



Regulations, Laws, and Guidance, Oh My!



April 2026



Objective & Agenda

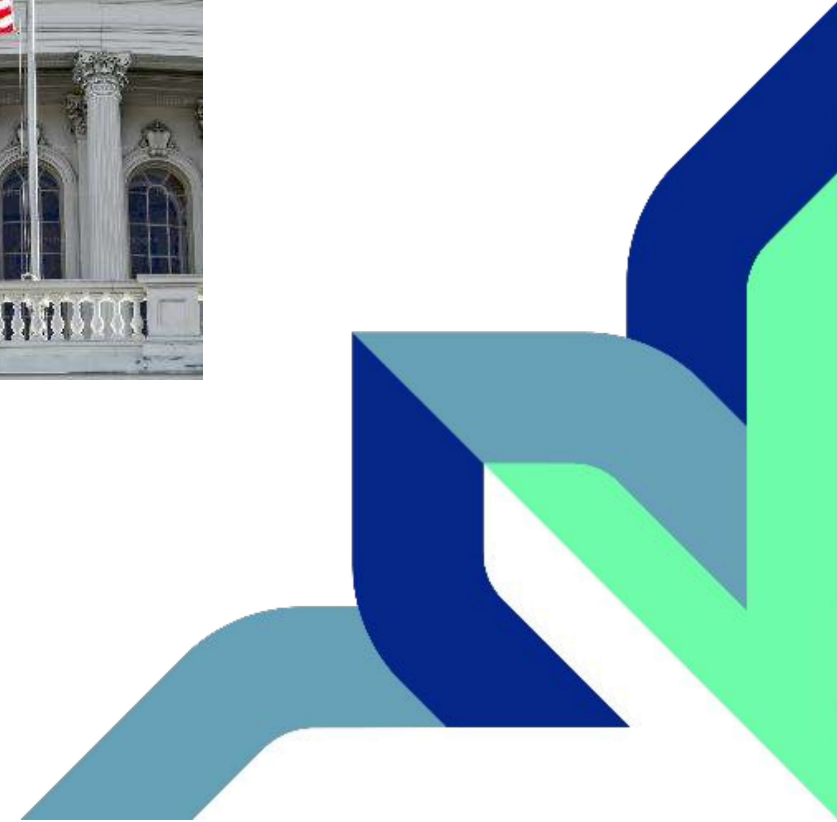
Objective: Learn the meaning of Medicare laws, regulation and guidance and ways to use such to be compliant and receive correct payment

Agenda

- Medicare laws, regulations, and guidance
- Questions and answers



Medicare Laws, Regulations, and Guidance





Why We Do What We Do

- CMS directives found in [CMS IOMs](#)
 - [Chapter 6 – Provider Customer Service Program](#) of Publication 100-09 – *Medicare Administrative Contractor (MAC) Beneficiary and Provider Communications Manual*
 - POE and PCC activities



Medicare Regulations & Guidance

- CMS regulations and guidance always prevails



The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". To the right of the logo, there are links for "About CMS", "Newsroom", and "Data & Research", along with a search icon. Below the navigation bar, there are several menu items: "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Initiatives", and "Training & Education". The "Medicare" menu is expanded, showing a list of sub-menu items. The "Regulations & guidance" sub-menu is highlighted, and its contents are displayed in a separate panel. This panel lists various regulatory and guidance topics, each with a right-pointing arrow indicating a link to the relevant page.

Medicare	Regulations & guidance
Enrollment & renewal	Manuals
Coverage	Transmittals
Regulations & guidance	CMS Records Schedule
Coding & billing	Medicare Fee for Service payment regulations
Payment	National Provider Identifier Standard (NPI)
Medicare-Medicaid coordination	Advisory committees
Appeals & grievances	Legislation
Quality	Promoting Interoperability Programs
Health & safety standards	CMS rulemaking
Employers & plan sponsors	CMS Hearing Officer
	Office of the Attorney Advisor (OAA)
	Provider Reimbursement Review Board (PRRB)
	Medicare Geographic Classification Review Board (MGCRB)
	Physician Self-Referral
	Quarterly provider updates
	E-Prescribing



It Doesn't Need to Be Scary

- Where does it say that?
- WPS will cite a reference when providing a response or when educating





