CALENDAR OF ARTICLES by
EFFECTIVE DATES
As of March 27, 2019

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 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.

March 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
3/16/2018	MM10878	National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS)	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs, effective 3/16/2018, CMS covers diagnostic laboratory tests using next generation sequencing when performed in a CLIA-certified laboratory when ordered by a treating physician when specific requirements are met
3/23/2018	MM10355	Form CMS-855O Processing Guide	Eligible ordering, certified physicians, and other eligible professionals who order or certify items or services for Medicare beneficiaries	Adds a supplementary guide that educations physicians and other eligible professionals on the preparation and submission of form CMS-855O to the Medicare Program Integrity Manual

April 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2018	MM10281	Transitional Drug Add-on Payment Adjustment (TDAPA) for Patients with Acute Kidney Injury (AKI)	Dialysis facilities submitting claims to MACs provided to Medicare beneficiaries with Acute Kidney Injury (AKI)	Updates the AKI payment policy regarding Transitional Drug Add-on Payment Adjustments (TDAPA)
4/1/2018	MM10238	Correction to Prevent Payment on Inpatient Information Only Claims for Beneficiaries Enrolled in Medicare Advantage Plans	Hospitals billing MACs for inpatient services provided to Medicare beneficiaries enrolled in a MA plan	Instructs MACs to allow the Common Working File (CWF) to set edit 5233 on inpatient information only claims billed with condition codes 04 and 30 for Investigational Device Exemption (IDE) Studies and Clinical Studies Approved Under Coverage with Evidence Development (CED), which will in turn allow the FISS to zero out payment
4/1/2018	MM10124	Revision of PWK (Paperwork) Fax/Mail Cover Sheets	Physicians, providers, and suppliers who submit claims to MACs, including DME MACs and HH&H MACs, for services provided to Medicare beneficiaries	Alerts providers that their MAC will provide revised fax/mail cover sheets via hardcopy and/or electronic download
4/1/2018	MM10270	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP), and PC Print Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs SSMs to update MREP and PC Print
4/1/2018	MM10271	Claim Status Category Codes 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 Codes 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 Acknowledgment transactions

April 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2018	MM10268	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, providers, and suppliers submitting claims to MACs, including DME MACs and HH&H MACs for services provided to Medicare beneficiaries	Instructs MACs and SSMs to update systems based on the CORE 360 Uniform Use of CARC, RARC, and CAGC Rule publication
4/1/2018	MM10374	Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement	HHAs and other providers submitting claims to MACs for home health services provided to Medicare beneficiaries	Provides the quarterly update of HCPCS codes used for HH consolidated billing effective 4/1/2018
4/1/2018	MM10447	April 2018 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 Medicare Part B drugs provided to Medicare beneficiaries	Instructs MACs to download and implement the April 2018 and, if released, the revised January 2018, October 2017, July 2017, and April 2017 ASP drug pricing files for Medicare Part B drugs via the CMS CDC
4/1/2018	MM10418	New Waived Tests	Intended for clinical diagnostic laboratories submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs of new CLIA waived tests approved by the FDA
4/1/2018	MM10436	New “K” Code for Therapeutic Shoe Inserts	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Establishes a “K” code (K0903) for a new type of therapeutic shoe inserts

April 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2018	MM10454	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs MACs of the April 2018 updates of specific biosimilar biological product HCPCS code, modifiers used with these biosimilar biologic products and an autologous cellular immunotherapy treatment
4/1/2018	MM10472	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.1, Effective April 1, 2018	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Includes the normal update to the NCCI PTP edits
4/1/2018	MM10480	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2018 – Recurring File Update	FQHCs billing MACs for services provided to Medicare beneficiaries	Updates the FQHC PPS grandfathered tribal FQHC base payment rate in the FQHC Pricer
4/1/2018	MM10158	Revised and New Modifiers for Oxygen Flow Rate	Providers and suppliers submitting claims to DME MACs for oxygen services provided to Medicare beneficiaries	Revises and introduces new pricing modifiers for oxygen flow rate
4/1/2018	MM10514	April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1	Physicians, providers and suppliers billing MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides the I/OCE instructions and specifications for the I/OCE that will be used in the OPPS and non-OPPS for hospital inpatient departments
4/1/2018	MM10515	April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers submitting claims to MACs, including HH&H MACs, for services provided to Medicare beneficiaries and paid under the OPPS	Describes changes to the OPPS to be implemented in the April 2018 update
4/1/2018	MM10530	April 2018 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs billing MACs for services provided to Medicare beneficiaries	Informs MACs about updates to the ASC payment system for January 2018

April 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2018	MM10503	April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides the April 2018 Medicare DMEPOS fee schedule quarterly update
4/1/2018	MM10318	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	Physicians and other providers submitting claims to MACs for services provided to Medicare beneficiaries	Constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs
4/1/2018; 6/1/2018	SE18012	Reminder on Billing Requirements Implemented for non-OPPS Providers	Non-OPPS hospital providers (for example, Maryland Waiver hospitals, CAH and other non-OPPS provider types (for example ORF, CORF, SNF, ESRD, HHA))	Conveys enforcement editing requirements for the Medicare Claims Processing Manual, Chapter 12, Section 30 which describes Correct Coding Policy, Section D
4/10/2018	MM10877	Magnetic Resonance Imaging (MRI)	Physicians, providers, and suppliers billing MACs for MRI services provided to Medicare beneficiaries	Informs MACs and providers that effective for claims with dates of service on and after 4/10/2018, Medicare will allow for MRI coverage for beneficiaries with an Implanted Pacemaker (PM), Implantable Cardioverter Defibrillator (ICD), Cardiac Resynchronization Therapy Pacemaker (CRT-P), or Cardiac Resynchronization Therapy Defibrillator (CRT-D)
4/16/2018	MM10527	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2016 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	Providers billing MACs for services provided to Medicare beneficiaries	Informs MACs about updated data for determining the disproportionate share adjustment for IPPS hospitals and the low-income patient 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)
4/30/2018	MM10567	Skilled Nursing Facility Advantage Beneficiary Notice of Non-Coverage (SNF ABN)	SNFs billing MACs for services provided to Medicare beneficiaries	Advises you that CMS has revised the SNF ABN, Form CMS-10055

