Do you need Continuing Education Credit? See Page 17
INTRODUCTION

We are pleased to share the latest Medicare Learning Network® (MLN) Catalog with you. MLN is part of an ongoing effort by the Centers for Medicare & Medicaid Services (CMS) to be responsive to the educational needs of the health care professional community.

The Catalog contains brief descriptions and links to trusted MLN educational resources for health care providers and professionals. We prepare these free MLN resources with assistance from clinicians, billing experts, and CMS subject matter experts. They cover CMS programs, policies, and initiatives in detail, giving you the tools and information you need to make the best decisions for your patients and your practice. Many offer Continuing Education Units (CEUs) and Continuing Medical Education (CME); look for these identified by this star symbol ★.

In this Catalog, you will obtain information on offerings such as:

- MLN Matters® Articles
- Publications and Educational Tools
- MLN Connects Newsletter
- Web-Based Training Courses
- Provider Association Partnerships

We hope the MLN will be a source of information and education that you use frequently and share often with your colleagues.
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MLN Matters® Articles

These articles explain national Medicare policy in an easy-to-understand format. They focus on coverage, billing, and payment rules for specific provider types. Please bookmark [http://go.cms.gov/MLNMattersArticles](http://go.cms.gov/MLNMattersArticles).

Sample MLN Matters Article

Claim Status Category and Claim Status Codes Update

MLN Matters Number: MM18777
Related Change Request (CR) Number: 10777
Related CR Release Date: June 1, 2018
Related CR Transmittal Number: P4095CP
Effective Date: October 1, 2018
Implementation Date: October 1, 2018

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10777 updates, as needed, the Claim Status and Claim Status Category Codes used for the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transactions. Make sure your billing staffs are aware of these updates.

BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all covered entities to use only Claim Status Category Codes and Claim Status Codes approved by the National Council Maintenance Committee in the ASC X12 276/277 Health Care Claim Status Request and Response transaction standards adopted under HIPAA for electronically submitting health care claims status requests and responses. These codes explain the status of submitted claim(s). Proprietary codes may not be used in the ASC X12 276/277 transactions to report claim status.

The National Council Maintenance Committee meets at the beginning of each ASC X12 Triennium meeting (January/February, June, and September/October) and makes decisions about additions, modifications, and retirements of existing codes. The Committee allows the industry 8 months for implementation of newly added or changed codes.

Publications

Coding

**General Equivalence Mappings FAQs**
Learn about the use of external cause and unspecified codes in ICD-10-CM and background and frequently asked questions on the conversion of ICD-9-CM codes to ICD-10-CM/PCS and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. 11 pages (August 2017) (ICN 901743)

**How to Use the Medicare National Correct Coding Initiative (NCCI) Tools**
Learn about navigating the CMS NCCI web pages; Medicare code pair edits; medically unlikely edits; and avoiding coding and billing errors. 19 pages (January 2018) (ICN 901346)

**ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets**
Learn about definitions and payment information on these code sets: International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and HCPCS. 6 pages (May 2018) (ICN 900943)

**ICD-10-CM/PCS The Next Generation of Coding**
Learn about use of external cause and unspecified codes in International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM); Current Procedural Terminology and HCPCS codes; ICD-10-CM/PCS—an improved classification system; ICD-10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) and ICD-10-CM/PCS; similarities and differences between ICD-9-CM and ICD-10-CM; and new features and additional changes in ICD-10-CM. 9 pages (August 2017) (ICN 901044)

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

**DMEPOS Accreditation**
Learn about the accreditation requirement for DMEPOS suppliers; exempted supplies; and exempted providers and other professionals. 7 pages (June 2017) (ICN 905710)

**The DMEPOS Competitive Bidding Program – A Better Way for Medicare to Pay for Medical Equipment**
Learn about how the Competitive Bidding Program works; Competitive Bidding Program areas and product categories; and how the program benefits beneficiaries. 7 pages (April 2016) (ICN 903624)

**The DMEPOS Competitive Bidding Program Billing Procedures for Upgrades**
Learn about rules that apply when a beneficiary wants to obtain an upgrade; which DMEPOS suppliers can provide the item; how the item will be paid; beneficiary liability for upgraded items; and Advance Beneficiary Notice (ABN) requirements. 3 pages (April 2016) (ICN 900983)

**The DMEPOS Competitive Bidding Program Enteral Nutrition**
Learn about requirements for providing enteral nutrition therapy and rules for enteral nutrition payment. 3 pages (April 2016) (ICN 901005)

**DMEPOS Competitive Bidding Program Fact Sheets**
Learn about all of the Durable Medical Equipment Prosthetics Orthotics (DMEPOS) Competitive Bidding fact sheets available. 5 pages (November 2017) (ICN 909314)
The DMEPOS Competitive Bidding Program Grandfathering Requirements for Non-Contract Suppliers
Learn about grandfathered suppliers; notifications requirements under the grandfathering provisions; rules that apply to rented items; and transitioning a beneficiary from a non-contract supplier to a contract supplier. 7 pages (November 2017) (ICN 900923)

The DMEPOS Competitive Bidding Program Hospitals That Are Not Contract Suppliers
Learn about an exception to regular program rules for walkers provided by hospitals that are not contract suppliers; requirements to meet the exception; and payment rules under this exception. 3 pages (April 2016) (ICN 905463)

The DMEPOS Competitive Bidding Program Mail Order Diabetic Supplies
Learn about the requirements related to providing mail-order diabetes supplies to beneficiaries; the beneficiary’s options to purchase diabetes testing supplies; and the Anti-Switching Rule. 4 pages (April 2016) (ICN 900924)