Back in Time

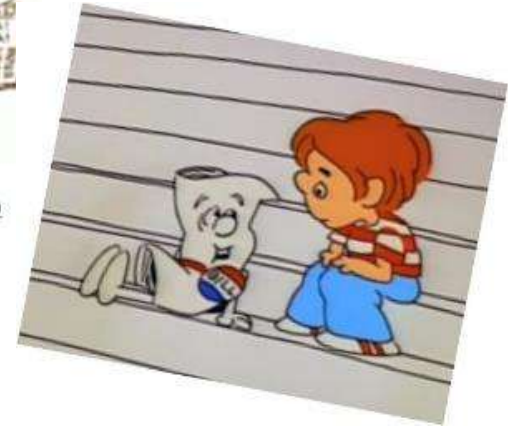


Pop Culture Phenomenon

- According to Wikipedia, [“I’m Just a Bill”](#)
 - Debuted in 1976 as part of “America Rock,” the third season of the *Schoolhouse Rock!* series



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Laws

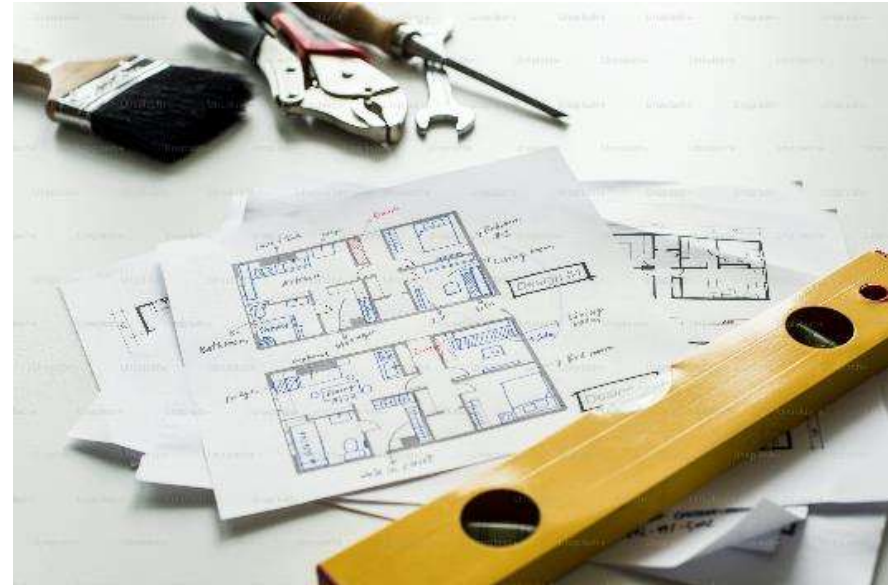
- Set the fundamental legal framework
- Medicare is primarily governed by [Title XVIII of the Social Security Act](#)





Laws vs Regulations

- Laws
 - Provide broad frameworks
 - “The blueprint”
- Regulations
 - Fill in specific, technical details of those laws will be carried out
 - “The building code”



CMS Regulations

- Establish or modify the way CMS administers programs
 - May impact providers, suppliers or those enrolled or entitled to benefits under CMS programs
- Published in daily national Federal Register

The screenshot displays the top portion of the Federal Register website. At the top, there is a navigation bar with links for 'Sections', 'Browse', 'Search', 'Reader Aids', and 'My FR', along with a search box for 'Search Documents'. Below this are the logos for the National Archives and the United States Department of Health and Human Services. The main heading reads 'FEDERAL REGISTER' with the subtitle 'The Daily Journal of the United States Government'. A blue banner indicates the date 'Friday, September 5th'. The 'Current Issue' section shows '107 documents from 31 agencies (337 Pages)' and '74 Notices 13 Proposed Rules 20 Rules'. The 'Public Inspection' section is divided into 'Special Filing' (updated 4:15 PM on Thursday, September 4, 2025, with 2 documents from 2 agencies and 2 Notices) and 'Regular Filing' (updated 8:45 AM on Friday, September 5, 2025, with 128 documents from 33 agencies, 118 Notices, 3 Proposed Rules, and 7 Rules). A search bar is present with the text 'Search Federal Register Documents' and a search box containing 'Enter a search term or citation' and a magnifying glass icon, with a result count of '983,311 documents'. A note at the bottom states: 'Note: Documents older than 1994 are not searchable but can be found by FR citation.'





