

**CALENDAR OF ARTICLES by  
EFFECTIVE DATES  
As of January 19, 2017**

**Introduction**

This document organizes MLN Matters® Article by effective date with descriptive information. The calendar represents 12 months (rolling months) of articles that have been posted. It can be used to review upcoming Medicare changes. Since many of the articles are posted and Change Requests (CRs) released months before the effective dates, the calendar can serve as a reminder of pending Medicare changes.

**Tips on Using the Calendar**

- Review the calendar for upcoming Medicare changes, in order to anticipate where errors may be introduced due to billing changes.
- Review the calendar for upcoming Medicare changes, to assist in anticipating where complex changes may increase the number of calls to Call Centers. This could be due to effective dates of complicated regulation changes that are scheduled.
- Review the calendar to ensure staff and provider partners (if appropriate) are prepared for the upcoming change (for example, ICD-10).

The calendar is updated weekly to reflect the posted MLN articles and CRs.

**January 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
1/1/2016	<a href="#">MM9255</a>	Reporting of Anti-Cancer and Anti-Emetic Drugs	Hospices that submit claims to HH&H MACs for hospice services provided to Medicare beneficiaries	Revises Medicare systems to allow oral anti-cancer and anti-emetic drugs to be reported on hospice claims, as intended by CR8358
1/1/2016	<a href="#">MM9231</a>	New and Revised Place of Service Codes (POS) for Outpatient Hospitals	Physicians, other providers, and suppliers submitting claims to MACs, including DME MACs for services provided to Medicare beneficiaries	Updates the “Medicare Claims Processing Manual”
1/1/2016	<a href="#">MM9223</a>	Applying Therapy Caps to Maryland Hospitals	Maryland hospitals that provide therapy services and submit claims to MACs for services to Medicare beneficiaries	Revises Original Medicare systems to ensure therapy services provided in Maryland hospitals are subject to the outpatient therapy per-beneficiary cap
1/1/2016	<a href="#">MM9203</a>	Medicare Remit Easy Print (MREP) Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Instructs the developer of the MREP software to update it based on enhancement requests received through the MACs and the CMS website
1/1/2016	<a href="#">MM9295</a>	Annual Clotting Factor Furnishing Fee Update 2016	Physicians and other providers billing MACs for services related to the administration of clotting factors provided to Medicare beneficiaries	Announces the update to the Clotting Factor Furnishing Fee for 2016
1/1/2016	<a href="#">MM9201</a>	Implementation of the Hospice Payment Reforms	Providers of hospice care, including routine home care, who submit claims to MACs for services to Medicare beneficiaries	Implements service intensity add-on payments for hospice social working and nursing visits provided during the last 7 days of life when provided during routine home care

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1/1/2016	<a href="#">MM9270</a>	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Instructs MACs to update systems based on the CORE 360 Uniform Use of CARC and RARC Rule publication
1/1/2016	<a href="#">MM9276</a>	Claim Status Category and Claim Status Codes Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes to the Claim Status Category and Claim Status Codes
1/1/2016	<a href="#">MM9340</a>	2016 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update	Physicians, other providers, and suppliers submitting claims to MACs, HH&H MACs and DME MACs, for service provided to Medicare beneficiaries who are in a Part A covered SNF stay	Provides the 2016 HCPCS Codes for SNF CB and explains how the updates affect edits in Medicare claims processing systems
1/1/2016	<a href="#">MM9351</a>	January 2016 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers, and suppliers submitting claims to MACs, including DME MACs and HH&H MACs for Part B drugs provided to Medicare beneficiaries	Instructs MACs to implement the January 2016 ASP Medicare Part B drug pricing file for Medicare Part B drugs, and if they are released by CMS, to also implement the revised October 2015, July 2015, April 2015, and January 2015 files
1/1/2016	<a href="#">MM9236</a>	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 22.0, Effective January 1, 2016	All physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the release of the latest package of CCI edits, Version 22.0, which will be effective 1/1/2016

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1/1/2016	<a href="#">MM9342</a>	2016 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments	Physicians submitting claims to MACs for services provided in HPSAs to Medicare beneficiaries	Alerts you that the annual HPSA bonus payment file for 2016 will be made available by CMS to your MAC and will be used for HPSA bonus payments on applicable claims with dates of service on or after 1/1/2016 through 12/31/2016
1/1/2016	<a href="#">MM9383</a>	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - January 2016	Suppliers submitting claims to DME MACs for DMEPOS provided to Medicare beneficiaries	Provides the DMEPOS CBP January 2016 quarterly update
1/1/2016	<a href="#">MM9369</a>	Additional G-Codes Differentiating RNs and LPNs in the Home Health and Hospice Setting	Providers of hospice care, including RHC and home health care that submit claims to MACs for services to Medicare beneficiaries	Establishes new G-codes to differentiate levels of nursing services provided during a hospice stay and a home health episode of care
1/1/2016	<a href="#">MM9250</a>	Payment Reduction for Computed Tomography (CT) Diagnostic Imaging Services	Providers submitting claims for CT diagnostic imaging services to MACs, including DME MACs	Informs providers that effective 1/1/2016, a payment reduction of 5 percent applies to CT services furnished using equipment that is inconsistent with the CT equipment standard and for which payment is made under the physician fee schedule
1/1/2016	<a href="#">MM9297</a>	Removal of Device Portion from Certain Discontinued Device-Intensive Ambulatory Surgical Center (ASC) Procedures Prior to the Administration of Anesthesia	Physicians and ASCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs providers that MACs will remove the device portion from certain device intensive ASC procedures when the ASC surgical or ancillary service procedure is terminated prior to anesthesia and Modifier 73 is on the claim
1/1/2016	<a href="#">MM9406</a>	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2016	HHAs submitting claims to MACs for services to Medicare beneficiaries	Informs providers about updates to the 60-day national episode rates, the national per-visit amounts, LUPA add-on amounts, and the non-routine medical supply payment amounts under the HH PPS for CY 2016

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1/1/2016	<a href="#">MM9416</a>	New Waived Tests	Clinical diagnostic laboratories submitting claims to MACs for services provided to Medicare beneficiaries	Informs your MACs of new CLIA waived tests approved by the FDA
1/1/2016	<a href="#">MM9354</a>	Billing of the Transportation Fee by Portable X-Ray Suppliers	Physicians, other providers, and suppliers who submit claims to MACs for portable X-ray services provided to Medicare beneficiaries	Article based on CR9354 which removes the word "Medicare" before "patient" in the "Medicare Claims Processing Manual" and clarifies guidance when more than one patient is X-rayed at the same location
1/1/2016	<a href="#">MM9412</a>	Ambulance Inflation Factor for CY 2016 and Productivity Adjustment	Physicians, other providers, and suppliers submitting claims to MACs for ambulance services provided to Medicare beneficiaries	Furnishes the CY 2016 AIF for determining the payment limit for ambulance services
1/1/2016	<a href="#">MM9347</a>	Announcement of Payment Rate Increase for Rural Health Clinics (RHCs) for Calendar Year (CY) 2016	RHCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about instructions for CY 2016 payment rate increases for RHCs
1/1/2016	<a href="#">MM9348</a>	Update to the Federal Qualified Health Centers (FQHC) Prospective Payment System (PPS) - Recurring File Updates	FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Updates the FQHC PPS base payment rate and the GAFs for the FQHC Pricer for CY 2016
1/1/2016	<a href="#">MM9317</a>	New Values for Incomplete Colonoscopies Billed with Modifier 53	Providers submitting claims to MACs for services to Medicare beneficiaries related to incomplete colonoscopies billed with Modifier 53	Revises the method for calculating payment for discontinued procedures