April 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/30/2018	MM10558	Provider/Supplier Reporting of Adverse Legal Actions	Updates the Medicare provider and supplier community on what Final Adverse Action(s) need to be timely reported to CMS	Updates the Medicare provider and supplier community on what Final Adverse Action(s) need to be timely reported to CMS

June 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
6/11/2018	MM10924	Update to the Medicare Claims Processing Manual, Chapter 23, Section 60.3	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Advises providers about changes to the IOM 100-04, Chapter 23, relating to the methodology for gap-filling DMEPOS fee schedules is being update to reflect the use of new sources of gap-fill pricing information announced 6/11/2018 on the CMS spotlight section of the DME Center page
6/12/2018	MM10611	Medicare Cost Report E-Filing (MCReF)	Cost report staff submitting annual MCRs to MACs for services provided to Medicare beneficiaries	Informs MACs and providers of the new MCReF system available for electronic transmission of cost reports
6/19/2018	MM10512	Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018)	Physicians, other providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about an update to the Medicare manuals to correct various minor technical errors and omissions

July 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2018	MM10372	Ensuring Correct Processing of Home Health Disaster Related Claims and Claims for Denial	Home Health Agencies submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about revisions to the edit that matches claims and assessments, creating a bypass when condition code DR is reported on the claim
7/1/2018	MM10425	Global Surgical Days for Critical Access Hospital (CAH) Method II	CAH Method II providers submitting claims to A/B MACs for services provided to Medicare beneficiaries	Discusses the global surgical days for Method II CAH providers
7/1/2018	MM10433	Reinstating the Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System from CR9911	Providers and suppliers who submit claims to Part A/B MACs	CMS will reintroduce QMB information in the Medicare RA and MSN
7/1/2018	MM10474	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients	Providers who submit claims to MACs for inpatient services to Medicare beneficiaries with hemophilia	Provides updates to diagnosis codes required in order to allow add-on payments under the IPPS for blood clotting factor administered to hemophilia inpatients
7/1/2018	MM10402	Healthcare Provider Taxonomy Codes (HPTCs) April 2018 Code Set Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Directs MACs to obtain the most recent HPTCs code set and use it to update their internal HPTC tables and/or reference files
7/1/2018	MM10397	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System	Physicians, suppliers, and providers submitting electronic medical documentation to MACs for services provided to Medicare beneficiaries	Updates the business requirements to enable MACs to receive unsolicited documentation (PWK) via the esMD system
7/1/2018	MM10489	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update	Physicians, providers and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs SSMs to update MREP and PC Print
7/1/2018	MM10473	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	Physicians and other providers submitting claims to MACs for services provided to Medicare beneficiaries	Constitutes a maintenance update of the ICD-10 conversions and other coding updates specific to NCDs

July 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2018	MM10481	Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period – Claims Processing Requirements – HCPCS Modifier QQ	Physicians, facilities, and other practitioners billing Part B services to MACs for advanced diagnostic imaging provided to Medicare beneficiaries	Informs the MACs of the appropriate HCPCS modifier (QQ) that may be reported on the same claim line as the CPT code for an advanced diagnostic imaging service that is furnished in an applicable setting and paid for under the applicable payment system
7/1/2018	MM10586	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
7/1/2018	MM10593	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.2 Effective July 1, 2018	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Includes the normal update to the NCCI PTP edits
7/1/2019	MM11168	Modification of the MCS Claims Processing System Logic for Modifier 59, XE, XS, XP, and XU Involving the National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) Column One and Column Two Codes	Physicians, providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Informs MACs about changes to NCCI PTP edits which consist of column one and column two codes
7/1/2018	MM10624	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2018 Update	Physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries	Informs MACs of updated drug/biological HCPCS codes
7/1/2018	MM10642	Quarterly Update for the 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	Informs MACs about the changes in the July 2018 quarterly update to the CLFS

July 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2018	MM10556	The Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) July 2018	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Provides the July 2018 quarterly update for the Medicare DMEPOS fee schedule
7/1/2018	MM10667	July 2018 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 Medicare Part B drugs provided to Medicare beneficiaries	Instructs MACs to download and implement the July 2018 and, if released, the revised April 2018, January 2018, October 2017, and July 2017 ASP drug pricing files for Medicare Part B drugs via the CMS CDC
7/1/2018	MM10781	July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers billing 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 July 2018 OPPS update
7/1/2018	MM10788	July 2018 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs billing MACs for services provided to Medicare beneficiaries	Informs MACs about update to the ASC payment system for July 2018
7/1/2018	MM10626	New Q Code for In-Line Cartridge Containing Digestive Enzyme(s)	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Instructs MACs to add HCPCS code Q9994 to the Level II CHPCS code set effective 7/1/2018
7/1/2018	MM10699	July 2018 Integrated Outpatient Code Editor (I/OCE) Specification Version 19.2	Providers and suppliers billing MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Provides the I/OCE instructions and specifications for the I/OCE 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 HH PPS or to a hospice payment for the treatment of a non-terminal illness

