CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10456	**Date: November 13, 2020**
	Change Request 11975

SUBJECT: Update to Vaccine Services Editing

I. SUMMARY OF CHANGES: This Change Request (CR) requires contractors to modify editing to allow an inpatient Skilled Nursing Facilities (SNF) claim that contains a “From” date of service that overlaps only the “Through” date of a vaccine or telehealth outpatient claim for the same beneficiary

This CR also modifies current editing to allow vaccines and its administration when they are the only services on a 12x where the service date is equal to the discharge date of an inpatient claim for the same provider and the service date is equal to the "From" date of another inpatient claim with condition code B4 for the same provider.

In addition, this CR instructs contractors to pay Healthcare Common Procedure Coding System (HCPCS) codes G0008, G0009, and G0010 based on the CY2019 national payment amounts for immunization administration services.

Finally, this CR updates the Internet-Only-Manual Publication 100-04, Chapter 18, Section 140.8.

EFFECTIVE DATE: April 1, 2021 - For claims received on or after this date.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2021

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	18/140/140.8/Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)

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: 10456	Date: November 13, 2020	Change Request: 11975

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EFFECTIVE DATE: April 1, 2021 - For claims received on or after this date.
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I. GENERAL INFORMATION

A. Background: It has been brought to the attention of CMS that inpatient Skilled Nursing Facilities (SNF) claims (Type of Bill (TOB) 21X) are being denied when dates of service overlaps a previously processed outpatient (TOB 12X) vaccine or telehealth service for the same beneficiary.

This Change Request (CR) requires the Fiscal Intermediary Shared System (FISS) to modify editing to allow an inpatient SNF claim (TOB 21X) that contains a "From" date of service that overlaps only the "Through" date of a vaccine or telehealth outpatient claim (TOB 12X) for the same beneficiary. This CR also modifies current editing to allow vaccines and its administration when they are the only services on a 12x where the service date is equal to the discharge date of an inpatient claim for the same provider and the service date is equal to the "From" date of another inpatient claim with condition code B4 for the same provider.

In addition, this CR instructs contractors to pay Healthcare Common Procedure Coding System (HCPCS) codes G0008, G0009, and G0010 based on the Calendar Year (CY) 2019 national payment amounts for immunization administration services. Finally, this CR updates the Internet-Only-Manual Publication 100-04, Chapter 18, Section 140.8.

B. Policy: No changes to current policy. This CR is modifying existing editing to ensure correct payment for claims related to vaccine services and updating the Internet-Only-Manual.

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	
11975.1	The contractor shall modify edit 38113 so the edit does not set when an incoming SNF TOB 21X claim has a "From" date that overlaps only the "Through" date of a vaccine service TOB 12X claim (containing revenue code 0636 or 0771 with HCPCS code and/or HCPCS code with Type of Service (TOS) equal to "V") for the same beneficiary.	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: Contractors shall instruct providers to submit new original claims for these services and override timely filing for services after January 1, 2020 that are no longer timely.									
11975.2	The contractor shall modify edit 38113 so the edit does not set when an incoming SNF TOB 21X claim has a "From" date that overlaps only the "Through" date of a telehealth service (HCPCS code Q3014) TOB 12X claim for the same beneficiary. NOTE: Contractors shall instruct providers to submit new original claims for these services and override timely filing for services after January 1, 2020 that are no longer timely.	X				X				
11975.3	The contractor shall modify current editing so the edit does not set for vaccines services when they are the only services on an outpatient claim, TOB 12x, where: • the service date is equal to the discharge date of an inpatient claim for the same provider, and • the service date is equal to the "From" date of another inpatient claim with condition code B4 for the same provider.								X	
11975.3.1	Contractors shall test edit modifications for edit C7070 as outlined in BR11975.3.	X				X				
11975.4	For claims with dates of service January 1, 2020 thru December 31, 2020, contractors shall pay HCPCS code G0008, G0009, or G0010 based on the CY2019 national payment amounts for immunization administration services.	X								
11975.4.1	Contractors shall modify the HCPC load process to no longer apply CPT 90471 code rates to HCPC codes G0008, G0009 and G0010.					X				
11975.5	For business requirements 11975.3 and 11975.4, contractors shall not search their files to retroactively pay claims. However, contractors shall adjust claims	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	brought to their attention.									
11975.6	Contractors shall be in compliance with the updates to CMS Internet Only Manual (IOM) Publication 100-04, Chapter 18, subsection 140.8.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11975.7	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

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): William Ruiz, 410-786-9283 or william.ruiz@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

140.8 – Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)

(Rev.10456, Issued: 11-13-20, Effective: 04-01-21, Implementation: 04-05-21)

For services furnished on or after January 1, 2016, Advance Care Planning (ACP) is treated as a preventive service when furnished with an AWV. The Medicare coinsurance and Part B deductible are waived for ACP when furnished as an optional element of an AWV.

The codes for the optional ACP services furnished as part of an AWV are 99497 (Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate;) and an add-on code 99498 (each additional 30 minutes (List separately in addition to code for primary procedure)). When ACP services are provided as a part of an AWV, practitioners would report CPT code 99497 (and add-on CPT code 99498 when applicable) for the ACP services in addition to either of the AWV codes (G0438 or G0439).

Note: ACP services are payable in hospice (Types of Bill 081x or 082x) when not part of the AWV when the services are performed by attending physicians that are employed by, or under arrangement with, the hospice.