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Official CMS news from the Medicare Learning Network®

Thursday, June 10, 2021

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News

Cognitive Assessment: What's in the Written Care Plan?

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning. Any clinician eligible to report evaluation and management services can offer this service, including physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants.

The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam. Use information you gather from the exam to create a written care plan.

The resulting written care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- Functional limitations
- Patient or caregiver referrals to community resources, as needed, with initial education and support

Effective January 1, 2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth.

Get details on Medicare coverage requirements and proper billing at [cms.gov/cognitive](https://www.cms.gov/cognitive).

Hospital Outpatient Departments: Prior Authorization for Additional Services Begins July 1

For dates of service beginning on or after July 1, hospital Outpatient Departments (OPDs) must submit prior authorization requests for 2 additional outpatient department services:

- Cervical fusion with disc removal: CPT codes 22551 and 22552
- Implanted spinal neurostimulators: CPT code 63650 (get details in the May 13 announcement on the [OPD Prior Authorization](#) webpage)

Prior authorization for these services doesn't change Medicare benefit or coverage requirements or create new documentation requirements. You may be exempt from submitting prior authorization requests if you meet the affirmation rate threshold of 90% or greater for previous requests and if you got a Notice of Exemption from your Medicare Administrative Contractor.

For more information, see the [Hospital Outpatient Prospective Payment System Final Rule](#), section XVII.

PEPPERS for Short-term Acute Care Hospitals

First quarter fiscal year 2021 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities. CMS recently distributed your report through the [PEPPER Resources Portal](#).

More Information:

- Visit the [PEPPER Resources](#) website for the [user's guide](#), [recorded training sessions](#), [FAQs](#), and examples of how other hospitals are using the report
- Visit the [Help Desk](#) if you have questions or need help obtaining your report
- Send us your [feedback or suggestions](#)

Compliance

Importance of Proper Documentation: Provider Minute Video

Why is proper documentation important to you and your patients? Find out how it affects items and services, claim payment, and medical review in the [Provider Minute: The Importance of Proper Documentation](#) video. Learn about:

- Top 5 documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Claims, Pricers, & Codes

ICD-10-PCS Procedure Codes: FY 2022

Fiscal year 2022 ICD-10-PCS procedure codes are available on the [2022 ICD-10 PCS](#) webpage. Use these codes for discharges on or after October 1, 2021, through September 30, 2022.

Average Sales Price Files: July 2021

CMS posted the July 2021 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2021 ASP Drug Pricing Files](#) webpage.

Events

Physician Fee Schedule: Improving Practice Expense Data & Methods Town Hall — June 16

Wednesday, June 16 from 1-4 pm ET

[Register for this Town Hall.](#)

CMS hasn't changed the data and methodology for practice expense payments under the Medicare Physician Fee Schedule for over a decade. The RAND Corporation is researching approaches to collect new data, along with potential changes to the current allocation system for us.

RAND needs your feedback on 3 topics. How to:

- Collect data going forward, including how frequently to gather new data and encourage participation by sampled practices
- Collect and report data by specialty, including how to identify groups with similar cost structures
- Refine the current rate-setting system, such as reducing the dependence on specialty-level measures

See the [Town Hall materials](#) for more details on each topic.

Email CMSPETownHall@rand.org if you're interested in providing verbal comments, and let us know which topic you'd like to address. You can also send us your written comments.

You can call in or stream the audio for this event. If you want to provide verbal comments, you'll need to call in.

Target audience: Stakeholders who are interested in our physician payment policies.

MLN Matters® Articles

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits — Revised

[Read additional information about using the QW modifier.](#)

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2021 Update — Revised

[Read revised information on:](#)

- Multiple procedure indicator
- Bilateral surgery indicator
- Professional/technical component indicator

Publications

Medicare Modernization of Payment Software

CMS issued a new Medicare Learning Network [Medicare Modernization of Payment Software](#) fact sheet. Learn about changes to software for institutional claims, including:

- Medicare Code Editor
- Inpatient Groupers
- Integrated Outpatient Code Editor

Medicare Quarterly Provider Compliance Newsletter

CMS issued a new Medicare Learning Network [Medicare Quarterly Provider Compliance Newsletter Volume 11, Issue 3 – April 2021](#) educational tool. Learn about:

- Continuous positive airway pressure therapy for treatment of obstructive sleep apnea
- Inpatient psychiatric facility services: Medical necessity and documentation requirements
- Drugs and biologicals: Incorrect units billed for single-dose vials

Multimedia

Medicare Shared Savings Program Webcast: Audio Recording & Transcript

An [audio recording](#) and [transcript](#) are available for the [May 27](#) Medicare Learning Network webcast on the Medicare Shared Savings Program. Learn how to establish a repayment mechanism for performance year 2022.

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