July 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2018	MM10818	Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS)	ESRD facilities that submit claims to MACs for ESRD services provided to Medicare beneficiaries	Provides instructions for new codes added to the HCPCS file for anemia management that will be included in the list of items and services subject to the ESRD PPS CB requirements
7/2/2018	MM10426	Implementation of Automating First Claim Review in Serial Claims for DMEPOS	Providers and suppliers who submit claims to DME MACs for DMEPOS service provided to Medicare beneficiaries	Alerts providers of a system solution initiative intended to reduce provider burden, MAC burden and appeals by increasing the consistency of medical review decisions when the same item/supply is provided to the same beneficiary on a recurring basis
7/9/2018	MM10735	Update of Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 18 - Preventive and Screening Services, and Chapter 35 - Independent Diagnostic Testing Facility (IDTF)	IDTFs billing MACs for services provided to Medicare beneficiaries	Updates Medicare Claims Processing Manual, Chapter 18 - Preventive and Screening Services and Chapter 35 - IDTF to include requirements and payment policies for screening mammography services furnished by IDTFs
7/12/2018	MM10834	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2018 Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs MACs of the October 2018 addition of one new HCPCS code
7/16/2018	MM10550	Ambulance Transportation for a SNF Resident in a Stay Not Covered by Part A - Medicare Benefit Policy Manual, Chapter 10, and Medicare Claims Processing Manual, Chapter 15	SNF, ambulance providers and suppliers providing ambulance services to patients and billing MACs for services provided to Medicare beneficiaries who are not in a covered Part A stay	Provides clarification on coverage of an ambulance transport for a SNF resident in a stay not covered by Part A, who has Part B benefits, to the nearest supplier of medically necessary services not available at the SNF, including the return trip

August 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
8/1/2018	MM10914	Influenza Vaccine Payment Allowances – Annual Update for 2018-2019 Season	Physicians and other providers submitting claims to MACs for influenza vaccines provided to Medicare beneficiaries	Informs MACs about payment allowances for influenza virus vaccines, which are updated on August 1 of each year
8/13/2018	MM10619	Updates to Publication 100-04, Chapters 1 and 27, to Replace Remittance Advice Remark Code (RARC) MA611 with N382	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Initiates both Medicare manual changes and operational changes to the New Medicare Card
8/14/2018	MM10627	Medical Review of Evaulation and Management (EM/M) Documentation	Physicians, providers, and suppliers submitting E/M claims to MACs for services provided to Medicare beneficiaries	Establishes a new Section 6.8 in Chapter 6 of the Medicare Program Integrity Manual (Pub. 100-08), titled “Medicare Review of Evaluation and Management (E/M) Documentation”
8/17/2018	SE18010	Inclusion of Power Mobility Device Codes in the Prior Authorization Program for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items	Providers and suppliers prescribing, ordering, or billing MACs for DMEPOS items provided to Medicare beneficiaries	Alerts suppliers to the inclusion of power mobility device codes in the DMEPOS prior authorization program

September 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
9/11/2018	MM10600	Guidance for Medicare Administrative Contractors (MACs) Processing Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIO) Two- Midnight (2MN) Short Stay Review (SSR) Determinations	Acute care inpatient hospitals, long-term care hospitals, and inpatient psychiatric facilities submitting short-stay, inpatient claims to MACs for services provided to Medicare beneficiaries	Clarifies MAC follow up actions when they receive the BFCC-QIO Short Stay Review Denial Determinations
Part A: 9/20/2018 Part B: 12/20/2018	MM10494	Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911	Providers and suppliers submitting claims to MACs, including HH&H MACs and DME MACs, for services provided to Qualified Medicare Beneficiaries	Directs MACs to mass adjust QMB claims impacted by CR9911

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10457	New Physician Specialty Code for Medical Genetics and Genomics	Physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries	Informs MACs that CMS has established a new physician specialty code for Medical Genetics and Genomics (D3)
10/1/2018	MM10583	Revisions to the Telehealth Billing Requirements for Distant Site Services	Providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries	Implements requirements for billing modifier GT for Telehealth Distant Site Services. As of January 1, 2018, the GT modifier is only allowed on institutional claims billed by a Critical Access Hospital (CAH) Method II
10/1/2018	MM10565	Processing Instructions to Update the Identification Code Qualifier Being Used in the NM108 Data Element at the 2100 Loop, NM1- Patient Name Segment in the 835 Guide	Physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries	Provides instructions to the MACs to update the Identification Code Qualifier in Data Element NM108 currently being used in the 2100 Loop, NM1- Patient Name Segment of the 835 guide
10/1/2018	MM10422	Removal of KH Modifier from Capped Rental Items	Suppliers that submit claims to Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) for capped rental DME or parenteral/enteral items and services provided to Medicare beneficiaries	Suppliers no longer need to append the KH rental modifier on purchased capped rental durable medical equipment or parenteral/enteral items and services

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10314	Comprehensive ESRD Care (CEC) Model Telehealth - Implementation	Physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) and participating in the Comprehensive ESRD Care (CEC) Model for telehealth services provided to Medicare End-Stage Renal Disease (ESRD) beneficiaries associated with the CEC Model	Details the CEC Model telehealth program
10/1/2018	MM10573	Enhancements to Processing of Hospice Routine Home Care Payments	Providers billing Medicare Administrative Contractors (MACs) for hospice services provided to Medicare beneficiaries	Creates new fields on the hospice Pricer output to display the number of days paid at the high, and at the low, Routine Home Care rates. It also instructs the maintainer of the Fiscal Intermediary Shared System (FISS) to create an output record to match the updates to the hospice Pricer output, and for the Common Working File (CWF), to store with FISS the number of prior days retained for the life of the claim.
10/1/2018	MM10604	Inexpensive or Routinely Purchased Durable Medical Equipment (DME) Payment Classification for Speech Generating Devices (SGD) and Accessories	Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Suppliers (DMEPOS) submitting claims to Medicare Administrative Contractors (MACs) for speech generating devices (SGDs) and accessories provided to Medicare beneficiaries	Ensures that the use of SGDs and accessories continue to be classified under the inexpensive or routinely purchased DME payment category
10/1/2018	MM10622	International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	Physicians and other providers billing MACs for services provided to Medicare beneficiaries	Constitutes a maintenance update of the ICD-10 conversions and other coding updates specific to NCDs