The DMEPOS Competitive Bidding Program Non-Contract Supplier
Learn about specific program requirements for non-contract suppliers that furnish rented DME or oxygen and oxygen equipment; enteral nutrition and mail-order diabetes testing supplies; requirements for SNFs that are not contract suppliers; and program exceptions that apply to non-contract suppliers. 5 pages (April 2016) (ICN 900925)

The DMEPOS Competitive Bidding Program Physicians and Other Treating Practitioners Who Are Enrolled Medicare DMEPOS Suppliers
Learn about one exception for physicians and treating practitioners enrolled as Medicare DMEPOS Suppliers; requirements to qualify for the exception; and payment rules under this exception. 3 pages (April 2016) (ICN 900926)

The DMEPOS Competitive Bidding Program for Referral Agents
Learn about the role of a referral agent in helping beneficiaries select DMEPOS suppliers; the competitive bidding areas; and the competitive bidding items. 9 pages (April 2016) (ICN 900927)

The DMEPOS Competitive Bidding Program Repairs and Replacements
Learn about rules for repair and replacement of beneficiary-owned equipment under the DMEPOS competitive bidding program and which items and services can be provided by contract versus non-contract suppliers. 3 pages (January 2018) (ICN 905283)

The DMEPOS Competitive Bidding Program Traveling Beneficiary
Learn about rules for Medicare beneficiaries who reside in or travel to areas impacted by the DMEPOS Competitive Bidding Program including renting DME or obtaining oxygen prior to travel; how to properly bill Medicare for the item; and how Medicare will determine the payment amount. 5 pages (November 2017) (ICN 904484)

DMEPOS Information for Pharmacies
Learn about the pharmacy accreditation exemption; the accreditation requirement for a new pharmacy; and the accreditation requirement for a change of ownership. 4 pages (June 2017) (ICN 905711)

DMEPOS Quality Standards
Learn about DMEPOS quality standards for suppliers; business service requirements; product-specific service requirements; and new guidance for therapeutic shoes. 1 page (January 2018) (ICN 905709)

DID YOU KNOW?
We are interested in what you have to say! Your feedback is important in developing and improving future MLN products and services. Send your comments to MLN@cms.hhs.gov.

Visit the MLN homepage: http://go.cms.gov/mln
Evaluation and Management

**Evaluation and Management Services**
Learn about medical record documentation; evaluation and management billing and coding considerations; and the 1995 and 1997 documentation guidelines. 90 pages (August 2017) (ICN 006764)

Fraud and Abuse

**Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians**
Learn about the Federal laws that combat fraud and abuse; the “red flags” that could lead to potential liability in law enforcement and administrative actions; and three types of physician business relationships that may raise fraud and abuse concerns. 21 pages (November 2017) (ICN 905645)

**Fraud & Abuse Educational Products**
Learn about all of the Medicare Learning Network fraud and abuse training products. 4 pages (August 2017) (ICN 909306)

**Medicare Fraud & Abuse Poster**
Learn about available Medicare Learning Network fraud and abuse web-based trainings; publications; and Frequently Asked Questions. 1 page (September 2017) (ICN 909363)

**Medicare Fraud & Abuse: Prevention, Detection, and Reporting**
Learn about the fraud and abuse definitions; laws used to fight fraud and abuse; government partnerships engaged in fighting fraud and abuse; and where to report suspected fraud and abuse. 16 pages (September 2017) (ICN 006827)

Home Health

**Medicare Home Health Benefit**
Learn about qualifying for home health services; consolidated billing; therapy services; and physician billing and payment. 10 pages (February 2018) (ICN 908143)

Medicare/Medicaid

**Dual Eligible Beneficiaries Under Medicare and Medicaid**
Learn about Medicare and Medicaid Programs; dual eligible beneficiaries; and prohibited billing of Qualified Medicare Beneficiary individuals and Medicare assignment. 10 pages (May 2018) (ICN 006977)

**Medicare and Medicaid Basics**
Learn about dual eligible beneficiaries; covered services; and other common types of coverage. 10 pages (July 2017) (ICN 909330)

**Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services**
Learn about SBIRT under Medicare; SBIRT under Medicaid; and how to bill for dual eligibles. 13 pages (March 2017) (ICN 904084)

Medicare Shared Savings Program

**Summary of the June 2015 Final Rule Provisions for Accountable Care Organizations Under the Medicare Shared Savings Program**
Learn about the 2015 final rules implementing Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program; background information on how ACOs impact beneficiaries; the eligibility requirements to form an ACO; and how ACOs tie payment to improved care at lower costs. 7 pages (March 2016) (ICN 907404)
Office Management

**Advance Beneficiary Notice of Noncoverage Interactive Tutorial**
Learn about completing the Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, which allows Fee-For-Service beneficiaries to make an informed decision about whether to get the item or service that may not be covered and accept financial responsibility if Medicare does not pay. 1 page (September 2017) (ICN 909183)

**Behavioral Health Integration Services**
Learn about who can bill for behavioral health integration (BHI) services; the new BHI American Medical Association CPT codes; integrating behavioral health with primary care services; and the Psychiatric Collaborative Care Model (CoCM). 8 pages (January 2018) (ICN 909432)

**Beneficiaries in Custody Under a Penal Authority**
Learn about Medicare policy background; determining whether a Medicare beneficiary is in custody under a penal statute or rule; Medicare claims processing; exception to Medicare policy; Medicare appeals; Social Security Administration policy on beneficiaries in custody; and how Medicare receives data for incarcerated beneficiaries. 7 pages (March 2018) (ICN 908084)

