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Official CMS news from the Medicare Learning Network

Thursday, February 14, 2019

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News & Announcements

New Medicare Card: 0 not O

The Medicare Beneficiary Identifier (MBI) uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. We exclude these letters to avoid confusion when differentiating some letters and numbers (e.g., between “0” and “O”). Read MLN Matters® Article [New MBI Get It, Use It](#) for other helpful information, such as what to do if an MBI changes.

Home Health Compare Refresh

The January 2019 Home Health Compare refresh is available, including new quality measure results. Visit [Home Health Compare](#) to view the data. For more information, visit the [Home Health Quality Reporting Program](#) webpage.

MIPS: Check Your Preliminary 2019 Eligibility

Check the Quality Payment Program [Participation Status Tool](#) to view your eligibility status for the 2019 performance period under the Merit-based Incentive Payment System (MIPS). Enter your National Provider Identifier to find out if you need to participate in MIPS during the 2019 performance year.

For More Information:

- [About MIPS Participation](#) webpage
- [2019 MIPS Quick Start Guide](#)
- [QPP Year 3 Final Rule Overview Fact Sheet](#)
- [2019 MIPS Eligibility and Participation Fact Sheet](#)
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Comparative Billing Report on Family Practitioner Office Visits in February

CMS will issue a Comparative Billing Report (CBR) in February on Office Visits, New and Established, Family Practitioners (CBR201902). The CBR, produced by RELI Group, focuses on family practitioners who submit Medicare Part B claims. These reports contain data-driven tables with an explanation of findings that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Look for an email from cbrpepper.noreply@religroupinc.com with your report. Update your contact email address in the National Plan and Provider Enumeration System to ensure accurate delivery. Visit the [CBR](#) website for more information.

2019 CMS Health Equity Award Winners

CMS announced the 2019 CMS Equity Award winners: HealthPartners and Centene Corporation. We are proud to recognize these organizations for closing gaps in health care quality, access, and outcomes among minorities and other underserved populations. Visit the [CMS Health Equity Awards](#) webpage for more information about the awards and this year's awardees' work.

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; see the [Supplier Fact Sheet](#) and [CDC](#) website for more information
- Prepare for Medicare enrollment; see the [Enrollment Fact Sheet](#) and [Checklist](#)
- [Apply](#) to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll)
- Furnish MDPP services; see the [Session Journey Map](#)

- Submit claims to Medicare; see the [Billing and Claims Fact Sheet](#) and [Billing and Payment Quick Reference Guide](#)

For More Information:

- [MDPP Expanded Model](#) Booklet
- [Materials](#) from Medicare Learning Network call on June 20
- [MDPP](#) webpage
- [CDC - CMS Roles Fact Sheet](#)
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

Influenza Activity Continues: Are Your Patients Protected?

People over 65 are at a greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. It is not too late to get vaccinated – to help protect your patients, your staff, and yourself.

Medicare Part B covers the influenza virus vaccine once per influenza season. Medicare covers additional influenza vaccines if medically necessary.

You may also want to recommend the [pneumococcal vaccine](#) during the same visit. Medicare covers:

- An initial pneumococcal vaccine for Medicare beneficiaries who never received the vaccine under Medicare Part B
- A different, second pneumococcal vaccine 1 year after the first vaccine was administered

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Information for Health Professionals](#) webpage
- [CDC Tools to Prepare Your Practice for Flu Season](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

Provider Compliance

Medicare Hospital Claims: Avoid Coding Errors — Reminder

In two recent reports, the Office of Inspector General (OIG) cited significant issues leading to coding errors on Medicare hospital claims:

- [Hospitals Nationwide Generally Did Not Comply with Medicare Requirements for Billing Outpatient Right Heart Catheterizations with Heart Biopsies](#) (March 2017): The OIG found that hospitals often use modifier -59 incorrectly when billing for outpatient right heart catheterizations with heart biopsies, which leads to significant overpayments and overpayment recoveries on claims for these services
- [Medicare Improperly Paid Hospitals for Beneficiaries Who Had Not Received 96 or More Consecutive Hours of Mechanical Ventilation](#) (June 2016): The OIG found that hospitals often use incorrect procedure codes when billing for mechanical ventilation

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

- [OIG Reports Highlight Hospital Billing Issues](#) MLN Matters Special Edition Article
- [Proper Use of Modifier 59](#) MLN Matters Special Edition Article
- [Specific Modifiers for Distinct Procedural Services](#) MLN Matters Article
- [Medicare Claims Processing Manual, Chapter 3, Inpatient Hospital Billing](#): Section 10, General Inpatient Requirements
- [Medicare Quarterly Provider Compliance Newsletter, Volume 2, Issue 1](#)
- [Medicare Quarterly Provider Compliance Newsletter, Volume 7, Issue 4](#)

Upcoming Events

Comparative Billing Report: Family Practitioner Office Visits Webinar — February 28

Thursday, February 28 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Comparative Billing Report on Office Visits, New and Established, Family Practitioners (CBR201902), an educational tool for family practitioners who submit Medicare Part B claims. See the [CBR](#) website for more information.