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1/1/2016	<a href="#">MM8486</a>	Instructions on Utilizing 837 Institutional Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A Claims in Direct Data Entry (DDE) and 837I 5010 Claims Transactions	Providers submitting Medicare MSP claims to A/MACs for services provided to Medicare beneficiaries	Informs providers about the changes necessary for MSP payment calculations from incoming DDE and the paper claim transactions
1/1/2016	<a href="#">MM9254</a>	Intravenous Immune Globulin (IVIG) Demonstration: Payment Update for 2016	Suppliers submitting claims to DME MACs for Q2052 (services, supplies, and accessories used in the home under the Medicare IVIG Demonstration)	Specifies the payment rate for 2016 for Q2052
1/1/2016	<a href="#">MM9465</a>	Calendar Year (CY) 2016 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment	Clinical diagnostic laboratories that submit claims to MACs for services provided to Medicare beneficiaries	Provides instructions for the CY 2016 clinical laboratory fee schedule, mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment
1/1/2016	<a href="#">MM9486</a>	January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers who submit claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries and paid under the OPPS	Implements changes to and billing instructions for various policies implemented in the January 2016 OPPS update
1/1/2016	<a href="#">MM9476</a>	Summary of Policies in the Calendar Year (CY) 2016 Medicare Physician Fee Schedule (MPFS) Final Rule and Telehealth Originating Site Facility Fee Payment Amount	Physicians and other providers who submit claims to MACs for services provided to Medicare beneficiaries	Provides a summary of the policies in the CY 2016 MPFS Final Rule and announces the Telehealth Originating Site Facility Fee payment amount

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1/1/2016	<a href="#">MM9460</a>	Fiscal Year 2017 and After Payments to Hospice Agencies That Do Not Submit Required Quality Data - This CR Rescinds and Fully Replaces CR9091	Hospice agencies submitting claims to MACs for services provided to Medicare beneficiaries	Revises Chapter 3, Section 40 of the "Medicare Quality Reporting Incentive Programs Manual," to reflect changes to the payment reduction reconsideration process
1/1/2016	<a href="#">MM9271</a>	Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)	Providers who submit claims to MACs for ACP services provided as an optional element of the AWV to Medicare beneficiaries	Informs providers to waive the deductible and the coinsurance for ACP when furnished as an optional element of an AWV
1/1/2016	<a href="#">MM9484</a>	January 2016 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about changes to and billing instructions for various payment policies implemented in the January 2016 ASC payment system update
1/1/2016	<a href="#">MM9485</a>	Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens	Clinical diagnostic laboratories submitting claims to MACs for services provided to Medicare beneficiaries	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 2016
1/1/2016	<a href="#">MM9481</a>	2016 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List	Providers and suppliers submitting claims to MACs, including DME MACs for DMEPOS services provided to Medicare beneficiaries	Notifies suppliers that the spreadsheet containing an updated jurisdiction list of HCPCS codes is updated annually to reflect codes that have been added or discontinued (deleted) each year
1/1/2016	<a href="#">MM9495</a>	Emergency Update to the CY 2016 Medicare Physician Fee Schedule Database (MPFSDB)	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Amends payment files that were issued to contractors based on the CY 2016 MPFS

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1/1/2016	<a href="#">MM9459</a>	January 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.0	Providers who submit claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides the instructions and specifications for the I/OCE to be used under the OPSS and non-OPSS for hospital outpatient departments, community mental health centers, all non-OPSS providers, and for limited services when provided in a Home Health Agency not under the Home Health PPS or to a hospice patient for the treatment of a non-terminal illness
1/1/2016	<a href="#">MM9478</a>	Calendar Year (CY) 2016 Eligibility Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Low-Volume Payment Adjustment (LVPA)	ESRD Facilities that submit claims to MACs for ESRD services provided to Medicare beneficiaries	Provides guidance to MACs on the changes made to the ESRD PPS LVPA eligibility criteria, effective 1/1/2016
1/1/2016	<a href="#">MM9527</a>	Off-Cycle Update to the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2016 Pricer	Hospitals that submit claims to MACs for inpatient hospital services provided to Medicare beneficiaries and paid for under the Long-Term Care Hospital	Updates certain rates and factors used in the IPPS Comparable Amount calculation in the LTCH PPS FY 2016 Pricer applicable to discharges occurring on or after 1/1/2016
1/1/2016	<a href="#">MM9523</a>	Off-Cycle Update to the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2016 Pricer	Hospitals submitting claims to MACs for services provided to Medicare beneficiaries and which are paid using the FY 2016 IPPS Pricer	Implements changes to the FY 2016 IPPS Pricer in compliance with Section 601 of the Consolidated Appropriations Act of 2016
1/1/2016	<a href="#">MM9543</a>	Fiscal Year 2017 and After Payments to Inpatient Rehabilitation Facilities (IRFs) That Do Not Submit Required Quality Data - This CR Rescinds and Fully Replaces CR9106	IRFs submitting claims to MACs for services provided to Medicare beneficiaries	Advises IRFs of changes and clarifications to the payment reduction reconsideration process for FY 2017 and after

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1/1/2016	<a href="#">MM9544</a>	Fiscal Year 2017 and After Payments to Long-Term Care Hospitals That Do Not Submit Required Quality Data - This Change Request (CR) Rescinds and Fully Replaces CR9105	LTCHs submitting claims to MACs for services to Medicare beneficiaries	Revises Chapter 3, Section 60 of the "Medicare Quality Reporting Incentive Programs Manual" to reflect changes to the payment reduction reconsideration process
1/1/2016	<a href="#">MM9561</a>	July Quarterly Update to 2016 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement	Providers submitting claims to MACs for services provided to Medicare beneficiaries during a SNF stay	Provides updates to the lists of HCPCS codes that are subject to the CB provision of the SNF PPS, effective 1/1/2016
1/1/2016	<a href="#">MM9608</a>	Corrections to Recoding in the Home Health Pricer Programs	HHAs submitting claims to MACs for services to Medicare beneficiaries	Announces the installation of a corrected HH Pricer program on 4/25/2016
1/1/2016	<a href="#">MM9575</a>	Making Principal Diagnosis Codes Mandatory for Notice of Election (NOE) to Be Accepted	Hospices submitting claims containing a NOE to MACs for services to Medicare beneficiaries	Informs MACs that hospices must report a principal diagnosis code with an NOE
1/1/2016	<a href="#">MM9601</a>	Phase 2 of Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	Physicians, other providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs for services provided to Medicare beneficiaries and paid under the OPPS	Informs MACs about the implementation of phase 2 of system changes necessary to the FISS and IOCE which are necessary to make payment for drugs and biologicals to OPPS providers
1/1/2016	<a href="#">MM9633</a>	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July Calendar Year (CY) 2016 Update	Physicians, other providers, and suppliers who submit claims to MACs for services provided to Medicare beneficiaries	Amends payment files that were issued to your MAC based upon the CY 2016 MPFS Final Rule published in the Federal Register on 11/16/2015

