CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10720	**Date: May 14, 2021**
	Change Request 12214

SUBJECT: Provider Education for Required Prior Authorization (PA) Process for the Cervical Fusion with Disc Removal and Implanted Spinal Neurostimulators in the Hospital Outpatient Department (OPD) Setting

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the A/B MACs to provide education for providers regarding the PA process for the cervical fusion with disc removal and implanted spinal neurostimulators in the hospital OPD setting.

EFFECTIVE DATE: June 17, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: June 17, 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
N/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	**Transmittal: 10720**	**Date: May 14, 2021**	**Change Request: 12214**

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EFFECTIVE DATE: June 17, 2021
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I. GENERAL INFORMATION

A. Background:
As part of the Calendar Year 2021 Outpatient Prospective Payment System/Ambulatory Surgical Center Final Rule (CMS -1736-FC), CMS added cervical fusion with disc removal and implanted spinal neurostimulators to the prior authorization process for hospital outpatient department services. Providers must request prior authorization for these services effective for dates of service beginning July 1, 2021.

Operational instructions for the PA of OPD Services for these additional services rendered on or after July 1, 2021 is provided under separate instruction. This CR provides instructions to the contractor for education regarding the hospital OPD services PA program.

CMS will educate physicians and providers about this program by sending the Introductory Letters attached to this CR, as well as communicating related requirements and resources to access additional information.

B. Policy: §1833(t)(2)(F) of the Social Security Act (the Act) and 85 Federal Register 85866 (12/29/2020).

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	
12214.1	The MAC shall generate lists of all active providers and physicians/practitioners to receive the appropriate Introductory Letter attached to this CR (Attachments B and C), who have billed, since January 1, 2020, the Healthcare Common Procedure Coding System (HCPCS) codes that are included in Attachment A.	X	X							
12214.1.1	The MAC shall determine which active providers and physicians/practitioners from the list are applicable to its jurisdiction and performed these services in the	X	X							

Number	Requirement	Responsibility									
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	hospital OPD setting for receipt of the letters.									
12214.2	The MAC shall use the Introductory Provider Letter template provided by CMS (Attachment B).	X								
12214.2.1	The MAC shall prepare and mail the Introductory Letters to all applicable providers no later than May 21, 2021.	X								
12214.3	The MAC shall use the Introductory Physician Letter template provided by CMS (Attachment C).		X							
12214.3.1	The MAC shall prepare and mail the Introductory Letters by May 21, 2021 to all applicable physicians/practitioners (those who performed these specific services in the Hospital Outpatient Department setting). • Place of Service Code 19 – Off Campus - Outpatient Hospital • Place of Service Code 22 – On Campus - Outpatient Hospital		X							
12214.4	The MAC shall create web postings describing the program parameters.	X	X							
12214.5	The MAC shall hold group or individualized training sessions, as appropriate, to notify stakeholders of the PA program and to ensure understanding of the specific requirements.	X	X							
12214.6	The MAC shall use the information publically available in the Final Rule (CMS -1736-FC) to begin education. At such time that additional MAC instructions are finalized, MACs shall include that information in their education.	X	X							
12214.6.1	The MACs shall, at a minimum, provide public access to the agency-developed information, including, but not limited to, any developed prior authorization operational guides, special Medicare Learning Network materials, and/or other support materials, by posting the link(s) on their website.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

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): Yuliya Cook, 410-768-0157 or yuliya.cook@cms.hhs.gov , Stephanie Collins, 410-786-3100 or stephanie.collins@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: 3

Table 1: ADDITIONAL LIST of OUTPATIENT SERVICES THAT REQUIRE PRIOR AUTHORIZATION

Code	HOPD Service	Description
22551	Cervical Fusion with Disc Removal	Fusion of spine bones with removal of disc at upper spinal column, anterior approach, complex, initial
22552	Cervical Fusion with Disc Removal	Fusion of spine bones with removal of disc in upper spinal column below second vertebra of neck, anterior approach, each additional interspace
63650	Implanted Spinal Neurostimulators	Implantation of spinal neurostimulator electrodes, accessed through the skin