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10566	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	Physicians, providers, and suppliers submitting claims to MACs including HH&H MACs and DME MACs for services to Medicare beneficiaries	Informs MACs to update their systems based on the CORE 360 Uniform use of CARC, RARC, and CAGC rule publication
10/1/2018	MM10620	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs Medicare SSMs to update MREP and PC Print
10/1/2018	MM10777	Claim Status Category and Claim Status Codes Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates, 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 Acknowledgment transactions
10/1/2018	MM10802	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2018	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	October 2018 quarterly update for the Medicare DMEPOS fee schedule

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10827	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.3, Effective October 1, 2018	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates the NCCI PTP edits, which relate to Chapter 23, Section 20.9 of the Medicare Claims Processing Manual (Pub. 100-04)
10/1/2018	MM10825	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update	SNFs submitting claims to MACs for services provided to Medicare beneficiaries paid under the SNF PPS	Informs MACs about updates to the payment rates under the PPS for SNFs, for FY 2019, as required by the statute
10/1/2018	MM10819	New Waived Tests	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs MACs of new CLIA waived tests approved by the FDA
10/1/2018	MM10873	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2018	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 October 2018 quarterly release of the edit module for clinical diagnostic laboratory services
10/1/2018	MM10875	Quarterly 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 quarterly update to the CLFS
10/1/2018	MM10899	October 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers and suppliers billing MACs for Medicare Part B drugs provided to Medicare beneficiaries	Provides the quarterly update for ASP Medicare Part B Drug Pricing Files and Revisions to the prior quarterly pricing files
10/1/2018	MM10880	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2019	IPFs billing MACs for services provided to Medicare beneficiaries	Identifies required changes as part of the annual IPF PPS update established in the Medicare Program; FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2018 (FY 2019) Final Rule

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10881	October Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Informs DME MACs about the changes to the DMEPOS fee schedule which is updated on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes
10/1/2018	MM10631	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2019	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 2019
10/1/2018	MM10826	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2019	IRFs billing MACs for services provided to Medicare beneficiaries	Notifies MACs that a new IRF PRICER software package will be released prior to 10/1/2018, that will contain the updated rates that are effective for claims with discharges that fall within 10/1/2018 through 9/30/2019
10/1/2018	MM10900	October 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.3	Providers and suppliers billing MACs, including HH&H MACs, for services provided to Medicare beneficiaries	Informs MACs about the changes to the I/OCE instructions and specifications for the Integrated OCE 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 non-terminal illness
10/1/2018	MM10845	Update to Chapter 15, Pub. 100-08, Certification Statement Policies	Physicians and providers, including HHAs, submitting certain Internet-based applications to MACs via the PECOS	Makes modifications to certain provider enrollment certification statement policies
10/1/2018	MM10923	October 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Providers and suppliers billing MACs for services provided to Medicare beneficiaries	Changes to and billing instructions for various payment policies implemented in the October 2018 OPPS update

October 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2018	MM10932	October 2018 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs billing MACs for services provided to Medicare beneficiaries	Informs MACs about changes to the ASC payment center and billing instructions for various payment policies implemented in the October 2018 ASC payment system update
10/1/2018	MM10869	Fiscal Year (FY) 2019 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 acute care and LTCHs	Implements FY 2019 policy changes for the IPPS and LTCH PPS
10/3/2018	MM10901	Local Coverage Determinations (LCDs)	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Notifies MACs that, in accordance with Section 4009 of H.R. 34-21st Century Curses Act (Public Law No: 114-255), CMS is updating the Medicare Program Integrity Manual with detailed changes to the LCD process
10/23/2018	MM10809	Internet Only Manual (IOM) Update to Publication 100-02, Chapter 11 - End Stage Renal Disease (ESRD), Section 100	Intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (RHHIs, DME MACs and A/B MACs) for services provided to Medicare beneficiaries	Informs MACs about an update to the Medicare Benefit Policy Manual, Chapter 11, Section 100, extending renal dialysis services paid under Section 1881(b)(14) of the Social Security Act to beneficiaries with AKI, effective 1/1/2017

November 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
11/5/2018	MM10559	Update to Medicare Claims Processing Manual, Chapter 24, Section 90	Physicians, providers, and suppliers submitting claims to MACs, including DME MACs, for services provided to Medicare beneficiaries	Reduces confusion and clarifies the ASCA waiver process guideline in the Medicare Claims Processing Manual, Chapter 24, Section 90
11/13/2018	MM10984	Order Requirements When Prescribing Practitioner is also the Supplier and is Permitted to Furnish Specific Items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	Prescribing practitioners who also supply DMEPOS and bill MACs for DMEPOS provided to Medicare beneficiaries	Clarifies the requirements of CMS for a written order when the prescribing practitioner is also the supplier, and is permitted to furnish specific items of DMEPOS
11/20/2018	MM10863	Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual	Provider and hospital-affiliated services billing MACs for services provided to Medicare beneficiaries	Furnishes providers and hospitals with additional clarification regarding when and where to obtain information from Medicare beneficiaries, or authorized representatives, for inpatient admissions or outpatient encounters

December 2018
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
12/4/2018	MM11004	Internet Only Manual Updates to Pub. 100-01, 100-02, and 100-04 to Correct Errors and Omissions (SNF) (2018 Q4)	Physicians, providers, and suppliers, including hospitals and SNFs billing MACs for services provided to Medicare beneficiaries	Updates the Medicare manuals to clarify existing content about SNF policy
12/17/2018	MM10517	Manual Updates Related to Payment Policy Changes Affecting the Hospice Aggregate Cap Calculation and the Designation of Hospice Attending Physicians	Hospices submitting claims to MACs including HH&H MACs for services provided to Medicare beneficiaries	Manualizes policies finalized in the FY 2016 Hospice Final Rule published on 8/6/2015

