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Official CMS news from the Medicare Learning Network®

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News

No Shortcuts to Safer Opioids Prescribing: CDC Commentary

In a new [commentary](#) in the New England Journal of Medicine, authors of the 2016 Centers for Disease Control (CDC) [Guideline for Prescribing Opioids for Chronic Pain](#) advise against misapplication that can put patients' health and safety at risk. Some policies and practices attributed to the guideline are inconsistent with its recommendations.

The CDC has resources to help you correctly apply the guideline:

- [Pocket Guide: Tapering Opioids for Chronic Pain](#): Quick-reference tool for when and how to taper and important considerations for safe and effective care
- [CDC Opioid Prescribing Guideline Mobile App](#): Apply the recommendations in clinical practice, including a morphine milligram equivalent calculator, key recommendations, motivational interviewing techniques, resources, and glossary
- [Applying CDC's Guideline for Prescribing Opioids Series](#): Interactive, web-based training featuring 11 self-paced learning modules with case-based content, knowledge checks, and integrated resources

CMS Takes Action to Lower Prescription Drug Prices and Increase Transparency

On May 16, CMS finalized improvements to Medicare Advantage and Medicare Part D, which provide seniors with medical and prescription drug coverage through competing private insurance plans. These changes ensure that patients have greater transparency into the cost of prescription drugs, so they can compare options and demand value from pharmaceutical companies.

For More Information:

- [Final Rule](#)
- [Press Release](#)
- [Fact Sheet](#)

SNF Provider Preview Reports: Review Your Data by May 30

Skilled Nursing Facility (SNF) Provider Preview Reports are available. Review your performance data by May 30, prior to public display on [Nursing Home Compare](#) in July 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe your data is inaccurate.

For more information:

- [SNF Quality Public Reporting](#) webpage
- [Access Instructions](#)

Draft 2020 QRDA Category III Implementation Guide: Submit Comments by June 5

The draft 2020 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide for eligible clinicians and eligible professionals programs is available for public comment through June 5 at 5 pm ET. The Implementation Guide outlines requirements to report electronic clinical quality measures for the CY 2020 reporting period.

For More Information:

- [Submit comments](#): A JIRA account is required
- [QRDA](#) webpage
- For questions, visit the [JIRA QRDA Project](#) webpage

Medicare Shared Savings Program: Do You Plan to Apply to be an ACO?

CMS announced Notice of Intent to Apply (NOIA) and application cycle dates for a January 1, 2020, start date for the [Medicare Shared Savings Program – Pathways to Success](#). Beginning June 11, 2019, CMS will start accepting NOIAs via the Accountable Care Organization (ACO) Management System (ACO-MS). You must submit a NOIA if you intend to apply to the BASIC or ENHANCED track of the Shared Savings Program, apply for a Skilled Nursing Facility 3-Day Rule Waiver, and/or establish and operate a Beneficiary Incentive Program.

NOIA submissions are due no later than June 28 at noon ET. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply. Each ACO should submit only one NOIA. ACOs will have an opportunity to make changes to their tracks, repayment

mechanisms, and other NOIA-related information during the application submission period. Also, CMS allows ACOs to submit sample documentation (e.g., sample ACO participant agreements) with their NOIA in order to receive feedback from CMS before the application period opens.

The application submission period will be open from July 1 through 29, 2019, at noon ET.

For More Information:

- [Shared Savings Program](#) website
- [Application Types and Timeline](#) webpage
- [Application Toolkit](#) webpage
- For questions email SSPACO_Applications@cms.hhs.gov

Promoting Interoperability Program: 2015 Edition CEHRT Required

Beginning this year, all Promoting Interoperability Programs participants must use 2015 Edition Certified Electronic Health Record (EHR) Technology (CEHRT) to avoid a downward Medicare payment adjustment. 2019 CEHRT requirements:

- Did not need to be in place by January 1, 2019, but must be used for the entire EHR reporting period of any continuous, self-selected 90-day period
- Functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period

In addition, participants must attest that they did not knowingly limit the compatibility or interoperability of their CEHRT. See the [Prevention of Information Blocking Attestation](#) Fact Sheet.

For More Information:

- [2015 CEHRT](#) Fact Sheet
- [Promoting Interoperability](#) website

April – June Quarterly Provider Update

The April – June [Quarterly Provider Update](#) is available, including [issuances](#) and [regulations](#). Find out about:

- Regulations and major policies currently under development during this quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

Break Free from Osteoporosis

May is National Osteoporosis Month. The chance of having osteoporosis increases with age, but making lifestyle changes can build strong bones. Talk to your Medicare patients about their risk factors and recommend Bone Mass Measurement if appropriate.