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1/1/2016	<a href="#">MM9541</a>	Update to Pub. 100-02, Chapter 11 End-Stage Renal Disease (ESRD) for Calendar Year (CY) 2016	ESRD facilities that submit claims to MACs for ESRD services provided to Medicare beneficiaries	Updates Chapter 11 of the “Medicare Benefit Policy Manual” to reflect the positions in the CY 2016 ESRD PPS final rule
1/1/2016	<a href="#">MM9692</a>	Revised Fee Schedules for Healthcare Common Procedure Coding System (HCPCS) Code #1012 in Association with Change Request 9642	Providers and suppliers submitting claims to MACs for DMEPOS items, specifically HCPCS Code E1012, paid under the DMEPOS fee schedule	Corrects an error in the calculation of the fee schedule for code E1012 and provides instructions regarding the revision of the CY 2016 fee schedule amounts for HCPCS Code E1012
1/1/2016	<a href="#">SE1613</a>	Next Generation Accountable Care Organization - Implementation	Providers who are participating in NGACOs and submitting claims to MACs for certain skilled nursing facility, telehealth, and post-discharge home visit services to Medicare beneficiaries that would not otherwise be covered by Original FFS Medicare	Provides information on the NGACO Model’s benefit enhancement waiver initiatives and supplemental claims processing direction
1/1/2016	<a href="#">MM9749</a>	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October CY 2016 Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries and subject to the MPFS	Informs you that payment files were issued to MACs based on the CY MPFS Final Rule

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1/1/2016	<a href="#">MM9761</a>	Ambulance Staffing Requirements	Ambulance providers and suppliers submitting claims to MACs for Part B ambulance services provided to Medicare beneficiaries	Manualizes the CY 2016 revisions to the ambulance staffing requirements (80 FR 71078-71080) and provides clarifications on the definitions for ground ambulance services for Advanced Life Support, Level 1 (ALS1), ALS assessment, application for ALS, Level 2 (ALS2), Specialty Care Transport (SCT), Paramedic Intercept (PI), emergency response, and inter-facility transportation
Claims received on or after 1/1/2016	<a href="#">SE1426</a>	Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: “Automation of the Request for Reopening Claims Process”	Home Health and Hospice providers, and suppliers submitting institutional claims to MACs for services to Medicare beneficiaries	Provides additional information, coding instructions and scenarios for requesting a reopening of a claim that is beyond the filing timeframe. It is a companion article to MM8581
Dates of service on or after 1/1/2016 for Maryland hospitals; Dates of service on or after 7/1/2016 for rehabilitation agencies and CORFs	<a href="#">MM9489</a>	Correction to Applying Therapy Caps to Maryland Hospitals and Billing Requirement for Rehabilitation Agencies and Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Rehabilitation Agencies and CORFs and to Maryland hospitals that provide therapy services and submit claims to MACs for services to Medicare beneficiaries	Contains no new policy. Corrects the implementation of the policy established in CR9223.
1/4/2016	<a href="#">MM9526</a>	Implementation of the Award for Jurisdiction B Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	DME suppliers submitting claims to DME MACs for supplies and services provided to Medicare beneficiaries residing in Jurisdiction B, which includes the states of Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin	Announces that CMS awarded CGS Administrators, LLC (CGS) a new contract for the administration of Medicare FFS claims for DMEPOS in Jurisdiction B

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1/27/2016	<a href="#">MM9620</a>	Stem Cell Transplantation for Multiple Myeloma, Myelofibrosis, and Sickle Cell Disease, and Myelodysplastic Syndromes	Physicians and providers submitting stem cell transplantation claims to MACs for services to Medicare beneficiaries	Notifies providers that effective for claims with dates of service on and after 1/27/2016, for the use of HSCT for treatment of Multiple Myeloma, Myelofibrosis, and Sickle Cell Disease is covered by Medicare, but only if provided in the context of a Medicare-approved clinical study meeting specific criteria under the CED paradigm

**February 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
2/1/2016	<a href="#">MM9442</a>	Medicare Benefic Policy Manual - Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Update - Chapter 13	RHCs and FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs that Chapter 13 on the “Medicare Benefit Policy Manual” is updated to include new information, clarification of existing policies, and editorial changes
2/8/2016	<a href="#">MM9638</a>	Percutaneous Left Atrial Appendage Closure (LAAC)	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs that CMS issued a NCD covering percutaneous LAAC through CED when LAAC is furnished in patients with NVAF and the device has received FDA PMA for that device’s FDA-approved indication and meets all the specified conditions

**March 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
3/31/2016	<a href="#">MM9397</a>	Reorganization of Chapter 9, Medicare Claims Processing Manual	RHCs and FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Advises you that the “Medicare Claims Processing Manual,” Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers has been reorganized and updated

**April 2016**  
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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
4/1/2016	<a href="#">MM9291</a>	Medicare Remit Easy Print (MREP) Upgrade	Physicians, providers, and suppliers who submit claims to MACs for services provided to Medicare beneficiaries	Contains upgrades to MREP software based on enhancement requests received through the MACs and/or the CMS website
4/1/2016	<a href="#">MM9350</a>	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Instructs MACs and Medicare's SSMs to update systems based on the CORE 360 Uniform Use of CARC and RARC Rule publication
4/1/2016	<a href="#">MM9377</a>	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 22.1, Effective April 1, 2016	Physicians, other providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about the release of the latest package of NCCI edits, Version 22.1, which will be effective 4/1/2016
4/1/2016	<a href="#">MM9477</a>	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2016	Suppliers submitting claims to DME MACs for DMEPOS provided to Medicare beneficiaries	Provides the DMEPOS CBP April 2016 quarterly update
4/1/2016	<a href="#">MM9269</a>	Required Billing Updates for Rural Health Clinics	RHCs submitting claims to MACs for services to Medicare beneficiaries	Provides instructions to the MACs to accept HCPCS coding on RHC claims

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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
4/1/2016	<a href="#">MM9536</a>	April 2016 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers, and suppliers submitting claims to MACs, including DME MACs and HH&H MACs for Part B drugs provided to Medicare beneficiaries	Instructs MACs to implement the April 2016 ASP Medicare Part B drug pricing file for Medicare Part B drugs, and if they are released by CMS, to also implement the revised January 2016, October 2015, July 2015, and April 2015 files
4/1/2016	<a href="#">MM9531</a>	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April Calendar Year (CY) 2016 Update	Physicians, other providers, and suppliers who submit claims to MACs for services provided to Medicare beneficiaries	Amends payment files that were issued to your MAC based upon the CY 2016 MPFS Final Rule published in the Federal Register on 11/16/2015
4/1/2016	<a href="#">MM9461</a>	Healthcare Provider Taxonomy Codes (HPTCs) April 2016 Code Set Update	Physicians, other providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs, for services provided to Medicare beneficiaries	Instructs MACs to obtain the most recent HPTC set and to update their internal HPTC tables and/or reference files
4/1/2016	<a href="#">MM9549</a>	April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers who submit claims to MACs including HH&H MACs, for services provided to Medicare beneficiaries paid under the OPPS	Describes changes to and billing instructions for various payment policies implemented in the April 2016 OPPS update
4/1/2016	<a href="#">MM9554</a>	April Quarterly Update for the 2016 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides the April quarterly update for the Medicare DMEPOS fee schedule

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4/1/2016	<a href="#">MM9533</a>	Comprehensive Care for Joint Replacement Model (CJR) Provider Education	Physicians, other providers, and suppliers submitting claims to MACs for comprehensive CJR services	Supplies information to providers about the CJR model
4/1/2016	<a href="#">MM9553</a>	April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1	Providers who submit claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides the I/OCE instructions and specifications that will be used under the OPSS and Non-OPSS for hospital outpatient departments, community mental health centers, all non-OPSS providers, and for limited services when provided in an HHA not under the HH PPS or to a hospice patient for the treatment of a non-terminal illness
4/1/2016	<a href="#">MM9557</a>	April 2016 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about changes to billing instructions for various payment policies implemented in the April 2016 ASC payment system update
4/1/2016	<a href="#">SE1608</a>	Updates to Medicare's Organ Acquisition and Donation Payment Policy	Providers and suppliers who submit claims or Medicare Cost Reports (MCRs) to MACs for organ procurement, transplant, and histocompatibility laboratory services provided to Medicare beneficiaries	Assists providers and suppliers by offering information and resources to clarify Medicare's organ acquisition and donation payment policy for organ procurement, transplant, and histocompatibility laboratory services provided to Medicare beneficiaries
4/4/2016	<a href="#">MM9360</a>	Reporting of Type of Bill (TOB) 014x for Billing Screening of Hepatitis C Virus (HCV) in Adults	Providers submitting claims to MACs for services to Medicare beneficiaries related to the screening of HCV in adults	Adds TOB 014x (Hospital Other Part B) as an applicable TOB for the screening of HCV when submitted for non-patient laboratory specimen (HCPCS Code G0472)
4/4/2016	<a href="#">MM9390</a>	Update to Pub. 100-08, Chapter 15	Providers, including HHAs, submitting claims to MACs for services to Medicare beneficiaries	Makes several minor revisions to Chapter 15 of the "Medicare Program Integrity Manual"