**Caring for Medicare Patients is a Partnership**
Learn about Medicare coverage criteria; documentation guidelines supporting medical necessity; and helpful resources to keep you current. 4 pages (June 2016) (ICN 909340)

**Chronic Care Management (CCM) Services**
Learn about separately payable services for non-face-to-face coordinated care for Medicare beneficiaries with multiple chronic conditions; CCM Codes Physician Fee Schedule Billing Requirements; Practitioner and Patient Eligibility; and CCM Service Elements. 8 pages (December 2016) (ICN 909188)

**Chronic Care Management (CCM) Services Changes for 2017**
Learn about 2017 CCM coding changes; services included in CCM; and key improvements reducing requirements associated with initiating care. 4 pages (December 2016) (ICN 909433)

**CMS Web Wheel**
Learn about educational resources for Medicare Fee-For-Services providers; CMS initiatives; and MAC resources. 1 page (May 2018) (ICN 006212)

**How to Use the Medicare Coverage Database**
Learn about navigating the Medicare Coverage Database; searching indexes and reports; and download features. 26 pages (January 2018) (ICN 901347)

**Items and Services Not Covered Under Medicare**
Learn about the four categories of items and services not covered under Medicare and applicable exceptions (items and services that may be covered) and Advance Beneficiary Notices. 22 pages (January 2017) (ICN 906765)

**Medicare Advance Written Notices of Noncoverage**
Learn about types of, issuing, and completing advance written notices of noncoverage; prohibitions and frequency limits; collecting payment from the beneficiary; financial liability; claim reporting modifiers; and when you should not use the notice. 13 pages (September 2017) (ICN 006266)

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DID YOU KNOW?

CMS offers many ways to earn continuing education credit. Please go to [https://www.cms.gov/Outreach-and-Education/Learn/Earn-Credit/Earn-credit-page.html](https://www.cms.gov/Outreach-and-Education/Learn/Earn-Credit/Earn-credit-page.html) for options.
Medicare Basics: Commonly Used Acronyms
Learn about acronyms frequently used in Medicare publications; webpage references for certain acronyms; and creating a personalized list of the acronyms you use. 1 page (March 2017) (ICN 908999)

Medicare Billing: 837I and Form CMS-1450
Learn about Medicare institutional claims submission and coding; when Medicare will accept a hard copy claim form; and timely filing. 8 pages (April 2016) (ICN 006926)

Medicare Billing: 837P and Form CMS-1500
Learn about Medicare professional claims submission and coding; when Medicare will accept a hard copy claim form; and timely filing. 10 pages (October 2016) (ICN 006976)

The Medicare Learning Network (MLN) Learning Management System (LMS) FAQs
Learn about the MLN Learning Management System (LMS); answers to the most frequently asked questions; and step by step instructions on how to use the MLN LMS. 48 pages (May 2018) (ICN 909182)

Medicare Overpayments
Learn about definition of an overpayment; summary of the overpayment collection process; overpayment collection tools and payment options; and timeframes for the debt collection process. 6 pages (October 2017) (ICN 006379)

Medicare Parts A & B Appeals Process
Learn about Original Medicare’s (Part A and Part B) five levels of claim appeals; the option for a level three on-the-record review; and the available forms and helpful tips for filing an appeal. 18 pages (June 2017) (ICN 006562)

NPI: What You Need to Know
Learn about National Provider Identifier (NPI); National Plan and Provider Enumeration System; health care provider categories; how to apply for an NPI; and steps health care providers should take when applying for an employee’s NPI. 7 pages (December 2016) (ICN 909434)

Transition to New Medicare Numbers and Cards
Learn about new Medicare cards; new Medicare numbers, which will replace Health Insurance Claim Numbers on Medicare cards; what you need to do to get ready for the change; and where to find help. 8 pages (May 2018) (ICN 909365)

Transitional Care Management Services
Learn about Transitional Care Management (TCM) services; health care professionals who may furnish TCM services and supervision; TCM services settings, components, and billing; and frequently asked questions on billing TCM services. 8 pages (December 2016) (ICN 908628)

Payment Policy

Acute Care Hospital Inpatient Prospective Payment System
Learn about Acute Care Hospital Inpatient Prospective Payment System (IPPS) background; basis for IPPS payment, payment rates, how payment rates are set, and payment updates; and Hospital Inpatient Quality Reporting and Electronic Health Record Meaningful User Incentive Programs. 18 pages (March 2018) (ICN 006815)

Ambulance Fee Schedule
Learn about background; Medicare Part B ambulance transport benefit; ambulance providers and suppliers; Advance Beneficiary Notice of Noncoverage; and payments, how payment rates are set, and updates to the Ambulance Fee Schedule. 6 pages (December 2017) (ICN 006835)

Ambulatory Surgical Center Payment System
Learn about the definition of an Ambulatory Surgical Center (ASC); ASC payment and payment rates; updates to the ASC Payment System; and ASC Quality Reporting Program. 8 pages (December 2017) (ICN 006819)
Clinical Laboratory Fee Schedule
Learn about background; types of examination of materials; coverage of clinical laboratory services; how payment rates are set; and updates to the Clinical Laboratory Fee Schedule. 6 pages (September 2017) (ICN 006818)

Health Professional Shortage Area Physician Bonus Program
Learn about the definition of a Health Professional Shortage Area (HPSA) and the HPSA bonus payment. 4 pages (December 2017) (ICN 903196)

