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Official CMS news from the Medicare Learning Network®

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## News

### Cognitive Assessment: Resources for Providers

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.

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, resulting in a written care plan.

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.

More Information:

- [Visit the Cognitive Assessment webpage](#)
- [Watch our video](#) (4:34)
- [Visit the National Institute on Aging's Alzheimer's and Dementia Resources for Professionals webpage](#)

### CMS Opens National Coverage Determination Analysis on Treatment for Alzheimer's Disease

Thorough Process Will Enable Careful Consideration of Coverage and Incorporate Public Input

On July 12, CMS opened a National Coverage Determination (NCD) analysis, a process that will allow the agency to carefully review and determine whether Medicare will establish a national Medicare coverage policy for monoclonal antibodies targeting amyloid for the treatment of Alzheimer's disease. NCDs are program instructions developed by CMS to describe the nationwide conditions for Medicare coverage for a specific item or service. This NCD analysis will be applicable to national coverage considerations for aducanumab, which was recently approved by the FDA, as well as any future monoclonal antibodies that target amyloid for the treatment of Alzheimer's disease. As part of the NCD process, a 30-day public comment period began on July 12. CMS will also host two public listening sessions in July to provide an opportunity for public input.

“Alzheimer’s is a devastating illness that has touched the lives of millions of American families and as CMS opens our National Coverage Determination analysis, we invite interested stakeholders to participate,” said CMS Administrator Chiquita Brooks-LaSure. “We want to consider Medicare coverage of new treatments very carefully in light of the evidence available. That’s why our process will include opportunities to hear from many stakeholders, including patient advocacy groups, medical experts, states, issuers, industry professionals, and family members and caregivers of those living with this disease.”

Currently, coverage determinations for aducanumab are being made at the local level by Medicare Administrative Contractors who represent 12 jurisdictions across the country. CMS’s coverage decisions are based on careful analysis of the evidence and benefits a given therapy provides to Medicare beneficiaries. To determine whether a national policy is appropriate, CMS will follow a standard process that includes multiple opportunities for the public to participate and present comments through both listening sessions and the CMS Coverage website. The analysis will determine whether the evidence meets the Medicare law’s requirements that items or services be “reasonable and necessary for the diagnosis or treatment of illness or injury...”. To make this determination, CMS uses a formal process established by statute. The process includes an assessment of the clinical evidence such as published clinical studies, professional society guidelines, and public comments to determine coverage.

Following this analysis, CMS will post a proposed national coverage determination, which will be open to a second 30-day public comment period. After reviewing all comments received on a proposed determination, CMS will announce its final decision for a national policy which could range from Medicare coverage of this product type, coverage with evidence development, non- coverage, or deference to the Medicare Administrative Contractors. A proposed decision is expected to be posted within 6 months and a final within 9 months.

NCDs are posted on the [CMS Medicare Coverage Center](#) website and provide stakeholders with the Medicare coverage criteria, a summary of the evidence considered, and CMS’s rationale for the decision.

More Information:

- [Visit the Medicare Coverage Database](#) to submit or view public comments
- Register for the listening sessions: [July 22 from 9-11 am ET](#) or [July 27 from 2-4 pm ET](#)

## PEPPERS for HHAs and PHPs

Fourth quarter calendar year 2020 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for Home Health Agencies (HHAs) and Partial Hospitalization Programs (PHPs). These reports summarize provider-specific data 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:

- [Distribution](#) webpage: Find out how to get your report
- [PEPPER Resources](#) website: User guides, recorded training sessions, [FAQs](#), and examples of how other providers are using the report
- [Visit the Help Desk](#) if you have questions or need help getting your report
- [Send us your feedback or suggestions](#)

## Compliance

### IRF Services: Follow Medicare Billing Requirements

An Office of Inspector General [report](#) found that payments for Inpatient Rehabilitation Facility (IRF) services didn’t meet Medicare coverage and documentation requirements for reasonable and necessary care. Review the [Medicare Payment Systems](#) educational tool to help you bill correctly.

More Information:

- [FY 2021 IPPS Final Rule](#) webpage
- [IRF Quality Reporting Program](#) webpage
- [Medicare Benefit Policy Manual, Chapter 1](#), Section 110

## Claims, Pricers, & Codes

### ICD-10-CM Codes: FY 2022

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

## Multimedia

### Medicare Billing: Form CMS-1500 and 837 Professional Web-Based Training — Revised

[See updated information](#) in this Medicare Learning Network (MLN) web-based training course:

- Professional claims requirements
- Claims processing actions
- Paper and electronic claims

Visit the [MLN Web-Based Training](#) webpage for a current list of courses.

### Medicare Billing: Form CMS-1450 and 837 Institutional Web-Based Training — Revised

[See updated information](#) in this Medicare Learning Network (MLN) web-based training course:

- Institutional claims requirements
- Claims processing actions
- Paper and electronic claims

Visit the [MLN Web-Based Training](#) webpage for a current list of courses.

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