Dementia Care & Psychotropic Medication Tracking Tool Call — March 12

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement

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

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

During this call, gain insight on the Dementia Care & Psychotropic Medication Tracking Tool, a free, publicly available electronic tool that facilitates a structured approach to tracking preference-based care and psychotropic medication use among residents living with dementia. Also, learn about a recently released [Nursing Home Staff Competency Assessment](#) toolkit. Additionally, CMS provides updates on the Phase 3 Requirements for Participation from the Reform of Requirements for Long-Term Care Facilities [final rule](#) and the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers:

- Adrienne Mihelic, National Nursing Home Quality Improvement Campaign
- David Reynolds, National Nursing Home Quality Improvement Campaign
- Jay Weinstein, CMS
- Debra Lyons, CMS
- Michele Laughman, CMS

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Open Payments: Transparency and You Call — March 13

Wednesday, March 13 from 1 to 2 pm ET

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

Reporting entities are submitting data to the Open Payments system on payments or transfers of value made to physicians and teaching hospitals during 2018. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. A question and answer session follows the presentation.

See the [Open Payments Registration](#) webpage for more information. CMS will publish the 2018 payment data and updates to the 2013 through 2016 data by June 30, 2019.

Topics:

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process

- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals, and physician office staff.

Medicare Learning Network® Publications & Multimedia

Home Health PDGM MLN Matters Article — New

A new MLN Matters Article MM11081 on [Home Health Patient-Driven Groupings Model \(PDGM\) – Split Implementation](#) is available. Learn about the payment reform requirements.

ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — New

A new MLN Matters Article MM11134 on [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#) is available. Learn about coding changes.

Implementation of the SNF PDPM MLN Matters Article — New

A new MLN Matters Article MM11152 on [Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about the required changes.

Implementation to Exchange the List of eMDR for Registered Providers MLN Matters Article — New

A new MLN Matters Article MM11003 on [Implementation to Exchange the List of Electronic Medical Documentation Requests \(eMDR\) for Registered Providers via the Electronic Submission of Medical Documentation \(esMD\) System](#) is available. Learn about changes required to send Additional Documentation Request letters.

Independent Laboratory Billing of Tests for ESRD Beneficiaries MLN Matters Article — New

A new MLN Matters Article MM11061 on [Independent Laboratory Billing of Laboratory Tests for End-Stage Renal Disease \(ESRD\) Beneficiaries and the Sunset of the CB Modifier](#) is available. Learn about the CB modifier requirement.

Medicare Physician Fee Schedule Database: April 2019 Update MLN Matters Article — New

A new MLN Matters Article MM11163 on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2019 Update](#) is available. Learn about the new HCPCS codes.

Processing Instructions to Update the SPR MLN Matters Article — New

A new MLN Matters Article MM11112 on [Processing Instructions to Update the Standard Paper Remit \(SPR\)](#) is available. Learn about updating systems to mask the Health Insurance Claim Number.

Supervised Exercise Therapy for Symptomatic PAD MLN Matters Article — New

A new MLN Matters Article MM11022 on [Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)—Clarification of Payment Rules and Expansion of International Classification of](#)

[Diseases Tenth Edition \(ICD-10\) Diagnosis Codes](#) is available. Learn about updates for the treatment of symptomatic PAD.

Update to ICR Programs MLN Matters Article — New

A new MLN Matters Article MM11117 on [Update to Intensive Cardiac Rehabilitation \(ICR\) Programs](#) is available. Learn about expanded coverage.

CWF Provider Queries NPI Verification MLN Matters Article — Revised

A revised MLN Matters Article MM10983 on [Common Working File \(CWF\) Provider Queries National Provider Identifier \(NPI\) Verification](#) is available. Learn about modifying each Part A eligibility inquiry and establishing verification processes.

Medicare FFS Response to the 2018 California Wildfires MLN Matters Article — Revised

The MLN Matters Special Edition Article SE18025 on [Medicare Fee-for-Service \(FFS\) Response to the 2018 California Wildfires](#) is updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority for the State of California were renewed on February 6.

Advance Beneficiary Notice of Noncoverage Interactive Tutorial — Revised

A revised [Advance Beneficiary Notice of Noncoverage Interactive Tutorial](#) is available. Learn:

- How to complete the form
- When to issue a notice
- Common reasons for Medicare to deny an item or service

CLIA Program and Medicare Laboratory Services Fact Sheet— Revised

A revised [CLIA Program and Medicare Laboratory Services](#) Fact Sheet is available. Learn about:

- How to enroll in the Program
- Types of laboratory certificates
- Test method categorization

Long-Term Care Hospital Prospective Payment System — Revised

A revised [Long-Term Care Hospital Prospective Payment System](#) Booklet is available. Learn about:

- Certification elements
- Patient classification
- Policy payment adjustments

Medicare Advance Written Notices of Noncoverage Booklet— Revised

A revised [Medicare Advance Written Notices of Noncoverage](#) Booklet is available. Learn about:

- Financial liability
- How to issue and complete the forms
- Guidelines for collecting beneficiary payment

Medicare Parts A & B Appeals Process Booklet— Revised

A revised [Medicare Parts A & B Appeals Process](#) Booklet is available. Learn about:

- Tips for filing
- The five levels of appeals
- Appointing a representative

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