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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card: MBI Transition Ends in Less Than 10 Weeks

The 21 month Medicare Beneficiary Identifier (MBI) transition period ends on December 31, 2019. Are you ready?

Starting January 1, 2020, you must use the MBI when billing Medicare regardless of the date of service:

- We will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions

- We will reject all eligibility transactions submitted with HICNs

Many providers are using the MBI for Medicare transactions. For the week ending October 4, providers submitted 80% of fee-for-service claims with MBIs. Protect your patients' identities by using MBIs now for all Medicare transactions. Don't have an MBI?

- Ask your patients for their cards. If they did not get a new card, give them the Get Your New Medicare Card flyer in English or Spanish.
- Use your Medicare Administrative Contractor's look-up tool. Sign up for the Portal to use the tool.
- Check the remittance advice. We return the MBI on the remittance advice for every claim with a valid and active HICN.

For more information, see the MLN Matters Article.

Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use

On October 10, HHS published a new Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics. Prescription opioids benefit the patient only when the benefit of using opioids outweighs the risks. But once a patient is on opioids for a prolonged duration, any abrupt change in the patient's regimen may put the patient at risk of harm and should include a thorough case review and discussion with the patient. HHS does not recommend tapering opioids rapidly or discontinuing suddenly due to the significant risks of opioid withdrawal, unless there is a life-threatening issue confronting the individual patient. The HHS guide provides advice to clinicians who are contemplating or initiating a change in opioid dosage.

See the full text of this excerpted HHS Press Release (issued October 10).

ICD-10 Coordination and Maintenance: Deadline for Comments November 8

Proposed new codes and revisions were discussed at the September ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2020. The deadline for comments on these proposals is November 8. Visit the Meeting Materials webpage to watch videos from the meeting.

Procedure code topics:

- Visit the Meeting Materials webpage for the agenda and handouts
- Send comments to ICDProcedureCodeRequest@cms.hhs.gov

Diagnosis code topics:

- Visit the National Center for Health Statistics webpage for the agenda and handouts
- Send comments to nchsicd10cm@cdc.gov

CMS Health Equity Award: Submit Nomination by November 15

CMS is accepting nominations for the 2020 CMS Health Equity Award. We recognize the importance of health equity and are working to ensure that disparities in health care quality and access are eliminated. Submit your nomination to HealthEquityTA@cms.hhs.gov no later than November 15. For more information, visit CMS Health Equity Awards webpage.

Quality Payment Program: Participation Status Tool Includes Second Snapshot of Data

CMS updated the Quality Payment Program Participation Status Tool based on the second snapshot of data from Alternative Payment Model (APM) entities. The second snapshot includes data from Medicare Part B claims with dates of service between January 1 and June 30, 2019. The tool includes 2019 Qualifying APM

Participant (QP) and Merit-based Incentive Payment System APM participation status. To learn more, see the QP Methodology Fact Sheet.

Atherectomy: Comparative Billing Report in October

In late October, CMS will issue a Comparative Billing Report (CBR) on Atherectomy, focusing on providers 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.

Protect Your Patients from Influenza this Season

The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. Influenza is a serious health threat, especially to vulnerable populations like people 65 and older, who are at high risk for hospitalization and developing serious complications. Vaccinate by the end of October – to help protect your patients, your staff, and yourself.

Medicare Part B covers:

- Influenza virus vaccine once per influenza season
- Additional influenza vaccines if medically necessary

For More Information:

- Medicare 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 Fight Flu Toolkit webpage
- CDC Make a Strong Flu Vaccine Recommendation webpage

Compliance

Cardiac Device Credits: Medicare Billing

A 2018 Office of the Inspector General (OIG) Report noted that payments reviewed for recalled cardiac medical devices did not comply with Medicare requirements for reporting manufacturer credits. Medicare incorrectly paid hospitals $7.7 million for cardiac device replacement claims, resulting in potential overpayments of $4.4 million. Manufacturers issued reportable credits to hospitals for recalled cardiac medical devices, but the hospitals did not adjust the claims with the proper condition codes, value codes, or modifiers to reduce payment as required.

CMS developed the Medicare Billing for Cardiac Device Credits Fact Sheet to ensure that hospitals properly report manufacturer credits for cardiac devices and avoid overpayment recoveries. Additional resources:

- Medicare Quarterly Provider Compliance Newsletter Volume 5, Issue 2, January 2015
- Medicare Claims Processing Manual, Chapter 3, Section 100.8: Replaced Devices Offered Without Cost or With a Credit
- Medicare Claims Processing Manual, Chapter 4, Section 61.3.5: Reporting and Charging Requirements When a Device is Furnished Without Cost to the Hospital or When the Hospital Receives a Full or Partial Credit for the Replacement Device Beginning January 1, 2014
- Hospitals Did Not Comply With Medicare Requirements For Reporting Certain Cardiac Device Credits OIG Report

Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — November 5
Tuesday, November 5 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 (MCReF) system. Use MCReF 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 MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018 and March 28, 2019.

