**Quarterly Update Checklist- 2023**

**General Notes:**

Purpose of the Quarterly Update Checklist is to break down the changes that are pushed out by CMS each quarter into a simplified checklist. Information is sporadically published prior to the start of the quarter. It is important that no element is missed and each element is acted upon at the change of calendar quarter in a timely fashion. If action is taken after the start of the quarter, then claims may need to be reviewed, corrected and rebilled.

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| --- | --- | --- | --- |
| Section | Action to Take  *All action should be effective the start date of the quarter* | Completed by (initials) | Date completed |
| [HCPCS Quarterly Update](https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update) | Evaluate the new HCPCS “A” or “ADD”  Determine if use in EMR, update as needed with correct billed units (represented in long description)  *Tip: Drugs receiving a new HCPCS may have been previously billed with a non-specified code (e.g. C9399)* |  |  |
| Evaluate the discontinued HCPCS “D” or “Discontinued”  Remove all discontinued HCPCS from EMR  *Tip: Many of the additions will be replacing the discontinued HCPCS; thus, you can align the “A” and “D” side by side*.  *Tip: Ensure that you also update the billed unit. They may be different with the newly added HCPCS.* |  |  |
| Review long and short description changes “B” or “S”  *Tip: Many of these changes will be FYI; however, it is good to double check to determine any impact.* |  |  |
| [Addendum B](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates) | Compare previous quarter’s addendum B to current quarter to determine changes in status indicator.  Compare percent change in payment, filter to drugs with status indicator of K or G.  *Tip: Select 340B hospitals are required to update TB and JG modifiers based on changes in status indicator*  *Tip: It may be important to establish a percent change threshold to determine if a rebill is necessary.* |  |  |
| [ASP/HCPCS-NDC Crosswalks](https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2023-asp-drug-pricing-files) | ASP crosswalk files may also be used to compare percent change in CMS payment rate. These may be published in advance of addendum B. |  |  |
| [Restated payments](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/OPPS-Restated-Payment-Rates) | Map restated payments to the effective quarter, determine impact, and rebill as necessary. |  |  |
| [MUE](https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE) | Medically Unlikely Edits may change for drugs necessitating a rebill.  *Tip: Monitor FDA labeling changes in dosing regimens. Dosing regimen changes may cause the MUE to be exceeded creating a source of denials.* |  |  |
| [I/OCE](https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs) | Inpatient/Outpatient Code Editor (I/OCE) is another source for the quarterly changes. The I/OCE is the primary source file in which each MAC uses to apply claim edits.  *Tip: Carefully review each of the documents and validate there are no discrepancies in the data. CMS may be contacted to clarify any discrepancies.* |  |  |
| [Transmittal or](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2021-Transmittals)  [MM Article](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2021-Transmittals) | Locate the transmittals/MM articles that summarize the changes for the respective quarter.  Validate that each of the above areas were addressed and updated.  Review article for any other changes that may be addressed outside of the section labeled “Dugs, Biologicals, and Radiopharmaceuticals”.  *Tip: Sign up for the newsletters at the bottom of the CMS page to have these automatically sent to your email.* |  |  |

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