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Official CMS news from the Medicare Learning Network

Thursday, March 7, 2019

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News & Announcements

Reducing Opioid Misuse Letter

CMS, through the Medicare Administrative Contractors (MACs), recently mailed [letters](#) to all Medicare fee-for-service providers about our work to reduce opioid misuse by people with Medicare, including:

- Providing guidance on co-prescribing Naloxone
- Implementing new Medicare Part D opioid policies
- Promoting a range of safe and effective pain treatments

We are committed to exploring and offering viable options to address the opioid crisis, sharing information on the data we collect with other agencies and organizations, and protecting our beneficiaries and communities affected by the crisis. Together, we can make progress in addressing many aspects of the opioid epidemic.

New Medicare Card: Need an MBI?

All providers (hospitals and other facilities, group practices, labs, etc.) can use their Medicare Administrative Contractor's (MAC's) secure portal Medicare Beneficiary Identifier (MBI) look-up tool. Even if your patient is in a Medicare Advantage Plan, you can look up the MBI to bill for things like indirect medical education. If you do not have access to the tool, [sign up](#).

Your patient's Social Security Number (SSN) is required for the search and may differ from their Health Insurance Claim Number (HICN), which uses the SSN of the primary wage earner. If your Medicare patients do not want to give their SSN, they can log into [mymedicare.gov](#) to get the MBI.

If the look-up tool does not return an MBI, be sure you are using the full last name, including any suffix, such as Jr, Sr, or III.

CMS Improving Nursing Home Compare in April

On March 5, CMS announced updates coming next month to [Nursing Home Compare](#) and the Five-Star Quality Rating System to strengthen this tool for consumers to compare quality between nursing homes.

"CMS is committed to safeguarding the health and safety of nursing home residents by ensuring they are receiving the highest quality of care possible," said CMS Administrator Seema Verma. "Our updates to Nursing Home Compare reflect more transparent and meaningful information about the quality of care that each nursing home is giving its residents. Our goal is to drive quality improvements across the industry and empower consumers to make decisions, with more confidence, for their loved ones."

The April 2019 changes include:

- Revisions to the inspection process, enhancement of staffing information, and implementation of new quality measures
- Lifting of the 'freeze' on the health inspection ratings instituted in February 2018
- Setting higher thresholds and evidence-based standards for nursing homes' staffing
- Adding measures of long-stay hospitalizations and emergency room transfers
- Removing duplicative and less meaningful measures
- Establishing separate quality ratings for short-stay and long-stay residents
- Revising the rating thresholds to better identify the differences in quality among nursing homes

See the full text of this excerpted [CMS Press Release](#) (issued March 5).

Comparing Hospital Quality: CMS Updates Consumer Resources

On February 28, CMS updated hospital performance data on the [Hospital Compare](#) website and on [data.medicare.gov](#) to empower patients, families, and stakeholders with important information they need to compare hospitals and make informed health care decisions. This data includes specific measures of hospitals' quality of care, many of which are updated quarterly, and the Overall Hospital Star Ratings, which were last updated in December 2017. The data are collected through CMS [Hospital Quality Initiative](#) programs.

We also [posted potential changes](#) to the Hospital Star Ratings for public comment. These changes under consideration intend to respond to stakeholder feedback, seek to enhance the Star Ratings methodology by making hospital comparisons more precise and consistent, and allow more direct, "like-to-like" comparisons. We look forward to your comments on the potential changes by March 29.

See the full text of this excerpted [CMS Press Release](#) (issued February 28).

Promoting Interoperability Programs: Attestation Deadline Extended to March 14

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs is extended to March 14:

- Medicare eligible hospitals and critical access hospitals: Attest through the [QualityNet Secure Portal](#)
- Medicaid eligible professionals and eligible hospitals: Follow the requirements of your State Medicaid agencies

For More Information:

- [Eligible Hospital Information](#) webpage
- [Registration and Attestation](#) webpage
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

CY 2018 eCQM Data: Submission Deadline Extended to March 14

Eligible hospitals and critical access hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and the Promoting Interoperability (PI) Program: The submission deadline for Electronic Clinical Quality Measure (eCQM) data for the CY 2018 reporting period is extended to March 14. This data affects FY 2019 payment determination.

