



Centers for Medicare & Medicaid Services' (CMS') Healthcare Common Procedure Coding System (HCPCS) Level II Final Coding, Benefit Category and Payment Determinations

First Biannual (B1), 2022 HCPCS Coding Cycle

This document presents final Medicare benefit category and payment determinations for non-drug and non-biological items assigned a new HCPCS Level II code effective January 1, 2020 to April 1, 2022 and final coding, benefit category and payment determinations for HCPCS Level II applications processed in CMS' B1 2022 coding cycle for non-drug and non-biological items and services. Preliminary coding, benefit category and/or payment determinations for the items presented in the application summaries below were discussed at the HCPCS public meeting on June 7-10, 2022.

In accordance with the procedures at 42 CFR §414.240 and §414.114, final Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) benefit category and payment determinations are listed below, if applicable. These procedures follow HCPCS determinations and payment determinations for new DME under Medicare Part B following public consultation held through public meetings in accordance with section 531(b) of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub L. 106-554). CMS started using these public meetings and procedures for HCPCS Level II code requests for items and services other than DME in 2005. The procedures for making Medicare benefit category and payment determinations for new DMEPOS items and services using the BIPA 531(b) public meeting process were promulgated through regulations. The final rule (86 FR 73902) is available at <https://www.cms.gov/medicare/medicare-fee-for-service-payment/dmeposfeesched>.

Whether or not an item or service falls under a Medicare benefit category, such as the Medicare Part B benefit category for DME, is a necessary step in determining whether an item may be covered under the Medicare program and, if applicable, what statutory and regulatory payment rules apply to the items and services. If the item is excluded from coverage by the Social Security Act or does not fall within the scope of a defined benefit category, the item cannot be covered under Medicare Part B. When the item is not excluded from coverage by statute and is found to fall within a benefit category, CMS needs to determine what payment rules apply to the item if other statutory criteria for coverage of the item are met. DMEPOS payment categories with corresponding HCPCS pricing indicator codes are included in the Appendix.

All new coding actions will be effective October 1, 2022, unless otherwise indicated.

The HCPCS coding decisions below will also be included in the October 2022 HCPCS Quarterly Update, pending publication by CMS in the coming weeks at:

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

For inquiries regarding coverage, please contact the insurer(s) in whose jurisdiction(s) claim(s) would be filed. Specifically, contact the Medicaid agency in the state in which a Medicaid claim is filed, the individual private insurance entity, the Department of Veterans Affairs, or, for local Medicare coverage determinations, contact the Medicare contractor in the jurisdiction the claim would be filed. For detailed information describing CMS' national coverage determination process, refer to information published at <https://www.cms.gov/Medicare/Coverage/DeterminationProcess> and <https://www.cms.gov/Center/Special-Topic/Medicare-Coverage-Center>

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Agenda Item # 9

Chaplain Services - HCP220103QGVN8

Topic/Issue

Request to revise existing HCPCS Level II code Q9001 to remove “department of veterans affairs.”

Applicant’s suggested language: Q9001, which currently reads “Assessment by department of veterans affairs chaplain services” to instead read “Assessment by chaplain services”

Applicant’s Summary

HealthCare Chaplaincy Network submitted a request to revise HCPCS Level II code Q9001 to remove “department of veterans affairs.” Chaplain spiritual care provides in-depth specialist spiritual and pastoral care and counseling, which is integrated into the total care and treatment program. Chaplains provide a full range of spiritual and pastoral care and counseling that is characterized by in-depth assessment, evaluation and treatment of patients with many different spiritual and religious needs. As part of an integrated and comprehensive bio-psycho-social-spiritual approach, ascertaining a patient’s spiritual preference and practices and how they wish those integrated into their care, and developing appropriate goals and outcomes of spiritual care. The chaplain also provides consultation, counseling and support to family members and staff. Professional chaplains are clinically trained to provide this care. The existing codes only apply to hospice and /or chaplaincy services in the Veterans Health Administration (VHA). However, the need for standardized data for budgeting and quality purposes that was identified by the VHA as a justification for the original codes also applies to all US health care institutions. Emerging objectives of care such as the needs to drive accountable care and advance health equity as proposed in the Strategy Refresh of the Center for Medicare and Medicaid Innovation (CMMI) can benefit from chaplaincy care and thus require the collection of standardized data. At present, there are no standardized chaplaincy care data sets essential to this data collection.

