CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12109	**Date: June 29, 2023**
	Change Request 13227

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32 Sections 130.1, for International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update Change Request (CR) 13166

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make updates to chapter 32 of the Medicare Claims Processing Manual Pub. 100-04 to coincide with the NCD updates in CR13166.

EFFECTIVE DATE: October 2, 2023
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 2, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/130/130.1/Billing and Payment Requirements

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12109	Date: June 29, 2023	Change Request: 13227

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EFFECTIVE DATE: October 2, 2023
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IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to make updates to Pub. 100-04, Chapter 32, Sections 130.1, for the Billing Requirements of the Medicare Claims Processing manual due to NCDs 20.20, in CR 13166, International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update.

In CR 13166, the Medicare contractors were advised to add the following (CPT) - **Current Procedural Terminology code:** G0463 effective retroactive 10/01/2015 in reference to the External Counterpulsation Therapy NCD 20.20.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13227.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Sections 130.1.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

130.1 - Billing and Payment Requirements

(Rev.12109; Issued:06-29-23; Effective: 10-02-23; Implementation: 10-02-23)

Effective for dates of service on or after January 1, 2000, use HCPCS code G0166 (External counterpulsation, per session) to report ECP services. The codes for external cardiac assist (92971), ECG rhythm strip and report (93040 or 93041), pulse oximetry (94760 or 94761) and plethysmography (93922 or 93923) or other monitoring tests for examining the effects of this treatment are not clinically necessary with this service and should not be paid on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP. Daily evaluation and management service, e.g., 99201- 99205, 99211-99215, 99217-99220, 99241-99245, *and G0463* cannot be billed with the ECP treatments. Any evaluation and management service must be justified with adequate documentation of the medical necessity of the visit. Deductible and coinsurance apply.

Note: Please note that effective December 31, 2020 evaluation and management service code 99201 is end-dated. Effective December 31, 2022 codes 99217,99218,99219,99220 and 99241 are end dated. *For Part A, remove CPT codes 99202-99215, 99242-99245 and replace with G0463 (the OPPS equivalent of E/M codes) effective retroactive to 10/1/2015.*