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Official CMS news from the Medicare Learning Network

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News & Announcements

New App Displays What Original Medicare Covers
Physicians and Non-Physician Practitioners: New Medicare Enrollment Application
QPP Videos: Create an Account in HARP
QPP Videos: MIPS Data Submission
eCQM Resources
Hospice Quality Reporting Program: FY 2021 Data Collection Began January 1
Hospice Training: Updates to Public Reporting in FY 2019
Prevent Legionnaires' Disease: Water Management Program Training

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

Claims, Pricers & Codes

Physician Anesthesia Claims for SNF Patients

Upcoming Events

New Electronic System for Provider Reimbursement Review Board Appeals Call — February 5
New Medicare Card Open Door Forum — February 6
Home Health Patient-Driven Groupings Model Call — February 12
New Part D Opioid Overutilization Policies Call — February 14
MIPS Data Submission Office Hours Sessions — February 26 and March 19

Medicare Learning Network® Publications & Multimedia

RHCs/FQHCs: Communication Technology Based Services and Payment MLN Matters Article — New
Quality Payment Program in 2018: Transitioning to an Advanced APM Web-Based Training — New
Hospital Based Hospice Provider Compliance Tips Fact Sheet — New
Lab Tests: Urinalysis Provider Compliance Tips Fact Sheet — New
Lab Tests: Routine Venipuncture Provider Compliance Tips Fact Sheet — New
Lenses Provider Compliance Tips Fact Sheet — New
Parenteral Nutrition Provider Compliance Tips Fact Sheet — New
Patient Lifts Provider Compliance Tips Fact Sheet — New
Polysomnography Provider Compliance Tips Fact Sheet — New
Pressure Reducing Support Surfaces Provider Compliance Tips Fact Sheet — New
TENS Provider Compliance Tips Fact Sheet — New
ESRD Call: Audio Recording and Transcript — New
Clinical Labs Call: Audio Recording and Transcript — New
Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims
MLN Matters Article — Revised
DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article — Revised
Hospital OPPS: January 2019 Update MLN Matters Article — Revised
Diabetic Shoes Provider Compliance Tips Fact Sheet — Revised
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News & Announcements

New App Displays What Original Medicare Covers

The new CMS “What’s Covered” app lets people with original Medicare, caregivers, providers, and others quickly see whether Medicare covers a specific medical item or service. You can now use your mobile device to more easily get accurate, consistent original Medicare coverage information in your office, the hospital, or anywhere. The free app is available in [Google Play](#) and the [Apple App Store](#).

See the full text of this excerpted [CMS Press Release](#) (issued January 28), which discusses other eMedicare tools for people with Medicare.

Physicians and Non-Physician Practitioners: New Medicare Enrollment Application

CMS received approval for a new Medicare Enrollment Application for physicians and non-physician practitioners ([CMS-855](#) dated 12/2018). Many changes are minor; the major ones reduce provider burden:

- Eliminated reporting for advanced diagnostic imaging, Clinical Laboratory Improvement Amendments number, and the Food and Drug Administration radiology certification number
- Expanded instructions for individual and group affiliations to simplify reporting
- Made it optional to list a contact person
- Added electronic storage information for those who no longer keep paper records
- Created a more logical data flow

You may begin using the new application immediately. Through April 30, Medicare Administrative Contractors will accept applications dated 7/2011, but after that, you have to use the new version.

QPP Videos: Create an Account in HARP

On December 19, 2018, CMS transitioned to a new system to create identity management accounts and request access to the [Quality Payment Program \(QPP\)](#) website: The Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) system. If you previously created a QPP account in the Enterprise Identity Management (EIDM) system, continue to use your EIDM ID and password to sign-in, view, submit, and manage your data. If you need to make any changes to your ID/password or create a new account, you will do so in the HARP system.