Preliminary CMS HCPCS Coding Recommendation

This application from the HealthCare Chaplaincy Network is a repeat from 2021 and did not contain any new information in response to the previous HCPCS Level II coding decision. CMS continues to understand the desire for HCPCS Level II codes to assist with the collection of standardized data for chaplain spiritual care. However, CMS is still not aware of a claims processing need on the part of other insurers for reporting chaplain activity other than the Department of Veterans Affairs. CMS’ recommendation is to maintain the existing HCPCS Level II chaplain codes for use by the Department of Veterans Affairs.

Summary of Public Feedback

The primary speaker disagreed with CMS’ HCPCS preliminary recommendation to not revise existing HCPCS Level II codes Q9001 “Assessment by department of veterans affairs chaplain services”, Q9002 “Counseling, individual, by department of veterans affairs chaplain services”, and Q9003 “Counseling, group, by department of veterans affairs chaplain services.” The request was to remove the term “department of veterans affairs.” The

speaker expressed appreciation for CMS affirming the need for codes to assist with the collection of standardized data for chaplain spiritual care.

According to the speaker, CMS' reason to exclude chaplains from HCPCS Level II coding is that chaplain visits are not captured in claims data. However, CMS is currently seeking endorsement from the National Quality Forum (NQF) for a quality measure that seeks to address the lack of visits from hospice staff in the last days of life by having the hospice report visits by staff in the last three days of life. The speaker referenced that CMS noted that there is no standard way to collect data on chaplain visits. Thus, hospices will be incentivized to substitute a nurse or social work visit for a chaplain visit even when the chaplain visit is clinically indicated or preferred. The speaker asserted that CMS suggested chaplains cannot be included in a quality measure because chaplain visits cannot be tracked. On the other hand, CMS did not approve the HCPCS Level II code request that would provide that standard measure needed. Revising Q9001, Q9002, and Q9003 will provide the mechanism for gathering data on chaplain visits and open the door for inclusion of chaplains in quality measures such as NQF 3645. Through this measure and other measures, the Chaplain services will improve the quality of whole person care that every beneficiary deserves.

Ascension submitted comments to support the request to revise existing HCPCS Level II codes to identify Chaplain services. It is one of the leading non-profit and Catholic health systems in the United States. Ascension currently offers Medicare Advantage (MA) coverage through a joint venture (JV) – Ascension Complete (AC) – across eight states. Ascension functions as an insurer directly and through JVs with other insurance providers. Their products include ACA Marketplace plans, Medicaid, and Medicare Advantage (MA). Ascension specifically highlighted Ascension Complete (AC) plan for which CMS recently authorized the offering of Spiritual Care using chaplain services as a primarily health related optional supplemental benefit. In other words, the Ascension Complete MA plan covers members' use of chaplain services, primarily as offered by in-network Ascension chaplains through a dedicated Spiritual Care program.

Ascension also indicated that based on their experience to date with the Special Supplemental Benefits for the Chronically Ill (SSBCI) offering, they anticipate that this expanded supplemental benefits offering will lead to more of their ACJV members utilizing the spiritual care benefit as part of the healthcare they obtain through in-network Ascension providers and facilities, which in turn, will require Ascension chaplains to submit claims for services provided.