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM10666	New Physician Specialty Code for Undersea and Hyperbaric Medicine	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs you that CMS has established a new Physician Specialty code for Undersea and Hyperbaric Medicine
1/1/2019	MM10839	System Changes to Implement Epoetin Alfa Biosimilar, Retacrit for End Stage Renal Disease (ESRD) and Acute Kidney Injury (AKI) Claims	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the list of supplies, drugs, and labs included in the ESRD consolidated billing list and therefore included in the base rate payment for AKI
1/1/2019	MM10871	Quarterly Influenza Virus Vaccine Code Update - January 2019	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Provides instructions for payment and edits for Medicare's CWF and FISS to include and update new or existing influenza virus vaccine codes
1/1/2019	MM10859	International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	Physicians, other providers, and suppliers submitting claims to MACs for services to Medicare beneficiaries	Constitutes a maintenance update of ICD-10 conversion and other coding updates specific to NCDs
1/1/2019	MM10542	User CR: FISS to Add Additional Search Features to Provider Direct Data Entry (DDE) Screen	Providers who use DDE and submit claims to MACs for services provided to Medicare beneficiaries	Allows providers who use DDE to look up the claims associated with an AR by using the invoice number on the AR to find the DCN, and then using the DCN to look up the claims
1/1/2019	MM10858	Updates to the Medicare Claims Processing Manual, Chapter 24, ASCA Waiver Review Form of Letters, Exhibits A-H	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Provides an update to the language contained in the Form Letters the MACs use to inform certain providers of ASCA waiver reviews
1/1/2019	MM10824	Next Generation Accountable Care Organization (ACO) Model 2019 Benefit Enhancement	Providers who are participating in NGACOs and submitting claims to MACs for certain care management home visit services to Medicare beneficiaries that would not otherwise be covered by Original FFS Medicare	Provides instruction on implementing one new Benefit Enhancement for program year three of the NGACO Model

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM10925	Claim Status Category and Claim Status Codes Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates, 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 Acknowledgment transactions
1/1/2019	MM10904	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	Physicians, providers, and suppliers submitting claims to MACs, including DME MACs and HH&H MACs, for services provided to Medicare beneficiaries	Instructs the MACs and Medicare's Shared System Maintainers to update their systems based on the CORE 360 Uniform Use of CARC, RARC, and CAGC Rule publication
1/1/2019	MM10918	Annual Clotting Factor Furnishing Fee Update 2019	Physicians, providers, and suppliers submitting claims to MACs for services related to the administration of clotting factors provided to Medicare beneficiaries	Announces the clotting factor furnishing fee for 2019 is $0.220 per unit
1/1/2019	MM10958	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
1/1/2019	MM10968	2019 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments	Physicians and providers billing MACs for services provided to Medicare beneficiaries	Provides files for the automated payments of HPSA bonuses for dates of services 1/1/2019 through 12/31/2019

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM10941	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2019	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about that changes that will be included in the January 2019 quarterly release of the edit module for clinical diagnostic laboratory services
1/1/2019	MM10981	2019 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 including HH&H MACs and DME MACS for services provided to Medicare beneficiaries who are in a Part A covered SNF stay	Makes changes to HCPCS codes and MPFS designations that will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF CB in Chapter 6, Section 110.4.1 and Chapter 6, Section 20.6 in the Medicare Claims Processing Manual
1/1/2019	MM10970	Updating Calendar Year (CY) 2019 Medicare Diabetes Prevention Program (MDPP) Payment Rates	Organizations enrolled as MDPP suppliers billing MACs for MDPP services provided to Medicare beneficiaries	Contains instructions for MACs and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2019
1/1/2019	MM11016	January 2019 Quarterly Average Sales Prices (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers and suppliers billing MACs for Medicare Part B drugs provided to Medicare beneficiaries	Provides the quarterly update for ASP Medicare Part B Drug Pricing Files and Revisions to the prior quarterly pricing files
1/1/2019	MM10907	Next Generation Accountable Care Organizations (NGACO) Model Post Discharge Home Visit HCPCS	Providers who are participating in NGACOs and submitting claims to MACs for services provided to Medicare beneficiaries	Makes modifications to the operations of a current benefit enhancement offered by the NGACO Model
1/1/2019	MM10836	Temporary Transitional Payment for Home Infusion Therapy Services for CYs 2019 and 20201	Eligible HIT providers and suppliers who bill DME MACs for HIT services provided to Medicare beneficiaries	Alerts providers and suppliers that effective 1/1/2019 and until the implementation of the full HIT benefit, Medicare makes separate temporary transitional payments for HIT services to eligible home infusion suppliers (such as, a licensed pharmacy that provides external infusion pumps and external infusion pump supplies)

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM10838	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Update	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Instructs MACs to update the VMS to process DMEPOS claims based on standard payment rules with dates of service on or after 1/1/2019 for beneficiaries who reside in a previous CBA, since all DMEPOS competitive bidding contracts expire on 12/31/2018
1/1/2019	MM10851	Implementation of Healthcare Common Procedure Coding System (HCPCS) Code J3591 and Additional Changes for End Stage Renal Disease (ESRD) Claims	ESRD facilities that submit claims to MACs for ESRD services provided to Medicare beneficiaries	Implements a new unclassified drug or biological for ESRD and to make additional changes for the 72X TOB
1/1/2019	MM11025	Update to Medicare Deductible, Coinsurance and Premium Rates for 2019	Physicians, providers, and suppliers submitting claims to MACs, including HH&H MACs and DME MACs for services to Medicare beneficiaries	Provides instruction for MACs to update the claims processing system with the new CY 2019 Medicare deductible, coinsurance, and premium rates
1/1/2019	MM10989	Update to Rural Health Clinic (RHC) All-Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2019	RHCs billing MACs for services provided to Medicare beneficiaries	Updates the RHC payment limit per visit for CY 2019
1/1/2019	MM10958	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
1/1/2019	MM10896	IVIG Demonstration: Payment Update for 2019	Suppliers billing DME MACs for IVIG services provided to Medicare beneficiaries under the IVIG demonstration	Establishes the payment rate for demonstration services rendered to eligible beneficiaries enrolled in the demonstration for services rendered in 2019
1/1/2019	MM10992	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2019	HHAs billing MACs for services provided to Medicare beneficiaries	Updates the 60-day national episode rates, the national per-visit amounts, LUPA add-on amounts, the non-routine medical supply payment amounts, and the cost-per-unit payment amounts used for calculated outlier payments under the HH PPS for CY 2019

