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Update to Publication 100-04, Chapter 18 and Publication 100-02, Chapter 15, Section to Add Data Regarding Novel Coronavirus (COVID-19) and its Administration to Current Claims Processing Requirements and Other General Updates

MLN Matters Number: MM12634	Related Change Request (CR) Number: 12634
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Related CR Transmittal Number: R11355BP and R11355CP	Implementation Date: May 16, 2022

Provider Types Affected

This MLN Matters Article is for physicians, hospitals, and other providers billing Medicare Administrative Contractors (MACs) for COVID-19 services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staffs knows about updates to the Medicare Claims Processing and Benefits Policy Manuals to:

- Add information for COVID-19 claims processing
- Revise the centralized billing enrollment process to streamline provider enrollment

Background

In response to the COVID-19 Public Health Emergency (PHE), CMS created new Category II HCPCS codes for COVID-19 vaccines and their administration. CR 12634 adds payment processing instructions for the COVID-19 vaccines and their administration. We make Medicare payments for the COVID-19 vaccines and their administration in the same way as influenza and pneumococcal vaccines.

The revised manual instructions also:

- Remove duplicate data and language
- Update outdated language
- Streamline the approval process for Medicare centralized billers for flu, pneumococcal, and COVID-19



We've added COVID-19 to the list of preventive vaccines that Medicare Part B covers without coinsurance or deductible.

Key updates to the Medicare Claims Processing Manual, Chapter 18 are:

- Addition of a link to the <u>COVID-19 HCPCS codes</u>
- Revisions to Section 10.2, which covers billing requirements for COVID-19
- Revisions to <u>Section 10.2.5.2</u>, which covers Part B payment instructions
- Revisions to <u>Section 10.3.1.1</u> give information to providers applying for centralized billing

The key update to the Medicare Benefit Policy Manual, Chapter 15 is in <u>Section 60</u>. This section covers services and supplies provided incident to a physician's or a non-physician practitioner's professional service.

More Information

CR 12634 is the official instruction for this change. We issued it via 2 transmittals. The first updates <u>Chapter 18</u> of the Medicare Claims Processing Manual. The second updates <u>Chapter 15</u> of the Medicare Benefit Policy Manual.

For more information, find your MAC's website.

Document History

Date of Change		Description	
April 14, 2022	Initial article released.		

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