is adding these edits for GHP MSP Types A, B and G corresponding to the existing batch edits. Additionally, effective in April 2023, CMS will be applying MSP hierarchy rules to primary and supplemental Part D prescription drug records. These rules will be similar to the rules currently applied to incoming MSP GHP and NGHP records. No modifications were made to the ECRS Quick Reference Card. Transmittal 11844: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual
CR 13079 Issued: 1/11/2023 Effective: 1/18/2023 Implemented: 1/18/2023	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Quarter Notification for FY 2023 The Department of the Treasury has notified the DHHS that the private consumer rate has been changed to 11.25 percent. Transmittal 11784: CMS IOM Pub. 100-06, Medicare Financial Management
CR/MM 13082 Issued: 2/2/2023 Effective: 4/1/2023 Implemented: 4/3/2023	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment Provides instructions for the quarterly update to the CLFS and applies to Chapter 16, Section 20. Transmittal 11829: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13085 Issued: 2/23/2023 Effective: 3/24/2023 Implemented: 3/24/2023	Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapter 3 Revises Pub. 100-05 <i>Medicare Secondary Payer Manual</i> , Chapter 3 which is out of date specific to verbiage, including verbiage for MSP policy and operational procedures Transmittal 11874: CMS IOM Pub. 100-05, Medicare Secondary Payer Manual CMS MLN Fact Sheet MLN7748519 "Medicare Secondary Payer: Don't Deny Services & Bill Correctly"

Change Request	Summary and Reference
CR/MM 13089 Issued: 2/9/2023 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Quarterly Update to HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement Updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). Changes to CPT/HCPCS codes and Medicare physician fee schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing in Chapter 6, Section 20.6. Transmittal 11849: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13092 Issued: 2/9/2023 Effective: 4/1/2023 Implemented: 4/3/2023	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2023 Update Amends payment files that were issued to contractors based upon the 2023 Medicare physician fee schedule (MPFS) Final Rule. This update applies to Pub. 100-04, <i>Medicare Claims Processing Manual</i> , Chapter 23, Section 30.1. Transmittal 11848: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR 13101 Issued: 2/23/2023 Effective: 3/24/2023 Implemented: 3/24/2023	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2021 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs) Provides updated data for determining the disproportionate share (DSH) adjustment for IPPS hospitals and the low-income patient (LIP) adjustment for IRFs, as well as payments as applicable for LTCH discharges (e.g., 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. Transmittal 11870: CMS IOM Pub. 100-09, Medicare Contractor Beneficiary and Provider Communications Manual
CR/MM 13103 Issued: 2/23/2023 Effective: 12/17/2022 Implemented: 3/10/2023	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Further Continuing Appropriations and Extensions Act, 2023, and the Consolidated Appropriations Act, 2023 Provides information and implementation instructions for Sections 101 and 102 of the Further Continuing Appropriations and Extensions Act, 2023 and Sections 4101 and 4102 of the Consolidated Appropriations Act, 2023. Transmittal 11878: CMS IOM Pub. 100-20, One Time Notification

Change Request	Summary and Reference
CR 13125 Issued: 3/10/2023 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.1 Provides the I/OCE instructions and specifications that will be utilized under the 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 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 11896: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR/MM 13136 Issued: 3/31/2023 Effective: 4/1/2023 Implemented: 4/3/2023	April 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS) Describes changes to and billing instructions for various payment policies implemented in the April 2023 OPPS update. The April 2023 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 CY 2007 and Later). Transmittal 11937: CMS IOM Pub. 100-04, Medicare Claims Processing Manual
CR/MM 13153 Issued: 3/16/2023 Effective: 4/1/2023 Implemented: 4/3/2023	April Quarterly Update for 2023 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Provides the quarterly update of 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, <i>Medicare Claims Processing Manual</i> , Chapter 23, Section 60 Transmittal 11910: CMS IOM Pub. 100-04, Medicare Claims Processing Manual