**April 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
4/4/2016	<a href="#">MM9188</a>	System Specific Enhancements 2014: Move PAP Smear Risk Indicator (PAPRI) and Technical (TECH)/Professional (PROF) Dates to Screening Auxiliary File	Institutional providers and HHAs submitting inquiries to MACs for information on PAP smear services provided to Medicare beneficiaries	Announces changes to Medicare systems regarding the placement of PAP smear data on Medicare's internal files
4/21/2016	<a href="#">MM9599</a>	System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges from Certain Long-Term Care Hospitals	LTCHs submitting claims to MACs for services provided to Medicare beneficiaries	Implements a temporary exception for certain wound care discharges from the site neutral payment rate for certain LTCHs

**June 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
6/6/2016	<a href="#">MM9424</a>	Updates to the “Medicare Claims Processing Manual,” Pub. 100-04, Chapters 4 and 5 to Correct Remittance Advice Messages	Physicians, providers , and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Revises Chapters 4 and 5 of the “Medicare Claims Processing Manual” to ensure that all remittance advice coding is consistent with nationally standard operating rules
6/14/2016	<a href="#">MM9606</a>	Update to Internet-Only-Manual Publication 100-04, Chapter 18, Section 30.6	Physicians, providers, and suppliers submitting claims to MACs for cervical cancer screening services provided to Medicare beneficiaries	Updates the “Medicare Claims Processing Manual” by replacing an incorrect diagnosis code for screening of cervical cancer with HPV testing
6/20/2016	<a href="#">MM9562</a>	Updates to Pub. 100-04, Chapters 3, 6, 7 and 15 to Correct Remittance Advice Messages	Physicians, other providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about revisions to Chapters 3, 6, 7, and 15 of the “Medicare Claims Processing Manual” to ensure that all remittance advice coding is consistent with nationally standard operating rules

**July 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
7/1/2016	<a href="#">MM9168</a>	Reporting Principal and Interest Amounts when Refunding Previously Recouped Money on the Remittance Advice (RA)	Physicians, providers, and suppliers who submit claims to MACs for services provided to Medicare beneficiaries	Explains to providers who received a favorable appeals decision that it will be easier and consequently more transparent to identify the claim and/or the refund of principal and interest paid by Medicare
7/1/2016	<a href="#">MM9488</a>	Manual Update to Pub. 100-04, Chapter 20, to Include Used Rental Equipment	Providers and suppliers submitting claims to DME MACs and MACs for DMEPOS services provided to Medicare beneficiaries	Notifies providers and suppliers that effective 7/1/2016 when a beneficiary elects to purchase previously rented IRP DME, and the service has a UE (purchase of used equipment) modifier, the Medicare allowed amount for used purchased equipment will be calculated at the lower of the purchase fee schedule amount (UE) minus previous paid rental amounts or the actual charge for the used purchased equipment
7/1/2016 for MCS; 1/1/2017 for MACs	<a href="#">MM9355</a>	New Non-Physician Specialty Code for Dentist	Dentists and certain suppliers submitting claims to MACs for dental services provided to Medicare beneficiaries	Announces that the CMS has created a new non-physician specialty code (C5) for Dentist
7/1/2016	<a href="#">MM9491</a>	Payment Clarification for the Purchase of Used Inexpensive and Routinely Purchased Durable Medical Equipment (DME) when Previously Rented	Suppliers submitting claims to DME MACs for services to Medicare beneficiaries	Provides clarification on the payment for the purchase of used inexpensive and routinely purchased DME in cases where there were previous rental payments
7/1/2016	<a href="#">MM9454</a>	Accredited Standards Committee (ASC) X12 Healthcare Claims Acknowledgement (277CA) Flat File Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates the ASC X12 Healthcare Claims Acknowledgement (277CA) flat file to allow for larger monetary amounts to meet Medicare's needs
7/1/2016	<a href="#">MM9563</a>	New Waived Tests	Clinical diagnostic laboratories submitting claims to MACs for laboratory test services provided to Medicare beneficiaries	Informs MACs of new CLIA waived tests approved by the FDA

**July 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
7/1/2016	<a href="#">MM9516</a>	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 22.2, Effective July 1, 2016	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the release of the latest package of NCCI edits, Version 22.2, which will be effective 7/1/2016
7/1/2016	<a href="#">MM9584</a>	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2016	Physicians, other providers, and suppliers claims to MACs for services provided to Medicare beneficiaries	Informs MACs about change that will be included in the July 2016 quarterly release of the edit module for clinical diagnostic laboratory services
7/1/2016	<a href="#">SE1607</a>	Enforcement of the Partial Hospitalization Program (PHP) 20 Hours per Week Billing Requirement	OPPS providers submitting PHP claims to Medicare A/B MACs for PHP services to Medicare beneficiaries	Conveys enforcement editing requirements for the "Medicare Benefit Policy Manual," (Internet-Only Manual 100-02) Chapter 6, and Section 70.3 which describes coverage of PHP Services
7/1/2016	<a href="#">MM9466</a>	Remittance Advice Remark and Claims Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update	Physicians, providers, and suppliers who submit claims to MACs for services provided to Medicare beneficiaries	Updates the CARC and RARC lists, also instructs Medicare system maintainers to update MREP and PC Print
7/1/2016	<a href="#">MM9572</a>	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2016	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides the July 2016 quarterly update for the Medicare DMEPOS fee schedule
7/1/2016	<a href="#">MM9636</a>	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2016 Update	Physicians, providers, and suppliers submitting claims to MACs, including DME MACs and HH&H MACs for services provided to Medicare beneficiaries	Informs Medicare providers and suppliers that effective for claims with dates of service on or after 7/1/2016, new HCPCS codes Q9981 (rolapitant, oral, 1mg); Q9982 (flutemetamol f18 diagnostic); and Q9983 (florbetaben f18 diagnostic) will be payable for Medicare
7/1/2016	<a href="#">MM9540</a>	Coding Revisions to National Coverage Determinations	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	The 7th maintenance update of ICD-10 conversions and other coding updates specific to NCDs

