



mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, June 3, 2021

News

Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 7
Clinical Diagnostic Laboratories: Key Dates for New & Reconsidered Test Codes
Clinical Diagnostic Laboratories: Private Payor Rate-Based CLFS Resources
MACs Resume Medical Review on a Post-payment Basis
CMS Celebrates Pride Month

Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

MLN Matters® Articles

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – October 2021
National Coverage Determination (NCD) 110.24: Chimeric Antigen Receptor (CAR) T-cell Therapy
National Coverage Determination (NCD) 210.3: Screening for Colorectal Cancer (CRC) - Blood-Based Biomarker Tests
National Coverage Determination (NCD) Removal
Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

Publications

Medicare Disproportionate Share Hospital — Revised

Multimedia

Hospice Quality Reporting Program: May Forum Materials

News

Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 7

CMS is accepting Notices of Intent to Apply (NOIAs) for the Medicare Shared Savings Program January 1, 2022, start date. Visit the [Application Types & Timeline](#) and [Application Toolkit](#) webpages to help you prepare your applications.

If you intend to apply, you must submit a NOIA via the [ACO Management System](#) by June 7 at noon ET. This doesn't bind your organization to submit an application. Each ACO should only submit 1 NOIA. After you submit a NOIA, submit your application from June 8-28 by noon ET.

More Information:

- [Shared Savings Program](#) webpage
- [Shared Savings Program](#) final rule
- Email SharedSavingsProgram@cms.hhs.gov

Clinical Diagnostic Laboratories: Key Dates for New & Reconsidered Test Codes

CMS offers opportunities for clinical diagnostic laboratories to provide input for calendar year 2022 on:

- Establishing payment amounts for [new or substantially revised HCPCS codes](#)
- Reconsideration requests for Medicare payment

Key Dates

- June 3: [Submit template](#) with name and presentation of speakers for annual meeting
- June 24: Virtual Annual Public meeting
- July 26: Comments due on [2021 Clinical Laboratory Fee Schedule \(CLFS\) gapfill preliminary determinations](#)
- July 28-29: Virtual Advanced Clinical Diagnostic Laboratory Test panel meeting

More Information:

- [CMS CLFS Annual Public Meeting](#) webpage, includes gapfill information
- [Clinical Laboratory Fee Schedule Annual Payment Determination Process](#) educational tool

Clinical Diagnostic Laboratories: Private Payor Rate-Based CLFS Resources

Are you an independent laboratory, physician office laboratory, or hospital outreach laboratory that meets the definition of an applicable laboratory under the Clinical Laboratory Fee Schedule (CLFS)? You must report information, including laboratory test HCPCS codes, associated private payor rates, and volume data. CMS recently updated resources:

- [Summary](#): Overview of key terms and concepts, how to determine whether your laboratory is an applicable laboratory, and timeline
- [FAQs](#): Responses to questions

Timeline:

- Collect data: January 1-June 30, 2019
- Analyze data: July-December, 2019
- Report data: January 1-March 31, 2022

For more information, visit the [PAMA Regulations](#) webpage.

MACs Resume Medical Review on a Post-payment Basis

Beginning August 2020, Medicare Administrative Contractors (MACs) resumed post-payment reviews of items and services with dates of service before March 2020. MACs may now begin conducting post-payment medical reviews for later dates of service. The Targeted Probe and Educate program (intensive education to assess provider compliance through up to 3 rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

CMS Celebrates Pride Month

June is Pride Month. CMS celebrates Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) persons and recognizes their unique health needs. Social determinants and discriminatory practices increase health disparities in this community. We're committed to help improve the health of all minority, underserved, or disadvantaged populations.

More Information:

- [Health Observances](#) webpage
- [Sexual and Gender Minority Clearinghouse](#)
- [Improving Health Care Quality for LGBTQ People](#) and [Achieving Health Equity](#) Medicare Learning Network web-based training
- [CMS Office of Minority Health](#) webpage

Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

In a recent [report](#), the Office of Inspector General determined that payments for outpatient Intensity Modulated Radiation Therapy (IMRT) didn't comply with Medicare billing requirements. Hospitals billed separately for complex stimulations that are part of IMRT planning. Review the [Medicare Claims Processing Manual, Chapter 4](#), Section 200.3.1 to understand our guidance and avoid overpayments.

MLN Matters® Articles

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – October 2021

[Learn about updated ICD-10 conversions.](#)

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

[Learn about this determination](#) effective for claims with dates of service on or after August 7, 2019.

National Coverage Determination (NCD) 210.3: Screening for Colorectal Cancer (CRC) - Blood-Based Biomarker Tests

[Learn about the addition of this test](#) effective January 19, 2021.

National Coverage Determination (NCD) Removal

[Learn about the removal of 6 NCDs.](#)

Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

[Learn about updates effective July 1, 2021.](#)

Publications

Medicare Disproportionate Share Hospital — Revised

CMS revised the Medicare Learning Network [Medicare Disproportionate Share Hospital](#) fact sheet to update information on uncompensated care payments for eligible hospitals.

Multimedia

Hospice Quality Reporting Program: May Forum Materials

[Review materials](#) from the May Hospice Quality Reporting Program Forum on the Hospice Outcomes & Patient Evaluation (HOPE) assessment. Visit the [Provider and Stakeholder Engagement](#) webpage for more information.

[Like the newsletter? Have suggestions? Please let us know!](#)

[Subscribe](#) to the MLN Connects newsletter. Previous issues are available in the [archive](#).
This newsletter is current as of the issue date. View the complete [disclaimer](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

