

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10639	Date: March 12, 2021
	Change Request 11862

SUBJECT: Update to the Manual for Telephone Services, Physician Assistant (PA) Supervision, and Medical Record Documentation for Part B Services

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to clarify existing manual language. We are revising the manual to remove Case Management Services language to allow payment for a short communication based service or virtual check in which was effective January 1, 2019, and to remove outdated language on related to Team Conferences codes, and to bring the manual in line with current payment policy for PA supervision which was effective as of January 1, 2020 and medical record documentation for Part B services which was also effective January 1, 2020 and further clarified and effective as of January 1, 2021.

EFFECTIVE DATE: January 1, 2019 - For 100-02 and 100-04; January 1, 2020 - For 100-02 only; January 1, 2021 - For 100-02 only

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 12, 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	Table of Contents
D	12/30/30.6.16/Case Management Services (Codes 99362 and 99371-99373)

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

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IMPLEMENTATION DATE: April 12, 2021

I. GENERAL INFORMATION

A. Background: As of January 1, 2019, CMS makes payment for a short communication-technology based service that can be furnished using any modality of synchronous communication technology that can include audio-only telephone.

B. Policy: This CR updates the Internet Only Manual (IOM) for by removing outdated language by removing the Case Management Services section to reflect that Team Conference codes have been deleted and that audio-only visits can be paid for.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F M V C	M I C M W	V S S	C M W F	
11862 - 04.1	Contractors shall be aware of the manual changes in this CR.	X	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11862 - 04.2	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	X	X	X		

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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.					

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): Emily Yoder, 410-786-1804 or Emily.Yoder@cms.hhs.gov, Patrick Sartini, 410-786-9252 or patrick.sartini@cms.hhs.gov, Donta Henson, 410-786-1947 or DONTA.HENSON1@cms.hhs.gov.

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0