**July 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
7/1/2016	<a href="#">MM9661</a>	July 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.2	Providers submitting claims to MACs for outpatient services provided to Medicare beneficiaries and paid under the OPSS and for outpatient claims from any non-OPSS provider not paid under the OPSS	Provides the I/OCE instructions and specifications
7/1/2016	<a href="#">MM9658</a>	July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers who submit claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries and which are paid under the OPSS	Describes changes to, and billing instructions for, various payment policies implemented in the July 2016 OPSS update
7/1/2016	<a href="#">MM9668</a>	July 2016 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about changes to and billing instructions for various payment policies implemented in the July 2016 ASC payment system update
7/1/2016	<a href="#">MM9642</a>	July Quarterly Update for 2016 Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule	Providers and suppliers submitting claims to MACs for DEMPOS items or services paid under the DMEPOS fee schedule	Advises providers of fee schedule amounts for codes in effect on 1/1/2016 and 7/1/2016 for all other changes
7/1/2016	<a href="#">MM9741</a>	Documentation for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Claims for Replacement of Essential Accessories for Beneficiary-Owned Continuous Positive Airway Pressure (CPAP) Devices and Respiratory Assist Devices (RADs)	Providers and suppliers submitting claims to DME MACs for replacement of essential accessories for beneficiary-owned CPAP devices and RADs paid under the DMEPOS fee schedule	Provides guidance to the MACs for handling claims for replacement of essential accessories for beneficiary-owned CPAP devices and RADs purchased by Medicare

**July 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
7/1/2016	<a href="#">MM9612</a>	July 2016 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, other providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs for Part B drug services to Medicare beneficiaries	Informs MACs to download and implement the July 2016 ASP drug pricing files and, if released by CMS, the April 2016, January 2016, October 2016, and July 2015, ASP drug pricing files for Medicare Part B drugs
7/1/2016 (CR9520) and 10/1/2016 (CR9586)	<a href="#">SE1614</a>	Implementation of Section 2 of the Patient Access and Medicare Protection Act	DME suppliers who submit claims to DME MACs for services to Medicare beneficiaries	Provides important information on the implementation of Section 2 of PAMPA which became law on 12/28/2015
7/1/2016 - except in Round 1 Re-compete CBP areas where effective date is 1/1/2017	<a href="#">MM8822</a>	Reclassification of Certain Durable Medical Equipment HCPCS Codes Included in Competitive Bidding Programs (CBPs) from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	Suppliers and HHAs submitting claims to DME MACs or HH&H MACs for DMEPOS provided to Medicare beneficiaries	Provides instructions for the upcoming reclassification of certain DME HCPCS codes, that are included in Round 2 and Round 1 Re-compete DMEPOS CBPs, from the inexpensive and routinely purchased DME payment category to the capped rental DME payment category
Claims received on or after 7/1/2016	<a href="#">MM9474</a>	New Condition Code for Reporting Home Health Episodes with No Skilled Visits	HHAs submitting claims to MACs for services provided to Medicare beneficiaries	Informs you of revisions of the Medicare billing instructions for home health claims to allow the use of a new condition code - 54
Dates of service on or after 1/1/2016 for Maryland hospitals; Dates of service on or after 7/1/2016 for rehabilitation agencies and CORFs	<a href="#">MM9489</a>	Correction to Applying Therapy Caps to Maryland Hospitals and Billing Requirement for Rehabilitation Agencies and Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Rehabilitation Agencies and CORFs and to Maryland hospitals that provide therapy services and submit claims to MACs for services to Medicare beneficiaries	Contains no new policy. Corrects the implementation of the policy established in CR9223.

**August 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
8/1/2016	<a href="#">MM9758</a>	Influenza Vaccine Payment Allowances – Annual Update for 2016-2017 Season	Physicians and other providers submitting claims to MACs for influenza vaccines provided to Medicare beneficiaries	Informs MACs about the payment allowances for seasonal influenza virus vaccines
8/1/2016	<a href="#">MM9793</a>	Implementation of New Influenza Virus Vaccine Code	Physicians and providers submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about the changes to instructions for payment and edits for the CWF to include influenza virus vaccine code 90674 (Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosages for intramuscular use) as payable for claims with dates of service on or after 8/1/2016
8/15/2016	<a href="#">MM9616</a>	Revisions to Private Contracting/Opt-out Manual Sections Due to the Medicare Access and CHIP Reauthorization Act of 2016 (MACRA)	Physicians and practitioners who are planning to opt-out of Medicare or who have already opted out of Medicare	Alerts physicians and practitioners who signed a valid opt-out affidavit on or after 6/16/2015, that it will automatically renew every 2 years
8/15/2016	<a href="#">MM9522</a>	Clarification of Inpatient Psychiatric Facilities (IPF) Requirements for Certification, Recertification and Delayed/Lapsed Certification and Recertification	Physicians and other specified providers submitting claims to MACs to certify and recertify the medical necessity of inpatient psychiatric services provided to Medicare beneficiaries	Clarifies that your MAC will cease denials of IPF providers that do not use “the statement” that “the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel” for recertification when documentation is present that validates (without using any particular words) that the patient continues to need care
8/16/2016	<a href="#">MM9648</a>	The Supplemental Security Income/Medicare Beneficiary Data for Fiscal Year 2014 for Inpatient Prospective Payment System Hospitals, Inpatient Rehabilitation Facilities, and Long Term Care Hospitals	IPPS hospitals, IRFs, and LTCHs submitting claims to MACs for services provided to Medicare beneficiaries	Provides updated data for determining the disproportionate share adjustment for IPPS hospitals and the LIP adjustment for IRFs as well as payments as applicable for LTCH discharges (for example, discharges paid the IPPS comparable amount under the short-stay outlier payment adjustment)
8/30/2016	<a href="#">MM9651</a>	Payments to Home Health Agencies That Do Not Submit Required Quality Data	HHAs submitting claims to MACs for services provided to Medicare beneficiaries	Updates instructions to the MACs for the home health 2 percent payment reduction process applicable to those HHAs that do not submit required quality data to Medicare

**September 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
9/30/2016	<a href="#">MM9639</a>	Reopenings Update – Changes to Chapter 34	Providers, including home health and hospice providers, and suppliers submitting claims to MACs and DME MACs for services provided to Medicare beneficiaries	Provides updates to Chapter 34, Section 10 of the “Medicare claims Processing Manual” to remove outdated contractor terminology, clarify remittance advice code references and to add hyperlinks for regulation and statutory obligations

**October 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
10/1/2016	<a href="#">MM9578</a>	Updates to Pub. 100-04, Chapters 1 and 16 to Correct Remittance Advice Messages	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates Chapter 1 and Chapter 16 of the “Medicare Claims Processing Manual” to reflect the standard format and to correct any non-compliant remittance advice code combinations
10/1/2016	<a href="#">MM9688</a>	October Quarterly Update to 2016 Annual Update of HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement	Physicians, providers, and suppliers submitting claims to all Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries who are in a Part A Skilled Nursing Facility (SNF) stay	Updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS)
10/1/2016	<a href="#">MM9052</a>	Billing of Vaccine Services on Hospice Claims	Hospices submitting claims to MACs for influenza, pneumococcal, and hepatitis B vaccine services provided to Medicare beneficiaries	Informs MACs about the changes to Original Medicare systems and provides billing instructions to allow hospices to submit institutional claims for influenza, pneumococcal, and hepatitis B vaccine services
10/1/2016	<a href="#">MM9579</a>	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP): Additional Instructions for the Implementation of Round 2 Recompete of the DMEPOS CBP Program and National Mail Order (NMO) Recompete	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides instructions detailing changes to the DMEPOS CBP regarding the clarification of the RB modifier for Medicare payment for the repair of parts furnished in CBAs and clarification of grandfathering instructions for rentals of accessories and supplies