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM10782	Home Health Rural Add-on Payments Based on County of Residence	Home health providers billing Part A and HH&H MACs for services provided to Medicare beneficiaries in rural areas	Implements recent legislation that requires home health rural add-on payments to vary, based on the county in which the service was furnished
1/1/2019	MM11021	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) 2019	ESRD facilities that submit claims to MACs for renal dialysis services provided to Medicare beneficiaries	Implements the CY 2019 rate updates for the ESRD PPS and updates the payment for renal dialysis services furnished to those beneficiaries with AKI in ESRD facilities
1/1/2019	MM10958	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
1/1/2019	MM10883	New Modifier for Expanding the Use of Telehealth for Individuals with Stroke	Providers billing MACs for stroke telehealth services provided to Medicare beneficiaries	Establishes use of a new HCPCS modifier, G0 (G Zero), to be appended on claims for telehealth services that are furnished on or after 1/1/2019 for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke
1/1/2019	MM10854	Implementation of a Bundled Payment for Multi-Component Durable Medical Equipment (DME)	Suppliers of DMEPOS who submit claims to DME MACs for services to Medicare beneficiaries	Informs providers that CMS is implementing a special payment rule and a new HCPCS code E0467 for a multi-function ventilator under the frequent and substantial servicing DME payment category
1/1/2019	MM10990	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2019 – Recurring File Update	FQHCs billing MACs for services provided to Medicare beneficiaries	Informs MACs about the updates to the PPS base payment rate and the GAFs for the FQHCs

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM11044	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 25.0, Effective January 1, 2019	Physicians, other providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates the NCCI PTP edits, which related to Chapter 23, Section 20.9 of the Medicare Claims Processing Manual (Pub. 200-04)
1/1/2019	MM11031	Ambulance Inflation Factor for Calendar Year 2019 and Productivity Adjustment	Ambulance providers and suppliers submitting claims to MACs for Medicare Part B ambulance services provided to Medicare beneficiaries	Furnishes the CY 2019 AIF for determining the payment limit for ambulance services
1/1/2019	MM11063	Summary of Policies in the Calendar Year (CY) 2019 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services 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 2019 MPFS Final Rule and announces the Telehealth Originating Site Facility Fee payment amount and makes other policy changes related to Medicare Part B payment
1/1/2019	MM11055	Annual Update to the Per-Beneficiary Therapy Amounts	Physicians, therapists, and other providers submitting claims to MACs, including HH&H MACs, for outpatient therapy services provided to Medicare beneficiaries	Describes the annual per-beneficiary incurred expense amounts now known as the KX modifier thresholds, and related policy updates for CY 2019
1/1/2019	MM11019	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update	RHCs and FQHCs submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the updates to Chapter 13 of the Medicare Benefit Policy Manual to clarify RHC and FQHC payment and other policy information

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM11043	Revision of Definition of the Physician Supervision of Diagnostic Procedures, Clarification of DSMT Telehealth Services, and Establishing a Modifier for Expanding the Use of Telehealth for Individuals with Stroke	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Revises the definition of "Personal Supervision" of the Physician Supervision of Diagnostic Procedures indicator to specify that procedures performed by a RRA or RPA may be performed under direct supervision; Adds instructions to use modifier G0 (G zero) to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke; Clarifies requirements for when DSMT services may be paid as a telehealth service
1/1/2019	MM11076	Calendar Year (CY) 2019 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 2019 CLFS, mapping for new codes and clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment
1/1/2019	MM11064	Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotic, and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to MACs for DMEPOS items or services paid under the DMEPOS fee schedule provided to Medicare beneficiaries	Provides the CY 2019 annual update for the Medicare DMEPOS fee schedule
1/1/2019	MM11068	January 2019 Integrated Outpatient Coed Editor (I/OCE) Specifications Version 20.0	Providers and suppliers billing MACs, including Home Health and Hospice MACs, for services provided to Medicare beneficiaries	Provides the instructions and specifications for the I/OCE that Medicare uses 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 non-terminal illness
1/1/2019	MM11108	January 2019 Update of the Ambulatory Surgical Center (ASC) Payment System	ASCs billing MACs for services provided to Medicare beneficiaries	Informs MACs about updates to the ASC payment system for CY 2019

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM11099	January 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Hospital outpatient facilities, physicians, providers, and suppliers billing MACs for hospital outpatient services provided to Medicare beneficiaries	Describes changes to and billing instructions for various payment policies implemented in the January 2019 OPPS update
1/1/2019	MM11146	Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens	Physicians, providers, and suppliers billing MACs for specimen collection services provided to Medicare beneficiaries	Revises travel allowances payment amounts 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 2019
1/1/2019	MM11085	2019 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 items or services paid under the DMEPOS fee schedule	Updates the list of HCPCS codes for MACs and DME MACs
1/1/2019	MM11120	Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018	Therapists, physicians, certain nonphysician practitioners and other providers of therapy services – including physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP) services – who submit professional or institutional claims to MACs for therapy services provided to Medicare beneficiaries	Updates both the Medicare Benefit Policy Manual and Medicare Claims Processing Manual to reflect recent changes in outpatient therapy services billing instructions and payment policies related to the Bipartisan Budget Act of 2018 and the CY 2019 MPFS Final Rule
1/1/2019	MM10843	Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs)	RHCs and FQHCs who are billing MACs for services provided to Medicare beneficiaries	Provides instructions for payment to RHCs and FQHCs billing for communication technology-based services for dates of service on or after 1/1/2019
1/1/2019	MM11163	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2019 Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Amends the payment files CMS has issued to the MACs based upon the 2019 MPFS Final Rule