Home Health Prospective Payment System
Learn about Home Health Prospective Payment System (HH PPS) background; consolidated billing requirements; criteria that must be met to qualify for home health services; therapy services; elements of and updates to the HH PPS; physician billing and payment for home health services; market basket for calendar year 2018; and Home Health Quality Reporting Program. 15 pages (March 2018) (ICN 006816)

Hospice Payment System
Learn about background and coverage of hospice services; certification requirements; election periods and election statements; payments; hospice option for Medicare Advantage enrollees; and Hospice Quality Reporting Program. 12 pages (October 2017) (ICN 006817)

Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision
Learn about the Hospital-Acquired Conditions and Present on Admission Indicator Reporting provision and exempt hospitals. 6 pages (October 2017) (ICN 901046)

Hospital Outpatient Prospective Payment System
Learn about background; ambulatory payment classifications; how payment rates are set and payment rates; and Hospital Outpatient Quality Reporting Program. 11 pages (December 2017) (ICN 006820)

Hospital Value-Based Purchasing Program
Learn about the VBP Program Measures Hospital Performance; Hospital VBP Program Measures; and how the Hospital VBP Program is funded. 14 pages (September 2017) (ICN 907664)

How to Use the Searchable Medicare Physician Fee Schedule
Learn about navigating the Medicare Physician Fee Schedule; searching for payment information, pricing, Relative Value Units; and payment policies. 32 pages (September 2017) (ICN 901344)

Inpatient Psychiatric Facility Prospective Payment System
Learn about background; certifications and recertifications; how Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) payments are determined; fiscal year 2018 update to the IPF PPS; and IPF Quality Reporting Program. 15 pages (January 2018) (ICN 006839)

Inpatient Rehabilitation Facility Prospective Payment System
Learn about background; elements of the Inpatient Rehabilitation Facility (IRF) Prospective Payment System; payment updates; and IRF Quality Reporting Program. 10 pages (October 2017) (ICN 006847)

Long-Term Care Hospital Prospective Payment System
Learn about Long-Term Care Hospital (LTCH) certification; Medicare Severity Long-Term Care Diagnosis-Related Groups patient classification; site neutral payment rate, payment policy adjustments, and payment updates; and LTCH Quality Reporting Program. 21 pages (September 2017) (ICN 006956)

Medicare Physician Fee Schedule
Learn about physician services; Medicare Physician Fee Schedule payment rates; and Quality Payment Program. 4 pages (February 2017) (ICN 006814)
Medicare-Required SNF PPS Assessments
Learn about Minimum Data Set 3.0 background; assessments overview; factors affecting the assessment schedule; and assessment results reporting. 1 page (October 2017) (ICN 909067)

Medicare Secondary Payer
Learn about common situations when Medicare may pay first or second; Medicare conditional payments; the Coordination of Benefits rules; and the role of the Benefits Coordination & Recovery Center. 18 pages (June 2017) (ICN 006903)

Skilled Nursing Facility Prospective Payment System
Learn about background; elements of the Skilled Nursing Facility (SNF) Prospective Payment System; SNF Quality Reporting Program; and SNF Value-Based Purchasing Program. 11 pages (November 2016) (ICN 006821)

SNF Billing Reference
Learn about Medicare-covered SNF stays and SNF payment and billing requirements. 19 pages (May 2017) (ICN 006846)

Preventive Services

The ABCs of the Annual Wellness Visit
Learn about the minimum elements of the Health Risk Assessment; step 1 – acquire beneficiary information; step 2 – begin assessment; and step 3 – counsel beneficiary. 17 pages (April 2017) (ICN 005706)

The ABCs of the Initial Preventive Physical Examinations (IPPE)
Learn about health promotion, disease prevention and detection; step 1 – acquire beneficiary information; step 2 – begin assessment; and step 3 – counsel beneficiary. 9 pages (April 2017) (ICN 006904)

Advance Care Planning
Learn about beneficiary eligibility; provider and location eligibility; as well as diagnostic requirements. 6 pages (August 2016) (ICN 909289)

Mass Immunizers and Roster Billing
Learn about requirements for mass immunizers; roster billing; and centralized billing. 13 pages (June 2017) (ICN 907275)

Medicare Part B Immunization Billing
Learn about administration & diagnosis codes; vaccine codes & descriptors; and frequency of administration. 13 pages (January 2018) (ICN 006799)

Medicare Part D Vaccines and Vaccine Administration
Learn about the difference between Part B and Part D vaccine coverage; reimbursement; and patient access to vaccines. 7 pages (January 2018) (ICN 908764)

Medicare Preventive Services
Learn about codes; who is covered; frequency; and what the beneficiary pays. 1 page (January 2018) (ICN 006559)

Medicare Preventive Services National Educational Products
Learn about coverage; coding; and billing. 3 pages (May 2018) (ICN 909305)

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You can subscribe to the MLN Matters Electronic Mailing List. Go to http://go.cms.gov/mlnmatterslist and in the right hand column click on “Subscribe or Unsubscribe.”