**October 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
10/1/2016	<a href="#">SE1611</a>	Rural Health Clinics (RHCs) Healthcare Common Procedure Coding System (HCPCS) Reporting Requirement and Billing Updates	RHCs submitting claims to MACs for services provided to Medicare beneficiaries	Provides information to assist RHCs in meeting the requirements to report the HCPCS code for each service furnished along with the revenue code on claims to Medicare effective to dates of service on or after 4/1/2016
10/1/2016	<a href="#">MM9732</a>	Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2017	IPFs that submit claims to MACs for services provided to inpatient Medicare beneficiaries and are paid under the IPF PPS	Identifies changes required as part of the annual IPF PPS update from the FY 2017 IPF PPS Notice displayed on 7/28/2016
10/1/2016	<a href="#">MM9723</a>	Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes	Hospitals that submit claims to MACs for inpatient hospital services provided to Medicare beneficiaries by short-term acute care and LTCHs	Implements policy changes for FY 2017 IPPS and LTCH PPS and covers services effective for hospital discharges occurring on or after October 1, 2016, through September 30, 2017, unless otherwise noted
10/1/2016 - unless noted differently in CR9631	<a href="#">MM9631</a>	Coding Revisions to National Coverage Determinations (NCDs)	Physicians and other providers submitting claims to MACs for services provided to Medicare beneficiaries	The 8th maintenance update of ICD-10 conversions and other coding updates specific to NCDs
10/1/2016	<a href="#">MM9550</a>	Claim Status Category and Claim Status Codes Update	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes to Claim Status Category Codes and Claim Status Codes
10/1/2016	<a href="#">MM9687</a>	New Waived Tests	Clinical diagnostic laboratory providers submitting clinical diagnostic laboratory claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes in the new CLIA waived tests approved by the FDA

**October 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
10/1/2016	<a href="#">MM9712</a>	Medicare Part A Skilled Nursing Facility Prospective Payment System Pricer Update FY 2017	SNFs submitting claims to MACs for services provided to Medicare beneficiaries paid under the SNF PPS	Announces the availability of the payment rates used under the PPS for SNFs for FY 2017, as required by statute
10/1/2016	<a href="#">MM9696</a>	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes, (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from CAQH CORE	Physicians, other providers, and suppliers who submit claims to MACs including DME MACs and HH&H MACs for services provided to Medicare beneficiaries	Instructs MACs and Medicare's SSMs to update systems on the CORE 360 Uniform Use of CARC, RARC< and CAGC Rule publication
10/1/2016	<a href="#">MM9701</a>	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2016	Providers and suppliers submitting claims to MACs for DMEPOS items or service paid under the DMEPOS fee schedule	Provides the October 2016 quarterly update for the Medicare DMEPOS fee schedule
10/1/2016	<a href="#">MM9725</a>	Quarterly Update to the Correct Coding Initiative Edits, Version 22.3, Effective October 1, 2016	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the latest package of CCI edits, Version 22.3, effective 10/1/2016
10/1/2016	<a href="#">MM9695</a>	Remittance Advice Remark Code, Claims Adjustment Reason Code, Medicare Remit Easy Print and PC Print Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes that update the RARC and CARC lists, and CR9695 calls for an update to the MREP and PC Print

**October 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
10/1/2016	<a href="#">MM9669</a>	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2017	IRFs submitting claims to MACs for services provided to Medicare beneficiaries	Provides updated rates used to pay IRF PPS claims for FY 2017
10/1/2016	<a href="#">MM9754</a>	October 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.3	Providers who submit claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides the I/OCE instructions and specifications for the Integrated OCE that will be used 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 HHA not under the HH PPS or to a hospice patient for the treatment of a non-terminal illness
10/1/2016	<a href="#">MM9806</a>	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2017	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Announces changes that will be included in the January 2017 quarterly release of the edit module for clinical diagnosis laboratory services
10/1/2016	<a href="#">MM9729</a>	Updates to the Hospice Payment Rates, Hospice Cap, Hospice Wage Index, and Hospice Pricer for Fiscal Year 2017	Physicians and providers submitting claims to MACs including HH&H MACs for services provided to Medicare beneficiaries	Updates the hospice payment rates, hospice wage index, and pricer for FY 2017
10/1/2016	<a href="#">MM9724</a>	October 2016 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Provides the October 2016 quarterly update and instructs MACs to download and implement the October 2016 ASP drug pricing files and, if released by CMS, the July 2016, April 2016, January 2016, and October 2015, ASP drug pricing files for Medicare Part B drugs
10/1/2016	<a href="#">MM9934</a>	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2017	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes that will be included in the April 2017 quarterly release of the edit module for clinical diagnostic laboratory services

**October 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
10/3/2016	<a href="#">MM9371</a>	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	DMEPOS suppliers submitting claims to DME MACs for services provided to Medicare beneficiaries	Provides guidance to the NSC, the Medicare PECOS, and the VMS regarding the implementation of system edits for certain DMEPOS
10/17/2016	<a href="#">MM9641</a>	Correction of Remark Code Information	Physicians, providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Updates the “Medicare Claims Processing Manual,” Chapter 30, to make corrections to Remittance Advice Codes and general punctuation and grammar corrections
10/18/2016	<a href="#">MM9748</a>	Internet Only Manual Updates to Pub. 100-01, 100-02, and 100-04 to Correct Errors and Omissions (SNF)	Physicians and other providers submitting claims to MACs for services provided to Medicare beneficiaries	Revises several Medicare manuals to correct various minor technical errors and omissions

**December 2016**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
12/6/2016	<a href="#">MM9817</a>	Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	Providers submitting claims to MACs and DME MACs for services provided to certain Medicare beneficiaries	Instructs MACs to issue a compliance letter instructing named providers and suppliers to refund any erroneous charges and recall any past of existing billing with regard to improper QMB billing
12/19/2016	<a href="#">MM9552</a>	Clarification of Certain Policies in Pub. 100-08, Chapter 15 Regarding the Processing of Form CMS-855R Applications	Individual suppliers who reassign their Medicare benefits to another supplier or provider	Clarifies policies in Chapter 15 (Medicare Enrollment) of the “Medicare Program Integrity Manual” concerning the processing of Form CMS-855R (Reassignment of Medicare Benefits) applications and adds a supplementary guide to this chapter that educates providers and suppliers on the preparation and submission of reassignment applications
12/27/2016	<a href="#">MM9778</a>	Update to Hepatitis B Deductible and Coinsurance and Screening Pap Smears Claims Processing Information	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the updates to language regarding coinsurance and deductible for hepatitis B in the Chapter 18, Section 10 of the “Medicare Claims Processing Manual” to show that coinsurance and deductible for hepatitis B virus vaccine are waived

**January 2017**  
**CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES**

<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
1/1/2017	<a href="#">MM9568</a>	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	Hospitals and SNFs working with ACOs participating in the Medicare SSP and submitting claims to MACs for services provided to Medicare beneficiaries	Allows the processing of SNF claims without having to meet the 3-day hospital stay requirement for certain designated SNFs that have a relationship with an ACO participating in the SSP
1/1/2017	<a href="#">MM9603</a>	JW Modifier: Drug Amount Discarded/Not Administered to Any Patient	Physicians, providers, and suppliers submitting claims to MACs for drugs or biologicals administered to Medicare beneficiaries	Alerts MACs and providers of the change in policy regarding the use of the JW modifier for discarded Part B drugs and biologicals
1/1/2017	<a href="#">MM9740</a>	Common Working File to Locate Medicare Beneficiary Record and Provide Responses to Provider Queries	Physicians, other providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs for services to Medicare beneficiaries	Informs MACs about the changes to Medicare's CWF to add an auto-search capability to CWF provider queries and eliminate the need for providers to query multiple CWF hosts for Medicare beneficiary eligibility information
1/1/2017	<a href="#">MM9647</a>	Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) of Certain Diagnostic Imaging Procedures	Physicians, providers, and clinical diagnostic laboratories, submitting claims to MACs for services provided to Medicare beneficiaries	Informs providers that Section 502(a)(2) of the Consolidated Appropriations Act of 2017 revised the MPPR for the PC of the second and subsequent procedures from 25 percent to 5 percent of the physician fee schedule amount
1/1/2017	<a href="#">MM9781</a>	2017 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments	Physicians submitting claims to MACs for services provided in HPSAs to Medicare beneficiaries	Alerts you that the annual HPSA bonus payment file for 2017 will be made available by CMS to your MAC and will be used for HPSA bonus payments on applicable claims with dates of services on or after 1/1/2017 through 12/31/2017