January 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2019	MM11135	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Informs providers and MACs about the new HCPCS codes for 2019 that are subject to and excluded from CLIA edits
1/1/2019	MM11137	Evaluation and Management (E/M) When Performed with Superficial Radiation Treatment	Physicians and other providers billing MACs for E/M related to radiation services provided to Medicare beneficiaries	Revises Chapter 13 of the Medicare Claims Processing Manual to allow providers to bill E/M codes 99211, 99212, and 99213 for Levels I through III, when performed with superficial radiation treatment delivery (up to 200kV), when performed for the purpose of reporting physician work associated with radiation therapy planning, radiation treatment device construction, and radiation treatment management when performed on the same date of service as superficial radiation treatment delivery
1/16/2019	MM11062	Updates to the Inpatient Psychiatric Facility Benefit Policy Manual	IPFs providers who submit claims to MACs for services provided to Medicare beneficiaries	Updates language in the Medicare Benefit Policy Manual, Chapter 2, to add language from existing IPF regulations, to make technical corrections, or to clarify existing manual language

April 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2019	MM10922	Ensuring Occurrence Code 22 is Billed Correctly on Skilled Nursing Facility Inpatient Claims	SNFs billing MACs for SNF inpatient services provided to Medicare beneficiaries	Describes systems changes necessary to ensure SNFs bill OC 22 correctly
4/1/2019	MM10960	Correction to Common Working File (CWF) Informational Unsolicited Response (IUR) 7272 for Intervening Stay	Providers (hospitals and home health agencies) submitting claims to MACs for services provided to Medicare beneficiaries	Informs MACs about the changes to ensure Medicare's CWF bypasses the IUR 7272 edit when there is an IPPS hospital claim in history with patient discharge status code '61' (Discharged/transferred within this institution to a hospital-based Medicare approved swing bed) and a home health claim is received with an admission date equal to or within 3 days of the history IPPS claim's discharge date and there is an intervening swing bed claim in history
4/1/2019	MM10937	Incomplete Colonoscopies Billed with Modifier 53 for Critical Access Hospital (CAH) Method II Providers	CAH Method II providers submitting claims to MACs for colonoscopy services provided to Medicare beneficiaries	Implements the payment methodology for incomplete colonoscopy procedures (HCPCS) codes 44388, 45378, G0105, and G0121 with a modifier 53) for CAH Method II providers
4/1/2019	MM10959	Update to Common Working File (CWF) Edit of Medicare Advantage (MA) Enrollees' Inpatient Claims from Approved Teaching Hospitals Billed for Indirect Medical Education	Approved teaching hospitals submitting claims to MACs for services provided to Medicare beneficiaries enrolled in a MA plan	Instructs the CWF to bypass edit 5233 on claims billed with an IDE study or a clinical study approved under CED so that the FISS can make the IME only payment on approved teaching hospital claims for MA-enrolled beneficiaries
4/1/2019	MM10955	Revision of SNF CB Edits for Ambulance Services Rendered to Beneficiaries in a Part A Skilled Nursing Facility Stay	SNFs and ambulance providers and suppliers billing MACs for services provided to Medicare beneficiaries	Revises the SNF CB edits to ensure accurate payment of ambulance services rendered to beneficiaries in a covered Part A SNF stay
4/1/2019	MM10962	Hospital and Critical Access Hospital (CAH) Swing-Bed Manual Revisions	Hospitals, including CAHs, billing MACs for services provided to Medicare beneficiaries	Clarifies policies related to hospitals and CAHs with respect to services furnished to swing-bed patients, including policies related to pass-through reimbursement for CRNA services

April 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2019	MM10760	User CR: Fiscal Intermediary Shared System (FISS) – Implementation of the Molecular Diagnostic Services (MoIDX)	Providers who submit claims to MACs, including HH&H MACs, for MoIDX services provided to beneficiaries	Adds a MoIDX test ID field to FISS
4/1/2019	MM11039	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	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 based on the CORE 360 Uniform use of CARC, RARC, and CAGC rule publications
4/1/2019	MM11040	Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement	HHAs and other providers submitting claims to MACs for home health services provided to Medicare beneficiaries	Provides the quarterly update of HCPCS codes used for HH consolidated billing effective 4/1/2019
4/1/2019	MM11038	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs Medicare SSMs to update MREP and PC Print
4/1/2019	MM11073	Claim Status Category and Claim Status Codes Update	Physicians, providers, and suppliers submitting claims to MACs for services provided to Medicare beneficiaries	Updates, 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 Acknowledgment transactions

April 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2019	MM11080	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
4/1/2019	MM11097	Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) – April 2019	Providers and suppliers submitting clams to DME MACs for DMEPOS items for services paid under the DMEPOS fee schedule	Provides the April 2019 quarterly update for the Medicare DMEPOS fee schedule
4/1/2019	MM11126	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 25.1 Effective April 1, 2019	Physician, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the NCCI PTP edits, which related to Chapter 23, Section 20.0 of the Medicare Claims Processing Manual
4/1/2019	MM11151	April 2019 Quarterly 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	Instructs MACs to download and implement the April 2019 and, if released, the revised January 2019, October 2018, July 2018, and April 2018 ASP drug pricing files for Medicare Part B drugs via the CMS Virtual Data Center (CDC
4/1/2019	MM11179	April Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	Providers and suppliers submitting claims to DME MACs for DMEPOS items or services paid under the DMEPOS fee schedule	Informs DME MACs about the changes to the DMEPOS fee schedule which Medicare updates on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes
4/1/2019	MM11192	April Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.1	Providers and suppliers billing MACs, including the Home Health and Hospice MACs, for services provided to Medicare beneficiaries	Provides the I/OCE instructions and specifications for the I/OCE that Medicare uses under the OPPS, for Non-OPPS hospital outpatient departments, community health centers and all non-OPPS providers, for limited services when provided in an HHA not under the HH PPS, or for a hospice patient for the treatment of a non-terminal illness

