

Thursday, July 22, 2021

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- October 2021 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
- Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.3, Effective October 1, 2021
- Section 50 in Chapter 30 of Publication (Pub.) 100-04 Manual Updates
- National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy Revised

Publications

- Critical Access Hospital Revised
- Medicare Advance Written Notices of Noncoverage Revised
- Rural Health Clinic Revised

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Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training — Revised

News

COVID-19: EUA for Tocilizumab Monoclonal Antibody Product

On June 24, the FDA released an Emergency Use Authorization (EUA) for tocilizumab, a COVID-19 monoclonal antibody product. CMS created new HCPCS codes, effective June 24, for tocilizumab and to administer it in the inpatient setting.

Q0249:

- Long descriptor: Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg
- Short descriptor: Tocilizumab for covid-19
- Price: The government won't provide this drug for free; visit the <u>COVID-19 Vaccines and Monoclonal</u> Antibodies webpage for pricing information (available soon)

M0249:

- Long Descriptor: Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
- Short Descriptor: Adm tocilizu covid-19 1st
- Price: \$450.00 per infusion

M0250:

- Long Descriptor: Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose
- Short Descriptor: Adm tocilizu covid-19 2nd
- Price: \$450.00 per infusion

Billing Note: You can't use the Roster Bill form to report multiple units or infusions. Submit individual claims for the tocilizumab product and infusions when reporting multiple units of the product and/or the first and second infusions.

More Information:

- Fact Sheet for Health Care Providers
- Monoclonal Antibody COVID-19 Infusion webpage

Medicare Ground Ambulance Data Collection System FAQs

CMS updated <u>Medicare Ground Ambulance Data Collection System FAQs</u> on the new data collection and reporting periods for ground ambulance organizations selected in Years 1 and 2. We extended our deadlines due to the COVID-19 public health emergency.

For more information, visit the Ambulances Services Center.

Wound Debridement: Comparative Billing Report in July

In late July, CMS will issue a Comparative Billing Report (CBR) on Part B claims for wound debridement. Use the data-driven tables to compare your billing and payment patterns with peers in your state and across the nation.

The public can't view CBRs. Look for an email from cbrpepper.noreply@religroupinc.com to access your report. Update your email address in the Provider Enrollment, Chain, and Ownership System to ensure delivery.

More Information:

- View a webinar recording
- Visit the CBR website
- Register for a live webinar on August 11 from 3-4 pm ET

3 Ways to Protect Your Medicare Enrollment Information

Protect your enrollment information from Medicare fraud with these 3 steps:

- Keep your Medicare Provider Enrollment, Chain, and Ownership System (PECOS) user ID and
 password secure and don't share with others. Only an individual provider, Authorized or Delegated
 Official of an organizational provider, or Authorized Surrogate may view and update your enrollment
 information. Each individual gets their own credentials through the <u>Identity & Access Management (I&A)</u>
 System to access PECOS.
- Log in to <u>PECOS</u> and review your enrollment information periodically to ensure it's accurate, current, and there are no unauthorized changes.
- Report suspicious information (for example, information you didn't submit) to <u>your Medicare Administrative Contractor's</u> provider enrollment division.

For more information, visit the <u>Medicare Provider Enrollment</u> webpage, and select "Protect Your Identify and Privacy."

Americans with Disabilities Act: 31st Anniversary

Each July, CMS observes the anniversary of the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. Individuals with disabilities are among our priority populations, and we're focused on making sure they have access to quality health care services and information.

More Information:

- <u>Health Observances</u> webpage
- Improving Access to Care for People with Disabilities webpage
- Getting the Care You Need: A Guide for People with Disabilities
- Navigating Health Care with a Disability: Our Stories, a Focus on the Provider video (2:25)
- Achieving Health Equity Medicare Learning Network web-based training

Viral Hepatitis: Medicare Covers Preventive Services

Medicare covers viral hepatitis immunization and screening services. Your patients pay nothing for the following services if you accept assignment:

- Hepatitis B virus screening
- Hepatitis B virus vaccine and administration
- Hepatitis C virus screening
- Screening for Sexually Transmitted Infections (STIs) and high-intensity behavioral counseling to prevent STIs

Most people with chronic hepatitis virus don't know they're infected. On World Hepatitis Day, find out why screening is critical.

More Information:

- Medicare Preventive Services educational tool
- Preventive Services webpage
- CDC Viral Hepatitis webpage
- CDC World Hepatitis Day webpage
- Hepatitis Disparities in Medicare Fee-for-Service Beneficiaries
- Information for your patients on <u>hepatitis B virus infection screenings</u>, <u>hepatitis B shots</u>, <u>hepatitis C screening tests</u>, and <u>STI screenings and counseling</u>

Compliance

Polysomnography Services: Bill Correctly

An Office of Inspector General (OIG) report found that Medicare improperly paid claims for polysomnography services that didn't meet our requirements. Review the Provider Compliance Tips for Polysomnography (Sleep Studies) fact sheet to help you bill correctly.

More Information:

- Medicare Benefit Policy Manual, Chapter 15, Section 70
- Questionable Billing for Polysomnography Services OIG Report

Claims, Pricers, & Codes

ICD-10-CM Diagnosis Code Files for FY 2022

Visit the 2022 ICD-10-CM webpage for Fiscal Year (FY) 2022 diagnosis code information:

- Conversion table
- Code descriptions in tabular order
- Addendum
- Code tables, tabular, and index
- Coding guidelines

Use these codes for discharges and patient encounters on or after October 1, 2021 - September 30, 2022. The Present on Admission Exempt Code List will be posted later this month.

For questions about the diagnosis codes, contact the CDC's National Center for Health Statistics at icd10cm@cdc.gov.

MLN Matters® Articles

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2021

Learn about changes to the edit module for clinical diagnostic laboratory services.

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

Learn about the next version of the Code Combination List.

October 2021 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Learn about updates to pricing files.

Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.3, Effective October 1, 2021

Learn about updates for your billing staff.

Section 50 in Chapter 30 of Publication (Pub.) 100-04 Manual Updates

Learn about changes to the Advance Beneficiary Notice of Non-coverage section.

National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy — Revised

Read information on HCPCS code Q2053.

Publications

Critical Access Hospital — Revised

Read updated COVID-19 public health emergency information in this Medicare Learning Network booklet:

- Temporary emergency coverage without a qualifying hospital stay
- Waiving limitation on number of swing beds and length of stay

Medicare Advance Written Notices of Noncoverage — Revised

Read updated information in this Medicare Learning Network booklet:

- Defined notifier
- Added modifiers GK and GL

Rural Health Clinic — Revised

Read updated information in this Medicare Learning Network booklet:

- Expanded flexibilities during the COVID-19 public health emergency
- Added principal care management HCPCS codes

Multimedia

Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training — Revised

<u>See updated information</u> in this Medicare Learning Network (MLN) web-based training course:

- Learn to recognize Fraud, Waste, and Abuse (FWA)
- Identify, correct, and report FWA
- Recognize potential consequences and penalties

Visit the MLN Web-Based Training webpage for a current list of courses.

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