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1/1/2017	<a href="#">MM9811</a>	Ambulance Inflation Factor for CY 2017 and Productivity Adjustment	Ambulance providers and suppliers submitting claims to MACs for Medicare Part B ambulance services provided to Medicare beneficiaries	Furnishes the CY 2017 Ambulance Inflation Factor (AIF) for determining the payment limit for ambulance services
1/1/2017	<a href="#">MM9843</a>	January 2017 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Provides the January 2017 quarterly update and instructs MACs to download and implement the January 2017 ASP drug pricing files and, if released by CMS, the revised October 2017, July 2016, April 2017, and the January 2016 ASP drug pricing files for Medicare Part B drugs
1/1/2017	<a href="#">MM9792</a>	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – January 2017	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides the January 2017 quarterly update for the Medicare DMEPOS fee schedule
1/1/2017	<a href="#">MM9865</a>	Therapy Cap Values for Calendar Year (CY) 2017	Physicians, therapists, and other providers submitting claims to MACs, including HH&H MACs, for outpatient therapy services provided to Medicare beneficiaries	Describes the amounts and policies for outpatient therapy caps for CY 2017
1/1/2017	<a href="#">MM9807</a>	Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2017	ESRD facilities submitting claims to MACs for ESRD services provided to Medicare beneficiaries	Implements the CY 2017 rate updates for the ESRD PPS and implements the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities for CY 2017

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1/1/2017	<a href="#">MM9814</a>	Network Fee Reduction for Acute Kidney Injury (AKI) Services Submitted on Type of Bill 72x	Providers at ESRD facilities who submit claims to Part A MACs for services related to AKI provided to Medicare beneficiaries	Advises providers of the removal of the 50-cent ESRD network fee reduction from claims submitted by ESRD facilities for AKI services
1/1/2017	<a href="#">MM9847</a>	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 23.0, Effective January 1, 2017	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Instructs MACs of the normal update to the CCI Procedure to Procedure (PTP) edits, effective January 1, 2017
1/1/2017	<a href="#">MM9727</a>	Payment Reduction for X-Rays Taken Using Film	Physicians, other providers, and suppliers who submit Part B claims to MACs for X-ray imaging services provided to Medicare beneficiaries	Reduces the TC (including the TC portion of a global service) of X-ray imaging services provided using film
1/1/2017	<a href="#">MM9831</a>	Update to the Federally Qualified Health Centers (FQHC) Prospective Payment System (PPS) – Recurring File Updates	FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Updates the FQHC PPS base payment rate and the Geographic Adjustment Factors (GAFs) for the FQHC Pricer for CY 2017
1/1/2017	<a href="#">MM9820</a>	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2017	HHAs submitting claims to MACs for services provided to Medicare beneficiaries	Updates the national, standardized 60-day episode rates, the national per-visit rates, and the non-routine medical supply payment amounts under the HH PPS for CY 2017
1/1/2017	<a href="#">MM9736</a>	Implementation of Policy Changes for the CY 2017 Home Health Prospective Payment System	Physicians, other providers, and suppliers submitting claims to Medicare contractors (FIs, carriers, RHHIs, and A/B MACs) for services to Medicare beneficiaries	Informs Medicare contractors about the implementation of a separate payment for HHAs for disposable Negative Pressure Wound Therapy (NPWT) devices when furnished to a patient who receives home health services for which payment is made under the Medicare home health benefit

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1/1/2017	<a href="#">MM9829</a>	Announcement of Payment Rate Increases for Rural Health Clinic (RHCs) for CY 2017	RHCs submitting claims to MACs for services provided to Medicare beneficiaries	Provides MAC instructions for CY 2017 payment rate increases for RHCs
1/1/2017	<a href="#">MM9782</a>	2017 Annual Update to the Therapy Code List	Physicians, therapists, and other providers, including CORFs, submitting claims to MACs, including HH&H MACs, for outpatient therapy services provided to Medicare beneficiaries	Updates the therapy code list for CY 2017 by adding eight “always therapy” codes (97161 – 97168) for PT and OT evaluative procedures
1/1/2017	<a href="#">MM9771</a>	Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement	HHAs and other providers submitting claims to MACs for services to Medicare beneficiaries in a home health period of coverage	Provides the 2017 annual update to the list of HCPCS codes used by Medicare systems to enforce consolidated billing of home health services
1/1/2017	<a href="#">MM9797</a>	New Waived Tests	Clinical diagnostic laboratories submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs of new CLIA waived tests approved by the FDA
1/1/2017	<a href="#">MM9674</a>	New Revenue Code 0815 for Allogeneic Stem Cell Acquisition Services	Physicians, other providers, and suppliers submitting claims to MACs for stem cell transplant services provided to Medicare beneficiaries	Medicare systems will accept revenue code 0815 (Allogeneic Stem Cell Acquisition/Donor Services) recently created by NUBC, effective 1/1/2017, when submitted on hospital TOB 011x, 012x, 013x, or 085x
1/1/2017	<a href="#">MM9698</a>	Update to Editing of Therapy Services to Reflect Coding Changes	Providers submitting claims to MACs for physical and occupational therapy services provided to Medicare beneficiaries	Instructs the MACs to apply certain coding edits to the new CPT codes that are used to report physical and occupational therapy evaluations and re-evaluations, effective 1/1/2017

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1/1/2017	<a href="#">MM9888</a>	HCPCS Code Update for Preventive Services	Physicians and providers submitting claims to MACs for services provided to Medicare beneficiaries	Announces that, effective for dates of service on and after 1/1/2017 CPT code 76706 replaces HCPCS code G0389
1/1/2017	<a href="#">MM9854</a>	CY 2017 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to MACs for DMEPOS items for services paid under the DMEPOS fee schedule	Provides the CY 2017 annual update for the Medicare DMEPOS fee schedule
1/1/2017	<a href="#">MM9613</a>	Implementing Provider File Updates and PECOS to FISS Interface Via Extract File Updates to Accommodate Section 603 Bipartisan Budget Act of 2015	Hospitals with off-campus outpatient departments submitting claims to MACs for services to Medicare beneficiaries	Reminds you that all off-campus outpatient departments of a hospital provider are required to be correctly identified
1/1/2017	<a href="#">MM9902</a>	Update to Medicare Deductible, Coinsurance and Premium Rates for 2017	Physicians, providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs, for services provided to Medicare beneficiaries	Provides instruction for MACs to update the claims processing system with the new CY 2017 Medicare deductible, coinsurance, and premium rates
1/1/2017	<a href="#">MM9903</a>	2017 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Notifies suppliers that the spreadsheet containing the jurisdiction list of HCPCS codes is updated annually to reflect codes that have been added or discontinued (deleted) each year