For More Information:

- [Preventive Services](#) Educational Tool
- [Centers for Disease Control and Prevention Osteoporosis](#) webpage
- [National Osteoporosis Foundation](#) website

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

Compliance

Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the [Provider Minute: The Importance of Proper Documentation](#) video. Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Claims, Pricers & Codes

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 an 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:

- MDPP Medicare beneficiary eligibility data is returned via the [HIPAA Eligibility Transaction System \(HETS\)](#) on the 271 response; use this data to determine if a beneficiary meets the criteria to receive MDPP services
- 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 (NPI)
- List all HCPCS codes associated with a performance payment (including non-payable codes) on the same claim
- Include Demo code 82 in block 19 (Loop 2300 segment REF01 (P4) and segment REF02 (82)) to identify MDPP services
- Do not include codes for other, non-MDPP services on the same claim

Trouble with MDPP billing and claims:

- Some MDPP claims are being denied as a result of a systems issue
- Medicare Administrative Contractors (MACs) are manually processing these claims through October 2019 until the fix is implemented
- [Contact your MAC](#) with questions

For More Information:

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

Events

DMEPOS Competitive Bidding: Round 2021 Webcast Series — Updated Schedule

The Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program webcast originally scheduled for May 28 has been rescheduled for June 11. Additionally, CMS added a fourth webcast to its series on July 23. These remaining two webcasts will allow bidders to receive important information on registering and submitting a bid when the registration and bid windows are open and the

systems are accessible to bidders. If you registered for the May 28 webcast, you are automatically registered for the webcast on June 11. Register for the new sessions that will be held from 3 to 4 pm ET:

- June 11 - [Registering and Submitting a Bid - Part 1](#)
- July 23 - [Registering and Submitting a Bid - Part 2](#)

On demand replay, slides, and other handouts for prior webinars can be viewed through the webcast's registration link:

- Held May 14 - [Bid Surety Bond and Lead Item Pricing](#)
- Held May 21 - [Preparing and Submitting Financial Documents](#)

You can submit questions during live webcasts; however, to increase the likelihood of your question being answered on the webcast, submit questions in advance to cbic.admin@palmettogba.com with "Webcast Question" in the subject line.

Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5

Wednesday, June 5 from 2 to 3:30 pm ET

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

During this call, learn about reporting requirements and resources for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs (QRPs).

Topics:

- Data submission requirements and deadlines
- Annual Payment Update requirements
- Reconsideration process
- Reports

Target Audience: Post-acute care providers, including IRFs, LTCHs, and SNFs.

Emergency Department Services: Comparative Billing Report Webinar — June 11

Tuesday, June 11 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Comparative Billing Report on Emergency Department Services, an educational tool for providers who submit Medicare Part B claims. Visit the [CBR](#) website for more information.

Hospice Quality Reporting Program: Review and Correct Report Webinar — June 11

Tuesday, June 11 from 2 to 3:30 pm ET

[Register](#) for this webinar.

Learn how to use the new Review and Correct Report to verify that the data displayed on the [Hospice Compare](#) website for your facility is accurate. See the [Spotlight & Announcements](#) webpage for details.

MLN Matters® Articles

Claim Status Category and Claim Status Codes Update

A new MLN Matters Article MM11292 on [Claim Status Category and Claim Status Codes Update](#) is available. Learn about updates for the Accredited Standards Committee X12 276/277, Health Care Claim Status Request and Response, and ASC X12 277 Health Care Claim Acknowledgment transactions.

Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2019 Update

A new MLN Matters Article MM11296 on [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes – July 2019 Update](#) is available. Learn about ten new HCPCS codes, effective for claims with dates of service on or after July 1, 2019.

Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update

A new MLN Matters Article MM11252 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#) is available. Learn about updates to the RARC and CARC lists for these systems.

Reporting the HCPCS Level II Modifiers of the Patient Relationship Categories and Codes

A new MLN Matters Article MM11259 on [Reporting the HCPCS Level II Modifiers of the Patient Relationship Categories and Codes](#) is available. Learn about voluntary reporting of HCPCS Level II code modifiers.

Proper Use of Modifier 59 — Revised

A revised MLN Matters Article SE1418 on [Proper Use of Modifier 59](#) is available. Learn about clarifications to existing policy, including appropriate and inappropriate use of the modifier.

Publications

Provider Compliance Tips for Positive Airway Pressure (PAP) Devices and Accessories Including Continuous Positive Airway Pressure (CPAP) — Revised

A revised [Provider Compliance Tips for Positive Airway Pressure \(PAP\) Devices and Accessories Including Continuous Positive Airway Pressure \(CPAP\)](#) Medicare Learning Network Fact Sheet is available. Learn:

- Coverage guidance
- Reasons for denials
- How to prevent future claim denials

Medicare Basics: Commonly Used Acronyms — Reminder

The [Medicare Basics: Commonly Used Acronyms](#) Medicare Learning Network Educational Tool is available. Learn about:

- Frequently used acronyms
- How to create a personalized list of acronyms

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