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MAC Header Here

PROVIDER NAME
PROVIDER ADDRESS
CITY ST ZIP

Mail Date (ex. June 1, 2021)
Provider NPI Number: Provider NPI

Dear Provider:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has added two new services to the Hospital Outpatient Department (OPD) Prior Authorization program. For dates of service beginning on or after July 1, 2021, the following additional hospital OPD services will be required as a condition of payment:

i. Cervical Fusion with Disc Removal
ii. Implanted Spinal Neurostimulators.

These two services will be in addition to the existing prior authorization services, which include blepharoplasty, botulinum toxin injection, rhinoplasty, panniculectomy, and vein ablation. The list of specific Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the OPD Prior Authorization program is located in a separate document mailed along with this letter.

What You Need to Know

The Prior Authorization program does not change Medicare benefits or coverage requirements, nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that hospital OPDs are regularly required to maintain for Medicare payments. The request must be submitted by the hospital OPD, the OPD physician, or other third party on behalf of the OPD referred to as a "requester." Under the Prior Authorization process, the requester must submit the request with the required documentation before the service is rendered and before the claim is submitted for payment to make sure all Medicare requirements are met.

The hospital OPD, the physician, or the other third party **on behalf** of the hospital OPD, is responsible for submission of the prior authorization request and all documentation to Medicare on behalf of the Medicare patient.

After receipt of all required documentation from the requester, [Insert MAC name here] will review the prior authorization request and issue a provisional affirmation or non-affirmation within ten (10) business days of receipt of the prior authorization request. A provider may request an expedited review if the beneficiary's life, health, or ability to regain maximum function is in jeopardy. [Insert MAC name here] will complete an expedited review of the prior authorization request if it is determined that a delay could seriously jeopardize the beneficiary's life, health, or ability to regain maximum function and issue a provisional affirmation or non-affirmation decision in accordance with 42 CFR 419.82(d)(2) within two (2) business days of the expedited review request. [Insert MAC name here] will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient.

If the prior authorization request is non-affirmed by [Insert MAC name here], the requester may revise and resubmit the request an unlimited number of times. [Insert MAC name here] will review and communicate a decision within ten (10) business days on each resubmitted prior authorization request. [Insert MAC name here] will send the provider detailed reasons for the non-affirmation decisions and offer education to help the provider understand the reason for the non-affirmation decision and how the issue can be fixed.

For detailed information about this program, please refer to the following resources:

[Insert MAC website here]

Additional Resources

CMS has a dedicated program website for the hospital OPD prior authorization process with additional resources at CMS website. [Insert MAC name] will post additional information and details of any upcoming educational sessions on its website (link noted above). You may request an individual education session if you have questions about the program.

CMS Welcomes Feedback

CMS is committed to continuing the hospital OPD Prior Authorization program in an open and transparent manner that serves and protects patients and the health care providers that care for them. Send feedback to CMS at OPDPA@cms.hhs.gov.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

MAC Header HerePHYSICIAN/PRACTITIONER NAME
PHYSICIAN/PRACTITIONER ADDRESS
CITY ST ZIP

Mail Date (ex. June 1, 2021)
Physician/Practitioner NPI Number: Physician/practitioner NPI

Dear Physician/Practitioner:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has added two new services to the **Hospital Outpatient Department (OPD) Prior Authorization program**. For dates of service beginning on or after **July 1, 2021**, the following additional hospital OPD services will be required as a condition of payment:

i. Cervical Fusion with Disc Removal
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These two services will be in addition to the existing prior authorization services, which include blepharoplasty, botulinum toxin injection, rhinoplasty, panniculectomy, and vein ablation. The list of specific Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the OPD Prior Authorization program is located in a separate document mailed along with this letter.

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