CMS Final HCPCS Coding Decision

We appreciate the comments provided in response to CMS' published preliminary recommendation. Based on the information provided in the application and after consideration of the comments we received from another insurer indicating a claims processing need for reporting chaplain activity, CMS is revising its preliminary recommendation and finalizing the decision to:

Revise HCPCS Level II code Q9001 to read "Assessment by chaplain services"

Agenda Item # 9

Chaplain Services - HCP2201036JBC9

Topic/Issue

Request to revise existing HCPCS Level II code Q9002 to remove “department of veterans affairs.”

Applicant’s suggested language: Q9002, which currently reads “Counseling, individual, by department of veterans affairs chaplain services” to instead read “Counseling, individual, by chaplain services”

Applicant’s Summary

HealthCare Chaplaincy Network submitted a request to revise HCPCS Level II code Q9002 to remove “department of veterans affairs.” Chaplain spiritual care provides in-depth specialist spiritual and pastoral care and counseling, which is integrated into the total care and treatment program. Chaplains provide a full range of spiritual and pastoral care and counseling that is characterized by in-depth assessment, evaluation and treatment of patients with many different spiritual and religious needs. As part of an integrated and comprehensive bio-psycho-social-spiritual approach, ascertaining a patient’s spiritual preference and practices and how they wish those integrated into their care, and developing appropriate goals and outcomes of spiritual care. The chaplain also provides Feedback, counseling and support to family members and staff. Professional chaplains are clinically trained to provide this care. The existing codes only apply to hospice and /or chaplaincy services in the Veterans Health Administration (VHA). However, the need for standardized data for budgeting and quality purposes that was identified by the VHA as a justification for the original codes also applies to all US health care institutions. Emerging objectives of care such as the needs to drive accountable care and advance health equity as proposed in the Strategy Refresh of the Center for Medicare and Medicaid Innovation (CMMI) can benefit from chaplaincy care and thus require the collection of standardized data. At present, there are no standardized chaplaincy care data sets essential to this data collection.

Preliminary CMS HCPCS Coding Recommendation

This application from the HealthCare Chaplaincy Network is a repeat from 2021 and did not contain any new information in response to the previous HCPCS Level II coding decision. CMS continues to understand the desire for HCPCS Level II codes to assist with the collection of standardized data for chaplain spiritual care. However, CMS is still not aware of a claims processing need on the part of other insurers for reporting chaplain activity other than the Department of Veterans Affairs. CMS’ recommendation is to maintain the existing HCPCS Level II Chaplain codes for use by the Department of Veterans Affairs.

Summary of Public Feedback

The primary speaker disagreed with CMS’ HCPCS preliminary recommendation to not revise existing HCPCS Level II codes Q9001 “Assessment by department of veterans affairs chaplain services”, Q9002 “Counseling, individual, by department of veterans affairs chaplain services”, and Q9003 “Counseling, group, by department of veterans affairs

chaplain services.” The request was to remove the term “department of veterans affairs.” The speaker expressed appreciation for CMS affirming the need for codes to assist with the collection of standardized data for chaplain spiritual care.

According to the speaker, CMS’ reason to exclude chaplains from HCPCS Level II coding is that chaplain visits are not captured in claims data. However, CMS is currently seeking endorsement from the National Quality Forum (NQF) for a quality measure that seeks to address the lack of visits from hospice staff in the last days of life by having the hospice report visits by staff in the last three days of life. The speaker referenced that CMS noted that there is no standard way to collect data on chaplain visits. Thus, hospices will be incentivized to substitute a nurse or social work visit for a chaplain visit even when the chaplain visit is clinically indicated or preferred. The speaker asserted that CMS suggested chaplains cannot be included in a quality measure because chaplain visits cannot be tracked. On the other hand, CMS did not approve the HCPCS Level II code request that would provide that standard measure needed. Revising Q9001, Q9002, and Q9003 will provide the mechanism for gathering data on chaplain visits and open the door for inclusion of chaplains in quality measures such as NQF 3645. Through this measure and other measures, the Chaplain services will improve the quality of whole person care that every beneficiary deserves.

