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CMS Transmittals and Federal Register Regulations, January 12-18

Transmittals

Pub. 100-04, Medicare Claims Processing

- Update to the Payment for Grandfathered Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2024, Trans. 12,462 (Jan. 18, 2024)
- Guidance for the Implementation of the Office and Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-on Code G2211, Trans. 12,461 (Jan. 18, 2024)

Pub. 100-20, One-Time Notification

- Enforcing Billing Requirements for Intensive Outpatient Program (IOP) Services with Revenue Code 0905 for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC), Trans. 12,460 (Jan. 16, 2024)

Pub. 100-19, Demonstrations

- Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Prohibited Codes Updates, Trans. 12,465 (Jan. 18, 2024)

Pub. 100-15, Medicaid Program Integrity

- Updates of Chapter 1, Chapter 3, and Chapter 5 in Publication (Pub.) 100-15, Including Updates to the Definitions and Additional Clarification to the Proactive Project Development and Creation of Overpayment Records Guidance, Trans. 12,467 (Jan. 18, 2024)

Pub. 100-08, Medicare Program Integrity

- Documentation Requirements for Refillable Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), Trans. 12,468 (Jan. 18, 2024)

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