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 MCReF Medicare Learning Network Booklet, MCReF MLN Matters Article, and MCReF 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.

Atherectomy: Comparative Billing Report Webinar — November 6
Wednesday November 6 from 3 to 4 pm ET

Register for this webinar.

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

Provider Compliance Focus Group Meeting — November 12
Tuesday, November 12 from noon to 4 pm ET
Dial-in/Webex or in person at CMS Central Office, Baltimore, MD

Register for this meeting.

Join us for an interactive session on Medicare Fee-For-Service (FFS) compliance. CMS want to make it easier for you to submit claims accurately and manage the audit process, while ensuring that we pay claims appropriately.

Target Audience: All Medicare FFS providers.

MLN Matters® Articles

Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS

A new MLN Matters Article MM11335 on Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS is available. Learn about additional detail in eligibility transactions on PPV vaccines.

Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes

A new MLN Matters Article MM11361 on Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes is available. Learn about changes effective for hospital discharges occurring on or after October 1.

Home Health Orders for Nurse Practitioners under the Maryland Total Cost of Care (TCOC) Model

A new MLN Matters Article MM11330 on Home Health Orders for Nurse Practitioners under the Maryland Total Cost of Care (TCOC) Model is available. Learn about certifying home health services provided on or after January 1.

Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) — Revised

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

October 2019 Update of the Ambulatory Surgical Center (ASC) Payment System — Revised

A revised MLN Matters Article MM11457 on October 2019 Update of the Ambulatory Surgical Center (ASC) Payment System is available. Learn about billing instructions and HCPCS updates.

October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS) — Revised

A revised MLN Matters Article MM11451 on October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS) is available. Learn about changes and billing instructions related to payment policies.

Publications

Quality Payment Program: MIPS and APM Resources

CMS posted new Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) resources:

MIPS 2018 Performance Period Resources:

- Performance Feedback Beneficiary-Level Data Reports Supplement FAQs
- 2020 Payment Adjustment Fact Sheet

MIPS 2019 Performance Period Resources:

- Promoting Interoperability Quick Start Guide
- Quality Measures Impacted by ICD-10 Updates Fact Sheet
- Eligible Measure Applicability Resources

MIPS 2020 Performance Period Resource:

- Virtual Groups Toolkit

APM Resources:

- 2019 APM Incentive Payment Fact Sheet
- 2018 Promoting Interoperability Score for MIPS APMs Fact Sheet
- Other Payer Eligible Clinician Initiated Submission Form Guide

For More Information:

- Resource Library webpage
- Contact QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Roster Billing for Mass Immunizers — Revised

A revised Roster Billing for Mass Immunizers Medicare Learning Network Booklet is available. Learn about:

- Coverage requirements
- Billing requirements

Acute Care Inpatient Hospital Prospective Payment System — Reminder

The Acute Care Hospital Inpatient Prospective Payment System Medicare Learning Network Booklet is available. Learn about:

- Payment rates and updates
- How payments are set

Hospice Payment System— Reminder

The Hospice Payment System Medicare Learning Network Booklet is available. Learn about:

- Coverage and certification requirements
- Election periods and statements
- Caps on payments

Hospital Outpatient Prospective Payment System— Reminder

The Hospital Outpatient Prospective Payment System Medicare Learning Network Booklet is available. Learn about:

- Ambulatory classifications
- Payment rates
- Quality reporting program

Inpatient Psychiatric Facility Prospective Payment System— Reminder

The Inpatient Psychiatric Facility Prospective Payment System Medicare Learning Network Booklet is available. Learn about:

- Payment rates
- Fiscal year updates
- Quality reporting program

Inpatient Rehabilitation Facility Prospective Payment System— Reminder

The Inpatient Rehabilitation Facility Prospective Payment System Medicare Learning Network Booklet is available. Learn about:

- Payment rates
- Fiscal year updates
- Quality reporting program

Long-Term Care Hospital Prospective Payment System— Reminder

The Long-Term Care Hospital Prospective Payment System Medicare Learning Network Booklet is available. Learn about:

- Certification elements
- Patient classification
- Payment adjustments

Telehealth Services — Reminder

The Telehealth Services Medicare Learning Network Booklet is available. Learn about:

- Requirements
- Distant site practitioners
- Billing and payment for the originating site facility

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