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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
1/1/2017	<a href="#">MM9598</a>	Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with acute Kidney Injury (AKI)	ESRD Facilities that submit claims to MACs for renal dialysis services provided to Medicare beneficiaries	Implements changes to the ESRD facility claim (TOB 72X) to accommodate dialysis furnished to beneficiaries with AKI
1/1/2017	<a href="#">MM9892</a>	January 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.0	Providers who submit institutional claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides instructions and specifications for the I/OCE used for OPPTS and non-OPPTS
1/1/2017	<a href="#">MM9905</a>	Prolonged Services Without Direct Face-to-Face Patient Contact Separately Payable Under the Physician Fee Schedule (Manual Update)	Physicians and other providers submitting claims to MACs for services provided to Medicare beneficiaries	Provides that CMS revises Chapter 12, Section 30.6.15.2 of the “Medicare Claims Processing Manual” to indicate that beginning CY 2017, CPT 99358 and 99359 (prolonged services without face-to-face contact) are separately payable under the Medicare Physician Fee Schedule
1/1/2017	<a href="#">MM9844</a>	Summary of Policies in the Calendar Year (CY) 2017 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, and CT Modifier Reduction List	Physicians and other providers who submit claims to MACs for services paid under the MPFS and provided to Medicare beneficiaries	Provides a summary of policies in the CY 2017 MPFS Final Rule and announces the Telehealth Originating Site Facility Fee payment amount
1/1/2017	<a href="#">MM9930</a>	January 2017 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers who submit claims to MACs including HH&H MACs for services provided to Medicare beneficiaries and paid under the OPPS	Describes changes to the OPPTS to be implemented in the January 2017 update

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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
1/1/2017	<a href="#">MM9909</a>	Calendar Year (CY) 2017 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment	Clinical diagnostic laboratories submitting claims to MACs for services provided to Medicare beneficiaries	Provides instructions for the CY 2017 clinical laboratory fee schedule, mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment
1/1/2017	<a href="#">MM9923</a>	January 2017 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs submitting claims to MACs for services provided to Medicare beneficiaries	Updates the ASC payment system, the payment rates for separately payable drugs and biologicals, including descriptors for newly created Level II HCPCS codes for drugs and biologicals (ASC DRUG files), the ASC PI file, and the CY 2017 ASC payment rates for covered surgical and ancillary services (ASCFS file)
1/1/2017	<a href="#">SE17004</a>	Revised Centers for Medicare & Medicaid Services (CMS) 885S Application – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers	Suppliers of DMEPOS who submit claims to DME MACs	Informs DMEPOS suppliers that they must use the revised CMS-855S (Medicare Enrollment Application – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers) application beginning December 31, 2016
1/1/2017 - Under HIPAA, the effective date for nonmedical data code sets, of which the POS code set is one, is the code set in effect the date the transaction is initiated. It is not date of service	<a href="#">MM9726</a>	New Place of Service (POS) Code for Telehealth and Distant Site Payment Policy	Physicians, other practitioners, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates the POS code set by creating new code (POS 02) for Telehealth services, effective January 1, 2017

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1/1/2017, 4/1/2017, or 7/1/2017 as noted	<a href="#">MM9609</a>	Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis	ESRD facilities that submit claims to MACs for ESRD services provided to Medicare beneficiaries	Implements condition code 87 that can be used on the 72X type of bill for ESRD facilities to indicate that the ESRD beneficiary is receiving a retraining treatment
For claims received on or after 1/1/2017	<a href="#">MM9590</a>	New Condition Code to Use When Hospice Recertification is Untimely and Correction to Hospice Processing Problems	Hospices submitting claims to MACs for services to Medicare beneficiaries	Creates a new condition code for hospices to use to identify when an occurrence span code 77 period is caused by a late recertification of the terminal illness
1/9/2017	<a href="#">MM9776</a>	Clarifications of Certification Statement Signature and Contact Person Requirements	Physicians, non-physician practitioners, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Clarifies the certification statement signature requirements for the Internet-based PECOS and paper Medicare enrollment applications, and address contact person requirements

**February 2017**  
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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
2/10/2017	<a href="#">MM9841</a>	Updates to Pub. 100-04, Chapters 8, 13, and 14 to Correct Remittance Advice Messages	Physicians and providers, especially clinical diagnostic laboratories, ambulatory surgical centers, and end stage renal disease facilities submitting claims to MACs for services provided to Medicare beneficiaries	Revises Chapters 8, 13, and 14 of the "Medicare Claims Processing Manual" to ensure that all remittance advice coding is consistent with nationally standard operating rules
2/21/2017	<a href="#">MM9708</a>	Internet-Only Manual, Pub. 100-06, Chapter 3, Section 90 (Provider Liability) Revision	Physicians, providers, or suppliers submitting claims to MACs, including HH*H MACs and DME MACs for services provided to Medicare beneficiaries	Provides additional criteria for determining when a contractor shall assume a physician, provider, or supplier should have known about a policy or rule

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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
3/9/2017	<a href="#">MM9864</a>	Rural Health Clinic and Federally Qualified Health Center – Medicare Benefit Policy Manual Chapter 13 Update	RHCs and FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Requires MACs to be aware of the updates to the “Medicare Benefit Policy Manual” – Chapter 13

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<b>Effective Date</b>	<b>Article Number</b>	<b>Article Title</b>	<b>Providers Affected</b>	<b>Description</b>
4/1/2017	<a href="#">MM9358</a>	Affordable Care Act – Operating Rules – Requirements for Phase II and Phase III Compliance for Batch Processing	Physicians and providers submitting claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Requires MACs to meet the connectivity and security requirement for the Phases II and III CAQH CORE Operating Rules as well as the batch processing requirements for the Phase II CAQH CORE Operating Rules
4/1/2017	<a href="#">MM9681</a>	Modifications to the National Coordination of Benefits Agreement Crossover Process	Providers, including hospices, submitting institutional claims to MACs requiring COB for services provided to Medicare beneficiaries	Modifies Medicare’s Part A claims processing system
4/1/2017	<a href="#">MM9585</a>	Denial of Home Health Payments When Required Patient Assessment Is Not Received	Intended for HHAs submitting claims to MACs for home health services provided to Medicare beneficiaries	Directs MACs to automate the denial of HH PPS claims when the condition of payment for submitting patient assessment data has not been met
4/1/2017	<a href="#">MM9716</a>	New Physician Specialty Code for Hospitalist	Physicians, other providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Announces that CMS has established a new physician specialty code for Hospitalist
4/1/2017	<a href="#">MM9848</a>	Payment for Oxygen Volume Adjustments and Portable Oxygen Equipment	Providers and suppliers submitting claims to DME MACs for oxygen services provided to Medicare beneficiaries	Updates Chapter 20, Section 130.6 of the “Medicare Claims Processing Manual” to provide additional instructions in processing claims for oxygen and oxygen equipment
4/1/2017	<a href="#">MM9774</a>	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs Medicare system maintainers to update MREP and PC Print

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4/1/2017	<a href="#">MM9769</a>	Claim Status Category and Claim Status Codes Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about system changes to update, as needed the Claim Status and Claim Status Category Codes used for the ASC X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgement transactions
4/1/2017	<a href="#">MM9767</a>	Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): 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) Committee on Operating Rules for Information Exchange (CORE)	Physicians, other providers, and suppliers who submit claims to MACs, including DME MACs and HH&H MACs, for services provided to Medicare beneficiaries	Informs MACs of the regular update in the CAQH CORE defined code combinations per Operating Rule 360 - Uniform Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835) Rule
Claims received on or after 4/1/2017	<a href="#">MM9826</a>	Correcting Editing for Condition Code 54 and Updating Remittance Advice Messages on Home Health Claims	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about corrections to Medicare systems to require condition code 54 on HH appropriately

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1/1/2018	<a href="#">MM9837</a>	FISS Implementation of the Restructured Clinical Lab Fee Schedule	Clinical laboratory providers submitting claims to MACs for services paid under the CLFS	Informs MACs about the changes to the FISS to incorporate the revised CLFS containing the National fee schedule rates