Ascension submitted comments to support the request to revise existing HCPCS Level II codes to identify Chaplain services. It is one of the leading non-profit and Catholic health systems in the United States. Ascension currently offers Medicare Advantage (MA) coverage through a joint venture (JV) – Ascension Complete (AC) – across eight states. Ascension functions as an insurer directly and through JVs with other insurance providers. Their products include ACA Marketplace plans, Medicaid, and Medicare Advantage (MA). Ascension specifically highlighted Ascension Complete (AC) plan for which CMS recently authorized the offering of Spiritual Care using chaplain services as a primarily health related optional supplemental benefit. In other words, the Ascension Complete MA plan covers members' use of chaplain services, primarily as offered by in-network Ascension chaplains through a dedicated Spiritual Care program.

Ascension also indicated that based on their experience to date with the Special Supplemental Benefits for the Chronically Ill (SSBCI) offering, they anticipate that this expanded supplemental benefits offering will lead to more of their ACJV members utilizing the spiritual care benefit as part of the healthcare they obtain through in-network Ascension providers and facilities, which in turn, will require Ascension chaplains to submit claims for services provided.

CMS Final HCPCS Coding Decision

We appreciate the comments provided in response to CMS’ published preliminary recommendation. Based on the information provided in the application and after consideration of the comments we received from another insurer indicating a claims processing need for reporting chaplain activity, CMS is revising its preliminary recommendation and finalizing the decision to:

Revise HCPCS Level II code Q9002 to read “Counseling, individual, by chaplain services”

Agenda Item # 9

Chaplain Services - HCP2201034JRL4

Topic/Issue

Request to revise existing HCPCS Level II code Q9003 to remove “department of veterans affairs.”

Applicant’s suggested language: Q9003, which currently reads “Counseling, group, by department of veterans affairs chaplain services” to instead read “Counseling, group, by chaplain services”

Applicant’s Summary

HealthCare Chaplaincy Network submitted a request to revise HCPCS Level II code Q9003 to remove “department of veterans affairs.” Chaplain spiritual care provides in-depth specialist spiritual and pastoral care and counseling, which is integrated into the total care and treatment program. Chaplains provide a full range of spiritual and pastoral care and counseling that is characterized by in-depth assessment, evaluation and treatment of patients with many different spiritual and religious needs. As part of an integrated and comprehensive bio-psycho-social-spiritual approach, ascertaining a patient’s spiritual preference and practices and how they wish those integrated into their care, and developing appropriate goals and outcomes of spiritual care. The chaplain also provides consultation, counseling and support to family members and staff. Professional chaplains are clinically trained to provide this care. The existing codes only apply to hospice and /or chaplaincy services in the Veterans Health Administration (VHA). However, the need for standardized data for budgeting and quality purposes that was identified by the VHA as a justification for the original codes also applies to all US health care institutions. Emerging objectives of care such as the needs to drive accountable care and advance health equity as proposed in the Strategy Refresh of the Center for Medicare and Medicaid Innovation (CMMI) can benefit from chaplaincy care and thus require the collection of standardized data. At present, there are no standardized chaplaincy care data sets essential to this data collection.

Preliminary CMS HCPCS Coding Recommendation

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Ascension also indicated that based on their experience to date with the Special Supplemental Benefits for the Chronically Ill (SSBCI) offering, they anticipate that this expanded supplemental benefits offering will lead to more of their ACJV members utilizing the spiritual care benefit as part of the healthcare they obtain through in-network Ascension providers and facilities, which in turn, will require Ascension chaplains to submit claims for services provided.

CMS Final HCPCS Coding Decision

We appreciate the comments provided in response to CMS’ published preliminary recommendation. Based on the information provided in the application and after consideration of the comments we received from another insurer indicating a claims processing need for reporting chaplain activity, CMS is revising its preliminary recommendation and finalizing the decision to:

Revise HCPCS Level II code Q9003 to read “Counseling, group, by chaplain services”