You will receive email updates when we release new and revised articles.
Medicare Preventive Services Poster
Learn about coding; coverage requirements; and patient cost-sharing for each Medicare preventive service. 1 page (August 2017) (ICN 909452)

Screening Pap Tests and Pelvic Examination
Learn about coding and diagnosis; payment; and reasons for denial. 13 pages (January 2018) (ICN 909032)

Provider Compliance

Complying with Documentation Requirements for Laboratory Services
Learn about documentation requirements for Laboratory services; tips to remember for signature requirements; and ordering/referring services to help avoid errors in claims submission. 5 pages (August 2016) (ICN 909221)

Complying with Medical Record Documentation Requirements
Learn about proper medical record documentation requirements; and how to provide accurate and supportive medical record documentation. 7 pages (May 2017) (ICN 909160)

Complying with Medicare Signature Requirements
Learn about Comprehensive Error Rate Testing (CERT) Program errors related to signature requirements; and documentation needed to support a Medicare claim. 5 pages (May 2018) (ICN 905364)

HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules
Learn about who must comply with HIPAA rules; covered entities; and enforcement. 7 pages (August 2016) (ICN 909001)

Major Joint Replacement (Hip or Knee)
Learn about documenting medical necessity; billing codes; and aids to correct billing. 12 pages (May 2017) (ICN 909065)

Medical Privacy of Protected Health Information
Learn about the privacy rule; how the rule applies about the reasons for denials for bariatric surgery; how to prevent claim denials; and the different types of surgical procedures. 3 pages (February 2018) (ICN 909485)

Medicare Billing for Cardiac Device Credits
Learn about Medicare Hospital inpatient and outpatient cardiac devices; basis for reducing cardiac device payments; and hospital coding and billing requirements for cardiac device replacement. 6 pages (March 2018) (ICN 909368)

Medicare Quarterly Compliance Newsletter
Learn about how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program; and how to address and avoid the top issues of the particular quarter. 5 pages

Power Mobility Devices
Learn about background; overview; general coverage criteria; working together; provider and supplier requirements; and programs that may affect reimbursement for Power Mobility Devices. 13 pages (October 2017) (ICN 905063)

Medicare Learning Network® (MLN) Provider Compliance Products
Learn about how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program; provider-specific compliance tips; and more. 11 pages (March 2018) (ICN 909409)

Provider Compliance Tips for Ambulance Services
Learn about the reasons for denials; how to prevent claim denials; and signature requirements. 4 pages (February 2018) (ICN 909409)
Provider Compliance Tips for Bariatric Surgery
Learn about the reasons for denials for bariatric surgery; how to prevent claim denials; and the different types of surgical procedures. 3 pages (February 2018) (ICN 909485)

Provider Compliance Tips for Clinic End-Stage Renal Disease Services (Part A Non-DRG)
Learn about the reasons for denials; how to prevent claim denials; and conditions for coverage. 2 pages (February 2018) (ICN 909408)

Provider Compliance Tips for Computed Tomography (CT) Scans
Learn about the reasons for denials; how to prevent claim denials; and documentation requirements. 3 pages (February 2018) (ICN 907793)

Provider Compliance Tips for Home Health Services (Part A non DRG)
Learn about the reasons for denials; how to prevent claim denials; documentation requirements; and required elements of the plan of care. 5 pages (February 2018) (ICN 909413)

Provider Compliance Tips for Hospitals Beds and Accessories
Learn about general requirements for coverage of hospital beds; how to prevent claim denials; and documentation needed to submit a claim. 3 pages (February 2018) (ICN 909476)

Provider Compliance Tips for Immunosuppressive Drugs
Learn about the reasons for denials; how to prevent claim denials; and coverage requirements. 4 pages (February 2018) (ICN 909466)

Provider Compliance Tips for Inpatient Rehabilitation Facility (IRF) - Inpatient Rehabilitation Hospitals and Inpatient Rehabilitation Unit
Learn about improper payments rates; reasons for claims denials; and required documentation requirements for an IRF claims. 4 pages (February 2018) (ICN 909406)

Provider Compliance Tips for Laboratory Tests – Bacterial Cultures
Learn about the reasons for denials; how to prevent claim denials; and acceptable methods to communicate and order. 3 pages (February 2018) (ICN 909482)

Provider Compliance Tips for Laboratory Tests – Blood Counts
Learn about the different types of blood counts; how to prevent claim denials; and type of order needed to submit a claim. 3 pages (February 2018) (ICN 909481)

Provider Compliance Tips for Laboratory Tests – Other (Non-Medicare Fee Schedule)
Learn about reasons for denials; how to prevent claim denials; and acceptable forms for submitting orders. 3 pages (February 2018) (ICN 909407)

Provider Compliance Tips for Negative Pressure Wound Therapy
Learn about the reasons for denials; how to prevent claim denials; and documentation requirements. 3 pages (February 2018) (ICN 909484)

Provider Compliance Tips for Oral Anti-Cancer Drugs and Antiemetic Drugs Used In Conjunction
Learn about the reasons for denials; how to prevent claim denials; documentation requirements; and specific coverage criteria. 3 pages (February 2018) (ICN 909479)

Provider Compliance Tips for Ordering Hospital Outpatient Services
Learn about reasons for claim denials; how to prevent denials; and required documentation. 2 pages (February 2018) (ICN 909405)

Provider Compliance Tips for Skilled Nursing Facility (SNF) Inpatient Services
Learn about the reasons for denials; how to prevent claim denials; and documentation requirements. 3 pages (February 2018) (ICN 909414)
Provider Compliance Tips for Surgical Dressings
Learn about the reasons for denials; how to prevent claim denials; documentation requirements; and code specific requirements. 4 pages (February 2018) (ICN 909475)

Provider Compliance Tips for Walkers
Learn about reasons for claim denials; how to prevent denials; and clinical criteria for mobile assistive equipment coverage. 3 pages (February 2018) (ICN 909483)

Provider Compliance Tips for Manual Wheelchairs
Learn about the reasons for denials; how to prevent claim denials; and coverage requirements. 3 pages (February 2018) (ICN 909473)