CMS Rulemaking Process

- Proposed Rule announces CMS's intent to issue a new regulation or modify an existing one
 - Solicits public comments during a comment period
 - Sets forth amendments to the Code of Federal Regulations (CFR), but does not amend the CFR
- Final Rule Stage
 - After comment period closes, CMS reviews all comments received and conducts comment analysis
 - CMS decides whether to proceed with the rulemaking process, issue a new or modified proposal, or withdraw it



Comment Period

- CMS encourages public input
 - Considers all comments before it develops a final rule
- By law, anyone can participate in rulemaking process
 - Must be in writing
- Usually, record stays open for at least 60 days for regulations
 - Some comment periods may differ
 - Weekends and holidays counted in determining closing date of a comment period



Submitting Comments

- Visit the [eRulemaking Page](#) for details on how to submit, or refer to instructions cited in the regulation
- To ensure your comment(s) have the greatest impact, refer to tips on the [CMS Rulemaking](#) webpage



Final Rule Impact

- If a significant number of entities are involved or rule results in \$100 million or more the effective date is generally 60 days after the publication date
 - CMS forwards it for publication and to the Government Accountability Office (GAO) and both houses of Congress
- If regulation does not meet the “significant impact” criteria, the effective date is generally 30 days after the publication date





General Schedule of Rulemaking for Medicare Payment Systems

- CMS refines Medicare payment policy through annual rulemaking and responds to changes in clinical practice and industry operations

An official website of the United States government. [Here's how you know](#) ▼

CMS.gov Centers for Medicare & Medicaid Services About CMS Newsroom Data & Research

Medicare ▼ Medicaid/CHIP ▼ Marketplace & Private Insurance ▼ Initiatives ▼ Training & Education ▼

» CMS Guide For Medical Technology Companies and Other Interested Parties » Payment » Rulemaking Schedule

Home Getting Started ▼ Coding ▼ Coverage ▼ Payment ▼

General Schedule of Rulemaking for Medicare Payment Systems

As described earlier, CMS refines Medicare payment policy through annual rulemaking and responds to changes in clinical practice and industry operations. We include below the general timeframes for the annual rulemaking for the Medicare payment systems described in this section.

Fiscal Year (FY) Cycle: October 1 - September 30

- Inpatient Prospective Payment System/Long-term Care Hospital Prospective Payment System

Fiscal Year Rulemaking Schedule

FY Rulemaking Phase	Approximate Timeframe
Proposed rule development	Fall/winter
Proposed rule publication	Late spring (around April)
Comment period	Late spring - early summer
Final rule publication	On or about August 1
Final rule effective date	October 1

Guidance

- MAC's interpretation of laws and CMS regulations/laws
 - CMS prohibits MACs from offering coding advice
 - Found in IOM 100-09, *Medicare Administrative Contractor (MAC) Beneficiary and Provider Communications Manual*, [Chapter 6](#) – 30.3.1 – Responding to Coding Questions

30.3.1 - Responding to Coding Questions

(Rev. 11956; Issued 04-20-23; Effective: 05-22-23; Implementation: 05-22-23)

Providers are responsible for determining the correct diagnostic and procedural coding for the services they furnish to Medicare beneficiaries. CSRs shall not make determinations about the proper use of codes for the provider. When providers inquire about interpretation of procedural and diagnostic coding, they shall be referred to the entities responsible for those coding sets. CSRs shall refer providers with questions about coding to the following information sources, as appropriate:

1. Current Procedural Terminology (CPT)¹ codes are proprietary to the American Medical Association (AMA). As such, CPT coding questions from providers (with exception noted in 4 below) shall be referred to the AMA. The AMA offers CPT Information Services (CPT-IS). This Web-based service is a benefit to AMA members and is available as a subscription fee-based service for non-members and non-physicians. The [AMA](#) also offers CPT Assistant.
2. The American Hospital Association (AHA) [website](#) has many resources for answers to coding questions. The website also has a direct link to the [AHA Coding Clinic](#) whereby coding questions may be submitted and tracked.
3. Level II Healthcare Common Procedure Coding System (HCPCS) codes related to durable medical equipment or prosthetics, orthotics, and supplies are answered by the Pricing, Data Analysis and Coding (PDAC) Contractor. Information about the PDAC Contractor and the services it provides can be found on their [website](#).
4. [Additional HCPCS information](#)

¹ CPT only copyright 2015 American Medical Association. All rights reserved.





That's a Wrap

- What we advertised we would cover
 - How ideas become laws
 - The difference between a law and a regulation
 - The CMS rulemaking process and how you can take part in it.
 - What Medicare considers as guidance
 - Questions and answers



Questions and Answers



Follow-up Questions



Send your questions for up to seven days following the training

- Email

wps.gha.education@wpsic.com

- Subject Line: AAPC of KC MM

Send claim specific questions to Customer Service

Challenge

- Will AAPC of KC be the partner to complete the most surveys?
 - Our goal is 100% participation



Up next...



Disclaimers

This material is a tool to assist the provider community. Medicare rules change often. Access [CMS' website](#) for current coverage, regulations and rulings.

The basis for answers given today rely on facts given in the question. Medicare rules determine final coverage.

Do not record the event as CMS does not allow this for profit making purposes.