View videos for step-by-step instructions on how to:

- [Create a QPP Account](#) - Create a new HARP account
- [Connect to an Organization: Practice](#) - View, submit, and manage data on behalf of the practice
- [Connect to an Organization: APM Entity](#) - View, submit, and manage data on behalf of the APM
- [Connect to an Organization: Registry](#) - Submit data on behalf of your customers
- [Connect to an Organization: Virtual Group](#) - View, submit, and manage data on behalf of the virtual group
- [Security Officials: Approving Role Requests](#) - Approve and deny requests from staff users

For More Information:

- [QPP User Access Guide](#)
- Questions: QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

QPP Videos: MIPS Data Submission

Learn how to manage and submit your 2018 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program \(QPP\)](#) website by April 2 by viewing these brief videos:

- [Uploading Files for Data Submission](#)
- [Reviewing Overview Data](#)
- [Reviewing Quality Category Data](#)
- [Reviewing Promoting Interoperability Category Data](#)

- [Reviewing Improvement Activities Category Data](#)
- [Manual Attestation of the Promoting Interoperability Category](#)
- [Manual Attestation of the Improvement Activities Category](#)
- [Deleting Submitted Data in the System](#)
- [Reviewing and Submitting Data as a Registry](#)
- [Navigation to Individual and Group Submission](#)

For More Information:

- [Resource Library](#) webpage
- [2018 Data Submission FAQs](#)
- [QPP Access User Guide](#)

eCQM Resources

New Electronic Clinical Quality Measure (eCQM) resources:

- [Tools, Resources, & Collaboration](#): Interactive graphic that provides an in-depth overview of the tools, standards, and resources used in the various stages of the eCQM lifecycle
- [Annual Timeline](#): Interactive tool that improves awareness of eCQM resources and timeframes for measure developers, implementers, and end users to plan and provide feedback

For More Information:

- [eCQI Resource Center](#) website
- Contact ecqi-resource-center@hhs.gov

Hospice Quality Reporting Program: FY 2021 Data Collection Began January 1

The Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data collection period for the FY 2021 reporting year is January 1 through December 31, 2019.

- HIS data: The [timeliness threshold requirement](#) for the FY 2021 reporting year and beyond is 90%. To be compliant with HIS requirements, you must submit at least 90% of your HIS records on time (within 30 days of the patient's admission or discharge date). There are no size or newness exemptions.
- CAHPS data: This data collection period impacts hospice payments for FY 2021. If you do not qualify for an exemption, make preparations to participate in the survey. For assistance, contact hospicecahpsurvey@HCQIS.org or 844-472-4621.

For more information, visit the [Requirements and Best Practices](#) webpage.

Hospice Training: Updates to Public Reporting in FY 2019

Information is available from the two-part webinar on Updates to Public Reporting in FY 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines. Visit the [Training and Education Library](#) webpage for more information:

- [Materials](#), including presentation, speaker notes, and transcript
- [Video](#)

Prevent Legionnaires' Disease: Water Management Program Training

Did you know? The number of people with Legionnaires' disease grew 5.5 times from 2000 to 2017 and is deadly for 25% of people who get it from a health care facility. Ninety percent of the problems that cause Legionnaires' disease outbreaks could have been prevented with more effective water management. Help prevent outbreaks by taking the Centers for Disease Control and Prevention's (CDC's) new online training: [Preventing Legionnaires' Disease: A Training on Legionella Water Management Programs](#):

- Learn how to align with [ASHRAE 188](#) risk management requirements for building water systems (e.g., potable water, cooling towers, hot tubs, decorative water features)
- Earn continuing education units from the [National Environmental Health Association](#)

Target Audience:

- Public health professionals, including infection preventionists
- Building managers, maintenance/engineering staff, and safety officers
- Equipment and water treatment suppliers, as well as consultants

Learn more about Legionnaires' disease on the CDC [Environmental Health Services](#) webpage.

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

In November 2016, the Office of the Inspector General (OIG) reported that hospitals did not always comply with Medicare requirements for reporting cochlear devices replaced without cost to the hospital or beneficiary. In 116 of 149 claims reviewed, hospitals did not report the appropriate modifiers and charges or a combination of the appropriate value code and condition codes. Medicare Administrative Contractors use this information to adjust payment; incorrect billing led to Medicare overpayments of \$2.7 million.