Provider Compliance Tips for Wheelchairs Options /Accessories
Learn about the reasons for denials; how to prevent claim denials; and types of options/accessories. 5 pages (February 2018) (ICN 909477)

Provider-Specific

Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants
Learn about required qualifications; coverage criteria; billing; and payment for services furnished by advanced practice registered nurses, anesthesiologist assistants, and physician assistants. 18 pages (October 2016) (ICN 901623)

CLIA Program and Medicare Laboratory Services
Learn about overview and enrolling in the Clinical Laboratory Improvement Amendments (CLIA) program; types of laboratory certificates; CLIA Proficiency Testing and test method categorization; and Medicare laboratory services. 8 pages (August 2017) (ICN 006270)

Global Surgery
Learn about the components of a global surgery package; billing and payment rules for surgeries; and global surgical packages that are split between two or more physicians. 17 pages (August 2017) (ICN 907166)

Guidelines for Teaching Physicians, Interns, and Residents
Learn about payment for physician services in teaching settings; general documentation guidelines; evaluation and management (E/M) documentation guidelines; and exception for E/M services furnished in certain primary care centers. 12 pages (March 2018) (ICN 006347)

Home Oxygen Therapy
Learn about covered oxygen items and equipment for home use; coverage requirements; criteria you must meet to furnish oxygen items and equipment for home use; Advance Beneficiary Notice of Noncoverage; oxygen equipment, items, and services that are not covered; and payments for oxygen items and equipment and billing and coding guidelines. 38 pages (October 2017) (ICN 908804)

Independent Diagnostic Testing Facility (IDTF)
Learn about requirements for the Independent Diagnostic Testing Facility (IDTF); enrollment, billing issues, ordering of tests; place of service issues; and requirements for multi-state IDTFs, physicians, and technicians. 8 pages (August 2016) (ICN 909060)

Medicare Ambulance Transports
Learn about the ambulance transport benefit; ambulance transports; ground and air ambulance providers and suppliers, vehicles, and personnel requirements; documentation requirements; coverage, billing, and payments; and Advance Beneficiary Notice of Noncoverage. 27 pages (December 2017) (ICN 903194)
Medicare Podiatry Services: Information for Medicare Fee-For-Service Health Care Professionals
Learn about Medicare coverage of Podiatry services; conditions that might justify coverage; and foot care for patients with chronic disease. 6 pages (April 2016) (ICN 006948)

Medicare Vision Services
Learn about billing for cataract removal of intraocular lenses; glaucoma screening; and other eye-related Medicare-covered services. 7 pages (January 2017) (ICN 907165)

Quick Reference Chart: Descriptors of G-codes and Modifiers for Therapy Functional Reporting
Learn about short & long descriptors for each of the 42 non-payable functional G-codes. 7 pages (December 2017) (ICN 908924)

Provider-Supplier Enrollment

Medicare Enrollment for Institutional Providers
Learn about who are institutional providers; enrolling in the Medicare program; and Medicare resources. 14 pages (December 2017) (ICN 903783)

Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers
Learn about who are part B suppliers; enrolling in the Medicare program; and determining if you want to be a participating provider. 14 pages (December 2017) (ICN 903768)

Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe
Learn about who are eligible ordering, certifying, or prescribing providers; and how to enroll in Medicare as an eligible provider. 15 pages (March 2018) (ICN 906223)

Medicare Enrollment Resources
Learn about how to enroll in the Medicare Program; what to do if you run into problems; and where to locate enrollment forms. 1 page (December 2017) (ICN 909341)

Medicare Provider-Supplier Enrollment National Educational Products
Learn about enrollment; requirements; and resources. 3 pages (March 2018) (ICN 909304)

PECOS FAQs
Learn about information you need before you begin PECOS enrollment application issues; and revalidations. 17 pages (December 2017) (ICN 909015)

PECOS for DMEPOS Suppliers
Learn about Medicare enrollment application submission options; as well as individual and organizational DMEPOS suppliers. 14 pages (December 2017) (ICN 904283)

PECOS for Physicians and NPPs
Learn about registering in the system; obtaining an NPI; entering information; and responding to MAC requests. 12 pages (December 2017) (ICN 903764)

PECOS for Provider and Supplier Organizations
Learn about provider and supplier organizations; disregarded entities; and Medicare enrollment application submission options. 12 pages (December 2017) (ICN 903767)

PECOS Technical Assistance Contact Information
Learn about common problems and who to contact; and PECOS resources. 4 pages (December 2017) (ICN 903766)

Safeguard Your Identity and Privacy Using PECOS
Learn about keeping your enrollment information up to date; protecting your enrollment information; and privacy tips. 13 pages (December 2017) (ICN 909017)
Remittance Advice

Remittance Advice Information: An Overview
Learn about what types of remittance advice (RA) are available; what information is included in an RA; and how to view an RA. 12 pages (April 2017) (ICN 908325)

Remittance Advice Resources and FAQs
Learn about professional and institutional Remittance Advice (RA); viewing the information in an Electronic Remittance Advice (ERA); reading a professional Standard Paper Remittance (SPR); assigned and unassigned claims; and balancing a professional RA. 53 pages (December 2017) (ICN 905367)

Rural Health

Billing Information for Rural Providers and Suppliers
Learn about Medicare rural billing for Critical Access Hospitals; Federally Qualified Health Centers; Home Health Agencies; Rural Health Clinics; Skilled Nursing Facilities; and Swing Beds. 45 pages (January 2018) (ICN 006762)

