

**Quarterly Provider Update-Regulations
January 1 – March 31, 2021**

Key:

ASCs - Ambulatory Surgical Centers
 CLIA – Clinical Diagnostic Laboratories
 CMHCs - Community Mental Health Centers
 CORF – Comprehensive Outpatient Rehabilitation Facility
 DME – Durable Medical Equipment
 DMEPOS - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
 FQHC – Federally Qualified Health Center
 HHA- Home Health Agency

IDTF - Independent Diagnostic Testing Facility
 MA – Medicare Advantage
 OPO – Organ Procurement Organization
 OPT - Outpatient Physical Therapy
 RNHCI - Religious Non-medical Health Care Institution
 RHC - Rural Health Clinic
 SNF - Skilled Nursing Facility

Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-3372-F</u>	Medicare Program; Medicare Coverage of Innovative Technology (MCIT) and Definition of "Reasonable and Necessary"	1/14/2021	All Providers
<u>CMS-3401-IFC</u>	Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-In Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions From the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Correction	1/19/2021	All Providers
<u>CMS-3380-F2</u>	Medicare and Medicaid Programs; Organ Procurement Organizations Conditions for Coverage: Revisions to the Outcome Measure Requirements for Organ Procurement Organizations; Public Comment Period; Delay of Effective Date	2/02/2021	All Providers

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CMS-3400-FN	Medicare and Medicaid Programs; Application From the Accreditation Commission for Health Care (ACHC) for Continued Approval of its Home Health Agency Accreditation Program	3/0122021	HHA
CMS-4189F2	Medicare Program; Secure Electronic Prior Authorization for Medicare Part D Program; Delay in Effective Date	1/02/2021	All Providers
CMS-1736CN	Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-Owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots; Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report COVID-19 Therapeutic Inventory and Usage and To Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19); Correction	2/25/2021	Hospitals
CMS-1758-FN	Medicare Program: Approval for an Exception to the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition	3/11/2021	Hospitals
CMS-2393-WN	Medicaid Program; Medicaid Fiscal Accountability Regulation	1/19/2021	Medicaid

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Code	Subject	Issue or Publication Date	Provider Type
CMS-1734F2	Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-In Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions From the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Correcting Amendment	2/16/2021	Physicians