- Services furnished on or after January 1, 2014: outpatient hospitals should report value code “FD” along with condition code 49 or 50
- Services furnished prior to January 1, 2014: outpatient hospitals should report the modifier “FB” on the same line as the procedure code (not the Cochlear Device code)

Use the following resources to bill correctly and avoid overpayment recoveries:

- [List of CMS resources](#)
- [Hospitals Did Not Always Comply With Medicare Requirements for Reporting Cochlear Devices Replaced Without Cost](#) OIG Report, November 2016

Claims, Pricers & Codes

Physician Anesthesia Claims for SNF Patients

Some anesthesia claims for 2018 dates of service were incorrectly denied for Part B skilled nursing facility consolidated billing: HCPCS codes 00731, 00732, 00811, 00812, and 00813. Claims for these services will automatically be reprocessed by Medicare Administrative Contractors beginning January 28. You do not need to do anything.

Upcoming Events

New Electronic System for Provider Reimbursement Review Board Appeals Call — February 5

Tuesday, February 5 from 1:30 to 3 pm ET

[Register](#) for Medicare Learning Network events.

Do you want to file or manage a Provider Reimbursement Review Board (PRRB) appeal? Learn how to use the new Office of Hearings Case and Document Management System (OH CDMS) to submit new appeals, transfer issues, file position papers, and manage all aspects of your PRRB appeals. For more information, visit the [PRRB OH CDMS](#) webpage.

During this call, PRRB staff discuss:

- How to access the system

- Detailed overview of the system and its capabilities
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to PRRB@cms.hhs.gov with “Office of Hearings Case and Document Management System Conference Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: All PRRB appeal stakeholders.

New Medicare Card Open Door Forum — February 6

Wednesday, February 6 from 2 to 3 pm ET

Attend the next Open Door Forum on the new Medicare card. CMS shares the latest information, including the status of card mailing. You will have an opportunity to ask questions.

Participation Instructions:

- Conference call only; you do not need to RSVP
- Dial: 800-837-1935 and reference Conference ID: 9282568
- TTY services: Dial 7-1-1 or 800-855-2880; a Relay Communications Assistant will help

Target Audience: Providers, plans, state Medicaid agencies, and other impacted stakeholders.

Home Health Patient-Driven Groupings Model Call — February 12

Tuesday, February 12 from 1:30 to 3 pm ET

[Register](#) for Medicare Learning Network events.

During this call, learn about the Patient-Driven Groupings Model (PDGM) that will be implemented on January 1, 2020. CMS will use the PDGM to reimburse home health agencies for providing home health services under Medicare fee-for-service. Topics include:

- Overview of PDGM model
- Walkthrough of payment adjustments, including low utilization payment adjustments, partial payment adjustments, and outliers payments

A question and answer session follows the presentation. For more information, visit the [Home Health Prospective Payment System](#) webpage; review the CY 2019 [final rule](#) and [Overview of the PDGM](#).

Target Audience: Home health agencies, administrators, clinicians, and other interested stakeholders.

New Part D Opioid Overutilization Policies Call — February 14

Thursday, February 14 from 1:30 to 3 pm ET

[Register](#) for Medicare Learning Network events.

CMS implemented [new opioid policies](#) for Medicare drug plans effective January 1. The new policies include:

- Improved safety alerts when patients fill opioid prescriptions at the pharmacy
- Drug management programs for patients at-risk for misuse or abuse of opioids or other drugs

During this call, CMS experts discuss the new policies and answer questions.

Prior to the call, participants should review the following materials:

- Training materials, including slide decks and tip sheets for [prescribers](#), [pharmacists](#), and [patients](#)

- [A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019](#) MLN Matters® Article
- [Reducing Opioid Misuse](#) webpage for more information on the CMS strategy

Target Audience: Physicians; physician assistants; nurses; nurse practitioners; dentists and other prescribers; case managers; and other interested stakeholders.

MIPS Data Submission Office Hours Sessions — February 26 and March 19

2018 Merit-based Incentive Payment System (MIPS) data submission office hours sessions:

- [Register](#) for Tuesday, February 26 from 2 to 3 pm ET
- [Register](#) for Tuesday, March 19 from 2 to 3 pm ET

Submit questions prior to the sessions to CMSQualityTeam@ketchum.com (Office Hours questions only).