For More Information:

- [eCQM Overview](#) website
- [Quality Reporting Center](#) website
- [PI 2018 Program Requirements](#) webpage
- [PI Programs Eligible Hospital Information](#) webpage.
- For questions about the IQR Program, visit the [Questions and Answers](#) webpage or call 844-472-4477
- For questions about the attestation process and the PI Program, contact the QualityNet Help Desk at gnetsupport@hcqis.org or 866-288-8912
- For questions about eCQM, visit the [CQM Issue Tracker](#)

Hospice Provider Preview Reports: Review Your Data by March 31

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:

- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the third quarter of 2017 to the second quarter of 2018
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report: Review facility-level CAHPS survey results from the third quarter of 2016 to the second quarter of 2018

Review your HIS and CAHPS results by March 31. If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a CMS review:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

Access Instructions:

- [Hospice Provider Preview Report](#)
- [Hospice CAHPS Provider Preview Reports](#)

LTCH Provider Preview Reports: Review Your Data by April 3

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with third quarter 2017 to second quarter 2018 data. Review your performance data on quality measures by April 3, prior to public display on [LTCH Compare](#) in June 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

For More Information:

- [LTCH Quality Public Reporting](#) webpage
- [Preview Report Access Instructions](#)

IRF Provider Preview Reports: Review Your Data by April 3

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with third quarter 2017 to second quarter 2018 data. Review your performance data on quality measures by April 3, prior to public display on [IRF Compare](#) in June 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

For More Information:

- [IRF Quality Public Reporting](#) webpage
- [Preview Report Access Instructions](#)

Interoperability and Patient Access to Health Data: Comments on New Proposals due May 3

CMS proposed policy changes supporting the MyHealthEData initiative to improve patient access and advance electronic data exchange and care coordination throughout the health care system. The Interoperability and Patient Access Proposed Rule outlines opportunities to make patient data more useful and transferable through open, secure, standardized, and machine-readable formats while reducing restrictive burdens on health care providers.

In addition to the policy proposals, CMS released two requests for information to obtain feedback on:

- Interoperability and health information technology adoption in post-acute care settings
- The role of patient matching in interoperability and improved patient care.

Proposed Changes and Updates:

- Patient access through Application Programming Interfaces (APIs)
- Health information exchange and care coordination across payers
- API access to published provider directory data
- Care coordination through trusted exchange networks
- Improving the dual eligible experience by increasing frequency of federal-state data exchanges
- Public reporting and prevention of information blocking
- Provider digital contact information
- Revisions to the conditions of participation for hospitals and critical access hospitals
- Advancing interoperability in innovative models

For More Information:

- [Proposed Rule](#): CMS will accept comments until May 3
- [All Your Health Records in One Place](#) from Fortune Magazine
- See the full text of this excerpted [CMS Fact Sheet](#)

Clinical Diagnostic Laboratories: New Resources about the Private Payor Rate-Based CLFS

The Protecting Access to Medicare Act of 2014 (PAMA) required significant changes to how Medicare pays for clinical diagnostic laboratory tests under the Clinical Laboratory Fee Schedule (CLFS). Effective January 1, 2018, the payment amount for most tests equals the weighted median of private payor rates. Payment rates under the private payor rate-based CLFS are updated every three years.

If you are a laboratory, including an independent laboratory, a physician office laboratory, or hospital outreach laboratory that meets the definition of an applicable laboratory, you are required to report information, including laboratory test HCPCS codes, associated private payor rates, and volume data.

Learn more by reading the new:

- [Summary](#) - Overview of key terms and concepts and how to determine whether your laboratory is an applicable laboratory
- [MLN Matters® Article SE19006](#) - Detailed information and examples to help you determine if you need to report
- [Frequently Asked Questions](#) - Responses to questions regarding the changes effective January 1

If you meet the applicable laboratory criteria, act now using this schedule:

- January – June, 2019: Collect data
- July – December, 2019: Analyze data
- January – March, 2020: Report data

For more information, review the [materials](#) from the January 22 Medicare Learning Network call and the [PAMA Regulations](#) webpage.

SNF Provider Threshold Report

The FY 2020 and 2021 Skilled Nursing Facility (SNF) Provider Threshold Report is available in the Certification and Survey Provider Enhanced Reports (CASPER) application. Check the status of your compliance threshold for the SNF Quality Reporting Program.

