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News

COVID-19: End of Public Health Emergency

CMS is planning for the [end of the COVID-19 public health emergency \(PHE\)](#), which is expected to occur on May 11, 2023. We updated the [COVID-19 Vaccine Provider Toolkit](#) with information on what to do during and after the end of the PHE.

More Information:

- [CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency](#) fact sheet
- [CMS Emergencies](#) webpage

CMS Roundup (Apr. 07, 2023)

You may be interested in these topics from the [CMS Roundup](#):

- CMS Strengthens Enforcement Against Infection Control Deficiencies in Nursing Homes
- Health Care Facilities May Now Use Clean Energy as an Alternate Power Source

Medicare Shared Savings Program: Application Toolkit Materials

Accountable Care Organizations (ACOs): See the Medicare Shared Savings Program [Application Toolkit](#) to get resources for the upcoming application submission cycle.

CMS will accept applications starting May 18 through the [ACO Management System](#). Apply no later than noon ET on June 15.

More Information:

- [Shared Savings Program](#)
- [Application Types & Timeline](#)
- [Key Application Actions and Deadlines](#)
- Email questions to SharedSavingsProgram@cms.hhs.gov

Inpatient Rehabilitation Facility Interdisciplinary Team Meetings After the COVID-19 Public Health Emergency

On May 8, 2020, CMS [announced](#) that inpatient rehabilitation facilities (IRFs) could conduct interdisciplinary team meetings electronically during the COVID-19 public health emergency (PHE). The PHE is expected to end on May 11, 2023. After the PHE ends, we expect IRFs to hold in-person, weekly interdisciplinary

team meetings. Rehabilitation physicians may lead these meetings remotely using video, telephone conferencing, or other technology.

Hospital Outpatient Departments: Prior Authorization for Facet Joint Interventions Starts July 1

Hospital outpatient departments (OPDs) must submit prior authorization requests for facet joint interventions starting on or after July 1, 2023, unless your OPD is currently exempt from this process.

More Information:

- [Hospital Outpatient Prospective Payment System Final Rule](#): See Section XX, beginning on page 72224
 - [Prior Authorization for Certain Hospital OPD Services](#) webpage
-

Opioid Treatment Program Webpage Updates

CMS streamlined [Opioid Treatment Program](#) content. Visit the revised webpages to learn more about:

- Enrollment
 - Billing
 - G-codes frequency of use guidelines
 - Claims
 - 2023 payment rates
-

Claims, Pricers, & Codes

Home Health Original Claims: Don't Include Cross-Reference Document Control Numbers

Effective April 1, 2023, Medicare Administrative Contractors will return original home health claims with cross-reference document control numbers. Only submit these numbers on adjustment claims.

More Information:

- Sections 130.1, 160, and 160.1 [Medicare Claims Processing Manual, Chapter 1](#)
- [Instruction to your Medicare Administrative Contractor](#)

Outpatient Rehabilitation Claims with Reason Code W7072: You Might Need to Resubmit Claims

A system change caused CMS to return the following outpatient claims with reason code W7072:

- Bill types 74X and 75X
- CPT codes 98980 and 98981

We're bypassing reason code W7072 for these claims until we correct the issue in the July 2023 Integrated Outpatient Code Editor update. Resubmit claims that we returned in error.

Events

IRIS: XML Format & Duplicate Interns and Residents Full-Time Equivalents Review — May 3

Wednesday, May 3 from 1–3 pm ET

[Register](#) for this webinar.

Target audience: Medicare Part A teaching providers or organizations

Learn about updates to IRIS:

- New fields in XML format
- List of approved vendors
- New duplicate review audit contractor, Myers and Stauffer, LC
- Process for completing duplicate full-time equivalents audit process

You may send questions in advance to OFMDPAOQuestions@cms.hhs.gov with “IRIS Webinar” in the subject line. We’ll answer your questions during the webinar, or use them to develop educational materials.

MLN Matters® Articles

New Waived Tests

Learn about [billing](#) for Clinical Laboratory Improvement Amendments waived laboratory tests:

- Requirements
 - New tests approved by the FDA
 - Using modifier QW
-

Publications

Intravenous Immune Globulin Demonstration — Revised

Learn [what’s changed](#):

- Updated 2022 and 2023 payment rates for Q2052
 - Added claims adjustment language for updated payment rates
-

Medicare Modernization of Payment Software — Revised

Learn [what's changed](#):

- Added information on the updated versions of the Home Health Prospective Payment System Grouper software, Medicare Code Editor, and Medicare Severity Diagnosis-Related Group Grouper
 - Added information on the completion of conversion of the Integrated Outpatient Code Editor
 - Updated the Java conversion schedule summary table
-

Multimedia

Expanded Home Health Value-Based Purchasing Model: Self-Assessment Tool Webinar Materials

CMS posted materials from the Strategies for Success Self-Assessment Tool webinar in March:

- [Recording](#)
- [Slides](#)
- [Written Resource](#)

Visit [Expanded Home Health Value-Based Purchasing Model](#) for more information.

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Feedback