Critical Access Hospital
Learn about the Critical Access Hospital (CAH) designation; CAH payments and additional Medicare payments; and grants to States under the Medicare Rural Hospital Flexibility Program. 14 pages (August 2017) (ICN 006400)

Federally Qualified Health Center
Learn about Federally Qualified Health Center background; certification; services; visit; payment; and cost reports. 10 pages (January 2018) (ICN 006397)

Medicare Disproportionate Share Hospital
Learn about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement and Modernization Act and Affordable Care Act provisions that impact Medicare DSHs; counting number of beds and patient days in hospital; and payment adjustment formulas. 7 pages (September 2017) (ICN 006741)

Rural Health Clinic
Learn about Rural Health Clinic background; services; Medicare certification; visits; payments; cost reports; and annual reconciliation. 8 pages (January 2018) (ICN 006398)

Swing Bed Services
Learn about swing bed services; requirements that apply to hospitals and Critical Access Hospitals; and payments. 6 pages (November 2017) (ICN 006951)

Telehealth Services
Learn about originating sites; distant site practitioners; telehealth services; and billing and payment for professional services furnished via telehealth; and the originating site facility fee. 11 pages (February 2018) (ICN 901705)

Multimedia

Podcasts

Caring for Medicare Patients Is a Partnership
Learn about Medicare coverage criteria; documentation guidelines supporting medical necessity; and helpful resources to keep you current. 7 minutes (September 2017) (ICN 909340P)
Complying with Documentation Requirements for Laboratory Services
Learn about documentation requirements for Laboratory Services; tips to remember for signature requirements; and ordering/referring services to help avoid errors in claim submission. 7 minutes (January 2017) (ICN 909221P)

Videos

CMS Provider Minute
This is a series of Medicare Compliance Videos for Medicare providers to improve in areas identified with a high degree of noncompliance in various Medicare policies.

Infection Control: Hand Hygiene
Learn about when to wash your hands; the technique to wash visibly dirty hands; and the technique to wash non-visibly dirty hands. (June 2017) Run Time: 1 minutes and 58 seconds

Medicare Basics Parts A and B Appeals Overview
Learn about Medicare's Parts A and B five levels of claim appeals; the new level three, on-the-record review; and helpful tips for filing an appeal. (August 2017) Run Time: 6 minutes

Medicare Basics: Parts A and B Claims Overview
Learn about Medicare Parts A and B claims; what you need to know before filing a claim; and how to submit a claim. (November 2016) (ICN 909224) Run Time: 3 Minutes 45 Seconds

EVENTS & TRAINING

Calls & Webcasts
These presentations by CMS experts cover changes to the Medicare program and include question and answer sessions. Events are free but registration is required. Search for upcoming events at https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html.

Web-Based Training
Access Web-Based Training courses through the MLN Web-Based Training page.

★ Continuing Education Credits are available for these courses.

2018 Medicare Part C and Part D Reporting Requirements and Data Validation ★
Learn about planning, performing, and completing data validation activities. 90 minutes (March 2018)

Acute Care and the IPPS ★
Learn about coverage and payment under the IPPS; and inpatient hospital coverage; billing and payment for beneficiaries enrolled in Original Medicare. 70 minutes (February 2017)

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians ★
Learn about Federal laws that combat fraud and abuse; the “red flags” that could lead to potential liability in law enforcement and administrative actions; three types of physician business relationships that may raise fraud and abuse concerns; and where to find help with fraud and abuse concerns. 45 minutes (November 2017)

DID YOU KNOW?
MLN videos help you properly submit claims the first time so you can receive the correct payment. View the complete list at https://www.youtube.com/playlist?list=PLaV7mzFKpigb1UvmCh1Q2cBK11SGk-V.
Catching Everyone in America’s Safety Net: Collecting Data on Sexual Orientation (SO) and Gender Identity (GI) in Health Care Settings ★

Learn about the basic terminology for lesbian, gay, bisexual and transgender people; why it is important to ask people about their sexual orientation and gender identity in clinical settings; LGBT health needs and disparities; and why SOGI data should be collected now. It includes different ways to collect SOGI data in the clinical setting and recommends different ways to start implementing sexual orientation and gender identity questions into work flows with and without electronic health records. 60 minutes (February 2017)

Certificate of Medical Necessity (CMN) ★

Learn about the Certificate of Medical Necessity (CMN); Information on submission; maintenance of documentation; and verification of a CMN. 60 minutes (December 2015)

Combating Medicare Parts C and D Fraud, Waste, and Abuse

Learn about major laws and regulations pertaining to fraud, waste, and abuse; how to recognize fraud, waste, and abuse; potential consequences and penalties associated with fraud, waste, and abuse violations; and preventing, reporting and correcting fraud, waste, and abuse. 30 minutes (January 2018)

Diagnosis Coding: Using the ICD-10-CM

Learn about International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) coding tips, information, and resources; ICD-10-CM structure, format, and features; and how to find correct ICD-10-CM codes. 60 minutes (February 2017)

Drug Diversion: Schemes, Auditing, and Referrals

Learn about common types of drug diversion activities, drug classes that are the targets of drug diversion, common drug diversion behaviors to look for in pharmacy practices, and actions that can be taken to prevent drug diversion activity. 45 minutes (December 2015)

Evaluation and Management Services ★

Learn about medical record documentation; evaluation and management billing and coding considerations; and the 1995 and 1997 documentation guidelines. 45 minutes (April 2017)

Infection Control: Environmental Safety ★

Learn about proper cleaning practices in health care facilities; categories of environmental surfaces; and turnover cleaning versus terminal cleaning. 60 minutes (July 2015)