For More Information:

- [Nursing Home/Swing Bed Providers](#) webpage
- CASPER Reporting User's Guide, [Section 13](#)

2019 QRDA I Voc.xml File

CMS released an updated 2019 Quality Reporting Document Architecture (QRDA) Category I [voc.xml file](#). This file is a supporting vocabulary xml file for the Schematron that provides technical instructions for reporting electronic clinical quality measures for:

- Hospital Inpatient Quality Reporting Program
- Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and critical access hospitals

For More Information:

- [QRDA](#) webpage
- For questions about the QRDA and Schematrons, visit the [ONC Project Tracking System](#)

- For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call 866-288-8912

Whole Hospital Approach to Mass Casualties

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) issued new resources on handling mass casualties:

- For Hospitals - [The Exchange Issue 8](#): Lessons learned, trends, and future initiatives shared by support service staff
- [Medical Surge and the Role of Practice-Based Primary Care Providers](#)

HHS offers a comprehensive national knowledge center about emergency preparedness for health care, public health, and disaster clinical practitioners. [Sign up](#) to receive the [monthly Express and quarterly Exchange](#), highlighting new and trending emergency preparedness resources.

For More Information:

- [Alternate Care Sites](#)
- [Homecare and Hospice](#)
- [Healthcare Emergency Preparedness Information Gateway](#) Fact Sheet
- [ASPR TRACIE](#) website

Medicare Beneficiaries at a Glance Infographic

CMS published a [Medicare Beneficiaries at a Glance](#) infographic with summarized CY 2016 information, including coverage, utilization, average cost, top chronic conditions, satisfaction, access to care, and source of care.

Help Your Patients Make Informed Food Choices

March is National Nutrition Month®. Choosing nutritious foods and getting enough physical activity can make a real difference in someone's health. Talk to your patients about making informed choices to help prevent or reduce nutrition-related health conditions, including diabetes, chronic kidney disease, and obesity. Encourage your patients to take advantage of appropriate [Medicare-covered preventive services](#):

- Medical Nutrition Therapy
- Diabetes Screening
- Diabetes Self-Management Training
- Intensive Behavioral Therapy for Obesity
- Intensive Behavioral Therapy for Cardiovascular Disease
- Annual Wellness Visit

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Nutrition Month](#) website
- [National Diabetes Education Program](#) website
- [National Kidney Disease Education Program](#) website
- [Million Hearts®](#) website
- [Find a Registered Dietitian/Nutritional Professional](#)

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Provider Compliance

Bill Correctly for Device Replacement Procedures — Reminder

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

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

- [Shortcomings of Device Claims Data Complicate and Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#) OIG Report, September 2017
- [Medicare Claims Processing Manual, Chapter 3](#), section 100.8
- [Medicare Claims Processing Manual, Chapter 4](#), section 61.3.5 and 61.3.6

Claims, Pricers & Codes

Laboratory Panel Billing Requirements

The CPT Manual assigns codes to organ or disease oriented panels consisting of groups of specified tests. If all tests of a CPT defined panel are performed, bill the panel code. For more information, see the National Correct Coding Initiative [Policy Manual for Medicare Services](#), Chapter I, Section N (Laboratory Panel).

Average Sales Price Files: April 2019

CMS posted the April 2019 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2019 ASP Drug Pricing Files](#) webpage.

Medicare Diabetes Prevention Program: Valid Claims

For a claim to be valid under the Medicare Diabetes Prevention Program (MDPP), you must have both:

- Centers for Disease Control and Prevention (CDC) preliminary or full recognition; see the [Supplier Fact Sheet](#) and [CDC](#) website for more information
- Separate Medicare enrollment as an MDPP supplier (Specialty D1); see the [Enrollment Fact Sheet](#) and [Checklist](#)

Important:

If you do not have a separate Medicare enrollment as a MDPP supplier and you submit a claim for MDPP services, your claim will be rejected.

Medicare enrolled MDPP suppliers: See the [Quick Reference Guide to Payment and Billing](#) and the [Billing and Claims Fact Sheet](#) for information on valid claims:

- Submit claims when a performance goal is met, and report codes only once per eligible beneficiary (except G9890 and G9891)
- List each HCPCS code with the corresponding session date of service and the coach's National Provider Identifier
- List all HCPCS codes associated with a performance payment (including non-payable codes) on the same claim
- Include Demo code 82 in block 19 to identify MDPP services
- Do not include codes for other, non-MDPP services

For More Information:

- [MDPP Expanded Model](#) Booklet
- [MDPP](#) webpage

Upcoming Events

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.