April 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
4/1/2019	MM11216	April 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)	Hospital outpatient facilities, physicians, providers, and suppliers billing MACs for hospital outpatient services provided to Medicare beneficiaries	Describes changes to, and billing instructions for, various payment policies implemented in the April 2019 OPPS update
4/1/2019	MM11232	April 2019 Update of the Ambulatory Surgical Center (ASC) Payment System	Physicians, providers, and suppliers billing MACs for services subject to the ASC payment system and provided to Medicare beneficiaries	Describes changes to and billing instructions for various payment policies implemented in the April 2019 ASC payment system update
4/1/2019 for NPI Verification 7/1/2019 for Submitter ID Verification	MM10983	Common Working File (CWF) Provider Queries National Provider Identifier (NPI) and Submitter Identification (ID) Verification	Medicare Part A providers billing MACs for services provided to Medicare beneficiaries	Announces that the CWF will require verification of the NPI and Submitter ID similar to the HIPAA HETS when Medicare Part A providers request Medicare beneficiary eligibility and entitlement data via the CWF provider inquiry screens
4/3/2019	MM11072	Updates to Immunosuppressive Guidance	Physicians, providers, and suppliers billing DME MACs for immunosuppressive drugs provided to Medicare beneficiaries	Updates guidance in the Medicare Claims Processing Manual regarding the provision of covered immunosuppressive drugs to inpatients to use upon a transplant procedure
4/15/2019	MM10848	Medicare Claims Processing Manual, Chapter 30 Revisions	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Revises the Medicare Claims Processing Manual, Chapter 30
4/22/2019	MM11104	Manual Updates Related to Home Health Certification and Recertification Policy Changes	Physicians and HHAs billing MACs for Home Health Services provided to Medicare beneficiaries	Updates the Medicare Benefit Policy Manual and Medicare Program Integrity Manual to reflect policy changes in recertification for home health services that CMS finalized in the CY 2019 HH PPS final rule. Also updates the Medicare Benefit Policy Manual to clarify the home health plan of care requirements for payment as a result of the recent changes to the home health plan of care requirements in the CoPs finalized in the January 13, 2017 Conditions of Participation for HHAs final rule.

July 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2019	MM11049	Ensuring Only the Active Billing Hospice Can Submit a Revocation	Hospices billing MACs for hospice services provided to Medicare beneficiaries	Creates a new CWF edit in Medicare systems to ensure that the provider identifier (the CMS CCN) on TOB 8xB matches the most recent provider CCN on a hospice benefit period
7/1/2019	MM11066	Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program Services	Hospitals and CMHCs submitting PHP claims to MACs for PHP services provided to Medicare beneficiaries	Revises remittance advice information messaging, effective 7/1/2019, to give supplemental and educational information to the hospitals and CMHCs submitting PHP claims where the patient did not get the minimum 20 hours per week of therapeutic services required by a PHP plan of care
7/1/2019	MM11053	Processing Veterans Administration (VA) Inpatient Claims Exempt from Present on Admission (POA) Reporting	VA providers submitting inpatient claims to MACs for inpatient services provided to Medicare beneficiaries	Ensures that MS-DRG Grouper does not apply the HAC – POA logic to VA inpatient claims exempt from reporting POA indicators
7/1/2019	MM11087	Ensuring Organ Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation	Providers and suppliers submitting claims paid under the IPPS to MACs for services provided to Medicare beneficiaries	Informs MACs about system changes to ensure that organ acquisition costs are not included in the IPPS payment calculation for claims that group to a non-transplant MS-DRG
7/1/2019	MM11112	Processing Instructions to Update the Standard of Paper Remit (SPR)	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Instructs MACs to update their systems to ensure that SPRs mailed after 7/1/2019, mask the HICN, so the SSN does not show
7/1/2019	MM11003	Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Makes the changes required to send ADR letters to participating providers via the esMD system

July 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
7/1/2019	MM11225	July 2019 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	Physicians, providers, and suppliers billing MACs for Medicare Part B drugs provided to Medicare beneficiaries	Provides the quarterly update for ASP and ASP NOC Medicare Part B Drug Pricing Files and Revisions to the prior quarterly pricing files
7/1/2019	MM11134	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs
7/1/2019	MM11061	Independent Laboratory Billing of Laboratory Tests for End-Stage Renal Disease (ESRD) Beneficiaries and the Sunset of the CB Modifier	Physicians, providers, and suppliers billing MACs for ESRD services provided to Medicare beneficiaries	Sunsets the requirement for Independent Laboratories to use the CB modifier to bill separately for renal dialysis laboratory tests
7/1/2019	MM11121	Healthcare Provider Taxonomy Codes (HPTCs) April 2019 Code Set Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Directs MACs to obtain the most recent HPTCSs code set and use it to update their internal HPTC tables and/or reference files
7/1/2019	MM11204	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update	Physicians, providers, and suppliers billing MACs for services provided to Medicare beneficiaries	Updates the RARC and CARC lists and instructs the VMS and FISS to update the MREP and PC Print software
7/1/2019	MM11203	Update to the Payment for Grandfathered Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2019	FQHCs billing MACs for services provided to Medicare beneficiaries	Updates the FQHC PPS grandfathered tribal FQHC base payment rate

October 2019
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
10/1/2019	MM11152	Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	SNFs billing MACs for services provided to Medicare beneficiaries	Effectuates changes to the SNF PPS that are required for the PDPM

January 2020
CALENDAR OF MEDICARE PROCESSING and BILLING CHANGES

Effective Date	Article Number	Article Title	Providers Affected	Description
1/1/2020	MM11081	Home Health Patient-Driven Groupings Model (PDGM) – Split Implementation	Physicians, providers, and suppliers billing MACs for HH services provided to Medicare beneficiaries	Effectuates the policies of the PDGM as described in the November 2018 HH final rule