For More Information:

- [Resource Library](#) webpage
- [2018 Data Submission FAQs](#)
- [QPP Access User Guide](#)

Medicare Learning Network® Publications & Multimedia

RHCs/FQHCs: Communication Technology Based Services and Payment MLN Matters Article — New

A new MLN Matters Article MM10843 on [Communication Technology Based Services and Payment for Rural Health Clinic \(RHCs\) and Federally Qualified Health Centers \(FQHCs\)](#) is available. Learn about the new Virtual Communications G Code.

Quality Payment Program in 2018: Transitioning to an Advanced APM Web-Based Training — New

With Continuing Medical Education Credit

A new Quality Payment Program in 2018: Transitioning to an Advanced APM Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:

- Steps for joining an Advanced Alternative Payment Model (APM)
- Benefits and risks of participation
- Resources

Hospital Based Hospice Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Hospital Based Hospice](#) Fact Sheet is available. Learn about:

- Certification requirements
- Face-to-face encounters
- How to avoid claim denials

Lab Tests: Urinalysis Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Lab Test – Urinalysis](#) Fact Sheet is available. Learn about:

- Documentation requirements
- How to place an order
- How to prevent claim denials

Lab Tests: Routine Venipuncture Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Laboratory Tests- Routine Venipuncture \(Non-Medicare Fee Schedule\)](#) Fact Sheet is available. Learn about:

- Different ways to place an order
- Requirements
- How to prevent claim denials

Lenses Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Lenses](#) Fact Sheet is available. Learn about:

- Coverage guidelines
- Reasons for denials
- How to prevent claim denials

Parenteral Nutrition Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Parenteral Nutrition](#) Fact Sheet is available. Learn about:

- Reasonable and necessary requirements
- Qualifying conditions
- How to prevent claim denials

Patient Lifts Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Patient Lifts](#) Fact Sheet is available. Learn about:

- Supplier requirements
- Coverage criteria
- Common reasons for claim denials
- How to prevent denials

Polysomnography Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Polysomnography \(Sleep Studies\)](#) Fact Sheet is available. Learn about:

- Common reasons for claim denials
- Coverage criteria
- How to prevent denials

Pressure Reducing Support Surfaces Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Pressure Reducing Support Surfaces](#) Fact Sheet is available. Learn about:

- Three groups/classifications of pressure reducing support surfaces
- Coverage criteria
- Common reasons for claim denials
- How to prevent denials

TENS Provider Compliance Tips Fact Sheet — New

A new [Provider Compliance Tips for Transcutaneous Electrical Nerve Stimulators \(TENS\)](#) Fact Sheet is available. Learn about:

- Coverage criteria

- Required documentation
- Common reasons for claim denial

ESRD Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [January 15](#) call on the End-Stage Renal Disease (ESRD) Quality Incentive Program. Learn about provisions in the CY 2019 final rule.

Clinical Labs Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [January 22](#) call on Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates. Do you need to submit data required by the Clinical Diagnostic Test Payment System final rule? This call provides a refresher on how to collect and submit required data.

Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims MLN Matters Article — Revised

The MLN Matters Special Edition Article SE18024 on [Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims](#) is updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority for the Commonwealth of the Northern Mariana Islands were renewed on January 22.

DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article — Revised

A revised MLN Matters Article MM11064 on [Calendar Year \(CY\) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#) is available. Learn about data files and update factors.

Hospital OPPS: January 2019 Update MLN Matters Article — Revised

A revised MLN Matters Article MM11099 on [January 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about changes and billing instructions for various payment policies.

Diabetic Shoes Provider Compliance Tips Fact Sheet — Revised

A revised [Provider Compliance Tips for Diabetic Shoes](#) Fact Sheet is available. Learn about:

- Reasons for denials
- How to prevent claim denials
- Type of order needed to submit a claim

Coding and Billing Date of Service on Professional Claims MLN Matters Article — Reissued

A reissued MLN Matters Article SE17023 on [Guidance on Coding and Billing Date of Service on Professional Claims](#) is available. Learn how to identify correct dates of service.

TKA Removal from IPO List and 2-Midnight Rule MLN Matters Article — Reissued

A reissued MLN Matters Article SE19002 on [Total Knee Arthroplasty \(TKA\) Removal from the Medicare Inpatient-Only \(IPO\) List and Application of the 2-Midnight Rule](#) is available. Learn about TKA procedures performed on an inpatient or outpatient basis.

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