Data Interoperability across the Continuum: CMS Data Element Library Call — March 19

Tuesday, March 19 from 1:30 to 3 pm ET

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

During this call, learn about the recently released [CMS Data Element Library](#) (DEL), a database of post-acute care patient assessment content mapped to nationally accepted health IT standards to support interoperable

health information exchange between providers and with patients. A question and answer session follows the presentation, including an opportunity to provide feedback on the DEL.

Topics:

- The patient story: Use cases for health information exchange and care coordination
- The Improving Medicare Post-Acute Care Transformation Act and the DEL
- Data interoperability: Benefits and challenges
- DEL next steps: FHIR®

Target Audience: Health care providers, health IT vendors, industry professionals, standards development organizations, and other interested stakeholders.

SNF Value-Based Purchasing Program: Phase One Review and Corrections Call — March 20

Wednesday, March 20 from 1:30 to 3 pm ET

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

During this call, participants learn about the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program Review and Corrections process and get answers to frequently asked questions about Phase One of the process. During the Review and Corrections period, SNFs have an opportunity to review and submit correction requests to quality measure information. Deadline for correction submission is April 1, 2019. For more information: visit the [SNF VBP Program](#) webpage.

A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBPInquiries@cms.hhs.gov with “SNF VBP Mar 20 NPC” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: SNFs, administrators, clinicians, and other stakeholders.

Submitting Your Medicare Part A Cost Report Electronically Webcast — March 28

Thursday, March 28 from 1 to 2:30 pm ET

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

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCR_eF) system. Use MCR_eF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCR_eF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCR_eF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018.

Topics:

- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast. For more information, see the [MCR_eF](#) MLN Matters Article and [MCR_eF](#) webpage.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

Medicare Learning Network® Publications & Multimedia

CLFS: Collecting and Reporting Data for the Private Payor Rate-Based Payment System MLN Matters Article — New

A new MLN Matters Article SE19006 on [Medicare Part B Clinical Laboratory Fee Schedule \(CLFS\): Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System](#) is available. Learn how to meet the requirements under Section 1834A of the Social Security Act.

CLIA Edits: HCPCS Codes Subject to and Excluded MLN Matters Article — New

A new MLN Matters Article MM11135 on [Healthcare Common Procedure Coding System \(HCPCS\) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments \(CLIA\) Edits](#) is available. Learn about the new HCPCS codes for 2019.

Home Health Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [February 12](#) call on the Home Health Patient-Driven Groupings Model (PDGM) that will be implemented on January 1, 2020. CMS will use the PDGM to reimburse home health agencies.

E/M When Performed with Superficial Radiation Treatment MLN Matters Article — Revised

A revised MLN Matters Article MM11137 on [Evaluation and Management \(E/M\) When Performed with Superficial Radiation Treatment](#) is available. Learn about revision to Chapter 13 of the Medicare Claims Processing Manual.

Implantable Defibrillators: NCD 20.4 MLN Matters Article — Revised

A revised MLN Matters Article MM10865 on [National Coverage Determinations \(NCD\) 20.4 Implantable Defibrillators \(ICDs\)](#) is available. Learn about the final decision.

RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article — Revised

A revised MLN Matters Article MM11066 on [Revising the Remittance Advice \(RA\) Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program \(PHP\) Services](#) is available. Learn about supplemental information.

AWV, IPPE, and Routine Physical – Know the Differences Educational Tool — Reminder

The [AWV, IPPE, and Routine Physical – Know the Differences](#) Educational Tool is available. Learn about what is covered.

Diabetes Self-Management Training Accrediting Organizations Fact Sheet — Reminder

The [Diabetes Self-Management Training Accrediting Organizations](#) Fact Sheet is available. Learn about:

- Programs to prevent and manage diabetes
- How to become an accredited provider

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Reminder

With Continuing Education Credit

The Diagnosis Coding: Using the ICD-10-CM Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn:

- How to recognize features
- Find correct codes
- Identify structure and format

Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Reminder

The [Dual Eligible Beneficiaries under Medicare and Medicaid](#) Booklet is available. Learn about:

- Assistance with Medicare premiums or cost sharing through a Medicare Savings Program, including the Qualified Medicare Beneficiary Program
- Benefits and qualifications

Procedure Coding: Using the ICD-10-PCS Web-Based Training — Reminder

With Continuing Education Credit

The Procedure Coding: Using the ICD-10-PCS Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn:

- How to recognize guidelines
- Find correct codes
- Identify structure and format

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