

## Delegated Provider Portal Postings Effective 1.1.20 – 11.13.20

### CMS Notifications:

**LRR-2020-GOV-5058734** - The Centers for Medicare & Medicaid Services (CMS) issued the September 2020 lists of providers sanctioned and reinstated under the Medicare, Medicaid, and Federal Programs.

The current month's MED files are available for download from the MFT Internet Server at: <https://eftp2.cms.hhs.gov:11443/>

The excluded provider data is also available in an online application at: <https://med.cms.gov/>

**LRR-2020-MCD-5050105** - The Cabinet for Health and Family Services (CHFS) issued a notice to advise the Department has recently posted an updated Durable Medical Equipment (DME) fee schedule, effective January 1, 2020.

Kentucky Department for Medicaid Services Fee Schedules:  
<https://chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Medicaid Program DME Fee Schedule 2020:  
<https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2020MedicaidDMEFeeScheduleweb.pdf>

### CMS Transmittals:

**LRR-2020-GOV-5040893** - CMS Transmittal - National Coverage Determination (NCD 90.2): Next Generation Sequencing (NGS) for Medicare Beneficiaries with Germline (Inherited) Cancer. The purpose of this change request is to inform contractors that effective for dates of service on and after January 27, 2020, CMS has determined that NGS, as a diagnostic laboratory test, is reasonable and necessary and covered nationally for patients with germline (inherited) cancer when performed in a CLIA-certified laboratory, when ordered by a treating physician and when specific requirements are met.

**Transmittal R10346NCD:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2020-Transmittals>

**EFFECTIVE DATE:** January 27, 2020

**IMPLEMENTATION DATE:** November 13, 2020

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

**LRR-2020-GOV-5040895** - CMS Transmittal - October 2020 Update of the Ambulatory Surgical Center (ASC) Payment System. The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the October 2020 update of the Ambulatory Surgical Center (ASC) Payment System.

### **Update - September 24, 2020**

Transmittal 10348 is being rescinded and replaced by Transmittal 10366 to revise HCPCS code C9066 in table 2 of the attachment. All other information remains the same.

### **Original Notification**

This notification describes changes to and billing instructions for the various payment policies implemented in the October 2020 ASC payment system update.

### **October 2020 Update of the ASC Payment System - Effective October 1, 2020:**

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2020-Transmittals>

**LRR-2020-GOV-5051863** - The Centers for Medicare & Medicaid Services (CMS) has issued Original Medicare instruction regarding the January 2021 update of the of Medicare ZIP Code files.

This instruction describes the process for updating the two Medicare ZIP Code files for January 2021 as well as the process for downloading the Calendar Year-End zip code files.

CMS issues an updated, 5-digit ZIP code file and 9-digit ZIP code file to its Medicare Administrative Contractors to be used for pricing Medicare claims. CMS will also post a list of the 5-digit ZIP codes that require a 4-digit extension, and a list of the most recent additions and deletions to that file on their website at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/index.html>

**LRR-2020-GOV-5062735** - CMS Transmittal - Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.0, Effective January 1, 2021. The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the quarterly update to the National Correct Coding Initiative (NCCI) edits effective January 1, 2021.

Refer to the CMS NCCI webpage for additional information at:

<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

## CMS Website:

**LRR-2020-GOV-5037054** - CMS Website - 2020 ASP Drug Pricing Files - April, July and October Updates. The Centers for Medicare & Medicaid Services (CMS) posted updates to the April, July and August 2020 Average Sales Price (ASP) Pricing files on their webpage, 2020 ASP Drug Pricing Files.

**2020 ASP Drug Pricing Files:** <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2020-asp-drug-pricing-files>

## CMS Federal Registers:

**LRR-2020-GOV-5031038** – Federal Register - Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals (CMS-1735-F). The Centers for Medicare & Medicaid Services (CMS) issued a final rule revising the inpatient prospective payment system (IPPS) and revising the prospective payment system for long-term care hospitals (LTCHs) for FY2021. The rule establishes new requirements or revises existing requirements for quality reporting by acute care hospitals and PPS-exempt cancer hospitals. The rule provides the market basket update. The rule also establishes new requirements and revised existing requirements for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare and Medicaid Promoting Interoperability Programs. The rule also establishes performance standards for the Hospital Value-Based Purchasing (VBP) Program, and updating policies for the Hospital Readmissions Reduction Program and the Hospital-Acquired Condition (HAC) Reduction Program.

**CMS Federal Register FY 2021:** <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-final-rule-home-page>

**CMS-1735-F:** <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-final-rule-home-page#1735>

## CMS Federal Registries Advisories:

**LRR-2020-GOV-5050169** - The Centers for Medicare & Medicaid Services (CMS) issued the attached payment advisory alerting certain clinicians who are Qualifying APM participants (QPs) and eligible to receive an Alternative Payment Model (APM) Incentive Payment that CMS does not have the current billing information needed to disburse the CY 2020 APM Incentive Payments.

In order to successfully disburse the APM Incentive Payment, CMS is requesting assistance in identifying current Medicare billing information for these QPs.

CMS has compiled a list of Qualifying APM participants (QPs) they have identified as having unverified billing information. These QPs, and any others who anticipated receiving an APM

Incentive Payment but have not, should follow the instructions to provide CMS with updated billing information at the following web address:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1112/2020%20APM%20Incentive%20Payment%20Notice.pdf>

### **Kentucky Medicaid:**

**LRR-2020-MCD-5039578** - Kentucky Medicaid Email: Monthly Rate Updates - August 2020. The Cabinet for Health and Family Services (CHFS) recently provided a copy of the documentation for Rate Updates in August 2020.

<https://casetext.com/regulation/kentucky-administrative-regulations/title-907-cabinet-for-health-and-family-services-department-for-medicaid-services/chapter-10-hospital-service-coverage-and-reimbursement>

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