CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11269	**Date: February 17, 2022**
	Change Request 12631

NOTE: This Transmittal is no longer sensitive and is being re-communicated March 7, 2022. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: April 2022 Update to the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)

I. SUMMARY OF CHANGES: This recurring change request provides a mechanism to update to the FY 2022 IPPS Pricer.

EFFECTIVE DATE: April 1, 2022
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 4, 2022

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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 11269	Date: February 17, 2022	Change Request: 12631

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SUBJECT: April 2022 Update to the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)

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I.   GENERAL INFORMATION

A.   Background: The interim Final Rule (FR) (85 FR 71142) established a New Coronavirus Disease 2019 (COVID-19) Treatment Add-on Payment (NCTAP) for cases involving the use of new COVID-19 treatments under the Medicare Inpatient Prospective Payment System (IPPS). These regulations designed to mitigate potential financial disincentives for hospitals to provide new COVID-19 treatments, are applicable from November 2, 2020, until the end of the fiscal year in which the public health emergency for COVID-19 ends.

Through the NCTAP, the Medicare program will provide an enhanced payment for eligible inpatient cases that use certain new products with current the Food & Drug Administration (FDA) approval or Emergency Use Authorization (EUA) to treat COVID-19. This Change Request (CR) implements NCTAP for the following:

- On December 23, 2021, the FDA has authorized the emergency use of Pfizer's PAXLOVID™, an investigational medicine, for the treatment of mild-to-moderate COVID-19 in adults and children (12 years of age and older weighing at least 88 pounds [40 kg]) with a positive test for the virus that causes COVID-19, and who are at high risk for progression to severe COVID-19, including hospitalization or death, under an EUA. (National Drug Code (NDC) 00069-1085-06, NDC 00069-1085-30)

- On December 22, 2021, the FDA has authorized the emergency use of Merck's Molnupiravir for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with positive results of direct Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate. (NDC 00006-5055-06, NDC 00006-5055-07)

For additional information on Medicare's COVID-19 NCTAP payment policies, readers may refer to the following website at: https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap.

B.   Policy: No new policy.

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	
12631.1	The Shared System Maintainer (SSM) shall pass the following NDCs eligible for NCTAP to the IPPS Pricer: • NDC 00069108506, NDC 00069108530; PAXLOVID™ (Effective December 23, 2021) • NDC 00006505506, NDC 00006505507; Molnupiravir (Effective December 22, 2021)						X				
12631.2	Upon successful implementation of the updated FY 2022 IPPS Pricer, the Medicare contractors shall reprocess provider-submitted adjustments for inpatient claims meeting the following criteria, when brought to their attention: • Discharge date on or after December 23, 2021, • Condition Code ZA is not present, • International Classification of Diseases-Tenth Edition-Clinical Modification (ICD-10-CM) diagnosis code U07.1 (COVID-19), • NDC 00069108506 or NDC 00069108530. Or • Discharge date on or after December 22, 2021, • Condition Code ZA is not present, • ICD-10-CM diagnosis code U07.1 (COVID-19), • NDC 00006505506 or NDC 00006505507.	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		
12631.3	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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): Yvette Rivas, yvette.rivas@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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immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0