Infection Control: Hand Hygiene

Learn about hand hygiene in patient care zones and nearby administrative areas; appropriate methods for maintaining good hand hygiene; and how to recognize opportunities for hand hygiene in a health care setting. 60 minutes (January 2016)

Infection Control: Injection Safety ★

Learn about proper injection practices in health care facilities; safe injection practices; and single-dose/single-use versus multi-dose medication. 60 minutes (March 2016)

Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT ★

Learn about the basic elements of the Comprehensive Error Rate Testing (CERT) Program and Inpatient Rehabilitation Facility (IRF) services; and documentation requirements for IRF services. 60 minutes (July 2016)

Medicare Billing: 837I and Form CMS-1450 ★

Learn about billing in institutional settings; how to recognize institutional provider Medicare claim requirements; how to identify essential aspects of paper and electronic claims submission; and how to identify Medicare claims processing actions. 90 minutes (January 2017)

Medicare Billing: 837P and Form CMS-1500 ★

Learn about professional Medicare claims requirements; the essential aspects of paper and electronic claims submission; and Medicare claims processing actions. 90 minutes (August 2015)
Medicare Fraud & Abuse: Prevention, Detection, and Reporting ★
Learn about the fraud and abuse definitions; laws used to fight fraud and abuse; government partnerships engaged in fighting fraud and abuse; and where to report suspected fraud and abuse. 80 minutes (March 2017)

Medicare Home Health Benefit ★
Learn about qualifying for home health services; consolidated billing; therapy services and physician billing and payment. 30 minutes (February 2018)

Medicare Parts C and D General Compliance Training
Learn about Medicare Parts C and D compliance; how compliance programs operate; and reporting compliance program violations. 20 minutes (January 2018)

Medicare Secondary Payer Provisions ★
Learn about common situations when Medicare may pay first or second; when Medicare may make conditional payments; the Ongoing Responsibility for Medicals (ORMs) provision; and the role of the Benefits Coordination & Recovery Center. 66 minutes (June 2017)

Part C Organization Determinations, Appeals and Grievances ★
Learn about Medicare Part C Appeals; basic definitions of terms related to Part C organization determinations, appeals & grievances; requirements for organization determinations; and common problems encountered by plans. 60 minutes (January 2018)

Part D Coverage Determination, Appeals & Grievances ★
Learn about Medicare Part D Appeals; basic definitions of terms related to Part D coverage determinations, appeals & grievances; and requirements for appeals, effectuation and grievances. 60 minutes (January 2018)

SNF Consolidated Billing ★
Learn about SNF coverage and payment guidelines; bundled prospective payments; and services that are excluded from SNF CB. 60 minutes (April 2018)

Using the Million Hearts® Model Data Registry in Practice for Control Group Participants
Learn about an interactive training for Model Million Hearts® Model (MHM) Control Group participants providing details on how to navigate and use the MHM Data Registry to support the model and fulfill participation requirements. NOTE: If you did not participate in this live training, please do not take this assessment. 60 minutes (November 2016)

World of Medicare ★
Learn about the fundamentals of the Medicare Program; Parts A, B, C, and D; beneficiary health insurance options; eligibility and enrollment; and how Medigap and Medicaid work with the Medicare Program. 60 minutes (January 2018)

Your Institution in the World of Medicare ★
Learn about different parts of the Medicare Program; beneficiary health insurance options; eligibility and enrollment; and how Medigap and Medicaid work with the Medicare Program. 90 minutes (January 2018)

Your Office in the World of Medicare ★
Learn about the impact of regulations, Medicare policies and Federal law on office practices; locate forms and resources related to different provider types. 92 minutes (January 2018)

DID YOU KNOW?
Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. Refer to Timely Reporting of Provider Enrollment Information Changes MLN Matters® Article for more information.
Continuing Education Information


CMS Continuing Education (CE)

CMS is accredited to provide the following credit:

- Continuing Education Units (CEU) - International Association for Continuing Education and Training [https://www.iacet.org/](https://www.iacet.org/)
- Continuing Medical Education (CME) - Accreditation Council for Continuing Medical Education [http://www.accme.org/](http://www.accme.org/)

WBT Courses

- List of WBTs [http://go.cms.gov/mln-wbts-credit](http://go.cms.gov/mln-wbts-credit) with CE credit details

American Board of Medical Specialties (ABMS) MOC Part II CME

- Check WBT details for approved boards
- Additional activities can be accessed through the ABMS Continuing Certification Directory [https://www.continuingcertification.org/](https://www.continuingcertification.org/)

Association Credit

Prior to beginning any WBT, check with your association [http://go.cms.gov/mln-ce-associations](http://go.cms.gov/mln-ce-associations) to see if they will accept the certificate.


Find additional CMS training with CE credit [http://go.cms.gov/mln-earn-credit](http://go.cms.gov/mln-earn-credit).
NEWS & UPDATES

MLN Connects Newsletter

This is our weekly email newsletter for health care professionals. We compile news from across the Agency into your single source for:

- CMS program and policy details
- Updates and announcements
- Press releases
- Upcoming events
- Claim, pricer, and code information
- New and revised MLN publications

Access past editions or subscribe.

Electronic Mailing Lists

MLN Educational Products Update
Find out when we release new and revised MLN Educational Products.

MLN Matters Articles Update
Find out when we release new and revised MLN Matters Articles.

Social Media

Connect with us on Twitter at #CMSMLN, LinkedIn, and YouTube.
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