

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10116	Date: May 8, 2020
	Change Request 11784

SUBJECT: Extension of Payment for Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

I. SUMMARY OF CHANGES: This change request provides instructions regarding the implementation of the new April 2020 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule amounts based on changes mandated by section 3712 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

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: 10116	Date: May 8, 2020	Change Request: 11784
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SUBJECT: Extension of Payment for Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

EFFECTIVE DATE: October 1, 2020

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IMPLEMENTATION DATE: October 5, 2020

I. GENERAL INFORMATION

A. Background: Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law on March 27, 2020. While section 3712(a) of the CARES Act does not impact the 2020 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule, section 3712(b) increases the non-rural fee schedule amounts for Healthcare Common Procedure Coding System (HCPCS) codes for DMEPOS items and services that are adjusted based on payments determined under the DMEPOS Competitive Bidding Program. Specifically, section 3712(b) of CARES Act states:

(b) AREAS OTHER THAN RURAL AND NONCONTIGUOUS AREAS.—With respect to items and services furnished on or after the date that is 30 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall apply section 414.210(g)(9)(iv) of title 42, Code of Federal Regulations (or any successor regulation), as if the reference to “dates of service from June 1, 2018 through December 31, 2020, based on the fee schedule amount for the area is equal to 100 percent of the adjusted payment amount established under this section” were instead a reference to “dates of service from March 6, 2020, through the remainder of the duration of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)), based on the fee schedule amount for the area is equal to 75 percent of the adjusted payment amount established under this section and 25 percent of the unadjusted fee schedule amount”.

This change requires new 2020 non-rural fee schedules be calculated for HCPCS codes for certain DME and Parenteral and Enteral Nutrition (PEN) for use in paying claims for these items and services with dates of service beginning March 6, 2020 and continuing until the end of the Novel Coronavirus (COVID-19) public health emergency. For areas other than non-rural areas (i.e. rural or non-contiguous areas), the fee schedules for DME and PEN codes with adjusted fee schedule amounts will continue to be based on a blend of 50 percent of the adjusted fee schedule amounts and 50 percent of the unadjusted fee schedule amounts and continuing until the end of the COVID-19 public health emergency. This Change Request (CR) provides instructions regarding the implementation of the new April 2020 DMEPOS fee schedule amounts based on changes mandated by section 3712 of the CARES Act.

B. Policy: The 75/25 blend non-rural fee schedule amounts required by section 3712(b) of the CARES Act, effective March 6, 2020, have been calculated and made available for payment of items furnished on or after April 22, 2020. For dates of service March 6, 2020 through April 22, 2020, contractors shall reprocess affected claims, identified in part by the attached list of HCPCS codes, in order to pay the higher blended 75/25 non-rural fees for this 51 day time period.

Because the revised non-rural fee schedule amounts are based in part on unadjusted fee schedule amounts, the KE modifier non-rural fee schedules for items bid in the initial Round 1 Competitive Bidding Program have been added back to the fee schedule file for the length of the public health emergency. The KE modifier was added to the DMEPOS fee schedule file as part of the January 2009 fee schedule update and described items

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	the DME MACs and CMS.									
11784.3	<p>Contractors shall begin the one-time claim adjustment process after the revised fee schedule files are available within the DME production regions and the coding and testing are completed by General Dynamics Information Technolog (GDIT) rather than wait until the implementation date of this CR.</p> <p>Note: Depending on the volume of adjustments, there may need to be multiple runs of the adjustments to accommodate any volume constraints from the Common Working File (CWF) and Healthcare Integrated General Ledger Accounting System (HIGLAS).</p>				X			X		
11784.4	After all the automated adjustments have been completed, the contractors shall adjust claims for the KE modifier with dates of service beginning March 6, 2020 through April 22, 2020 when brought to their attention by the supplier for the HCPCS/Modifier Combination in Attachment B.				X					
11784.5	The shared system maintainer shall pull the universe of claims impacted and provide the DME MACs with the volume needed for estimating the workload.							X		
11784.6	<p>The shared system maintainer shall use the following data in the adjustment process:</p> <ul style="list-style-type: none"> VIPS Medicare Shared System (VMS) reason/discovery code R! with associated HIGLAS reason/discover code RB 11; RA 11 Document Control Number (DCN) ranges: JA 5400-6999; JB 7800-8799; JC 7800-8799; JD 8000-8999 ICOR ORIGIN = CNT 							X		

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> • TYPE = 4B • DEPT = ADJ • LOCATION = CAR • STATUS = 99F 									
11784.6.1	<p>The shared system maintainer shall use the following values on the adjustment claims:</p> <ul style="list-style-type: none"> • Remark Code '4' with the priority defined high enough to ensure that the message is on the claim and Remittance Advice Remark Code (RARC) N689 'Alert: This reversal is due to a retroactive rate change' • Provider Letter Writer Master subsystem (LTRO) message number 7947 with the new message: 'Alert: This reversal is due to a retroactive rate change' 						X			
11784.7	<p>The contractors, CMS, and the shared systems maintainers shall attend up to three hourly calls to discuss any issues before, during and after the repricing adjustments for this CR.</p>				X		X		CMS	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11784.8	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): Bobbett Plummer, 410-786-3321 or bobbett.plummer@cms.hhs.gov (For claims processing questions.) , Karen Jacobs, 410-784-2173 or karen.jacobs@cms.hhs.gov (For policy questions.)

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: 2

Attachment A

HCPCS/Modifiers Impacted by Section 3712(b) of CARES
A4221
A4222
A4224
A4225
A4557
A4595
A4604NU
A4619NU
A4636NU
A4636RR
A4636UE
A4637NU
A4637RR
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A4640NU
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A7004NU
A7005NU
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Attachment B

HCPCS/Modifiers Impacted by Section 3712(b) of CARES
A4636NUKE
A4636RRKE
A4636UEKE
A4637NUKE
A4637RRKE
A4637UEKE
A7000NUKE
E0776NUKE
E0776RRKE
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