

This issue of the e-News will be made available in PDF format no later than 24 hours after its release, and can be found in the [archive](#) with other past issues.



CMS Medicare FFS Provider e-News

CMS Information for the Medicare Fee-For-Service Provider Community

CMS asks that you share the following important information with all of your association members and state and local chapters. Thank you!

Robin Fritter, Director
Division of Provider
Relations & Outreach
Provider Communications
Group
Center for Medicare
Centers for Medicare &
Medicaid Services

robin.fritter@cms.hhs.gov
410-786-7485

The e-News for the week of Tue Jan 17 includes...

NATIONAL PROVIDER CALLS

- Wed Jan 25 – [National Provider Call: Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions – Register Now](#)
- [Video Slideshow Presentations from ICD-10 National Provider Calls Available on CMS YouTube Channel](#)
- [Video Slideshow Presentation from Thu Nov 3 “Skilled Nursing Facility PPS MDS 3.0 and RUG-IV Policies and Clarifications” National Provider Call Available on CMS YouTube Channel](#)

ANNOUNCEMENTS AND REMINDERS

- [January is National Glaucoma Awareness Month](#)
- [Upcoming Dates for the Medicare EHR Incentive Program and Information on the Payment Threshold for Eligible Professionals](#)
- [New Webcast for Round 2 and National Mail-Order Bidders Now Available](#)
- [Flu Season is Here! Get the Flu Vaccine – Not the Flu](#)

CODE, PRICER, AND CLAIMS UPDATES

- [Clarification Concerning HIPAA 5010 and NCPDP D.0 Cut-Over and Impacts on Crossover Claims](#)
- [Information for Outpatient Prospective Payment System Providers Regarding the Billing of CPT Code 33249](#)
- [Skilled Nursing Facility FY2012 PC Pricer Revised](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Health Professional Shortage Area Bonus Payment Policy Reminders” MLN Matters Article Released](#)
- [New “Medicare Coverage of Radiology and Other Diagnostic Services” Fact Sheet Released](#)
- [New Fast Fact on MLN Provider Compliance Webpage](#)
- [“Acute Care Hospital Inpatient Prospective Payment System” Fact Sheet Revised](#)
- [“Items and Services That Are Not Covered Under the Medicare Program” Booklet and “Medicare Claim Submission Guidelines” Fact Sheet Now Available in Hardcopy](#)

National Provider Call: Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions – Register Now [[↑](#)]

Wed Jan 25; 2-3:30pm ET

CMS will host a special National Provider Call regarding the Medicare FFS implementation of HIPAA Version 5010 and D.0 transaction standards.

Target Audience: Vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with HIPAA Version 5010 requirements.

Agenda (there will be no slide presentation for this call):

- HIPAA Version 5010 implementation update
- Question & answer session

If you would like to submit a question related to this topic in advance of, during, or following the call, please email your inquiry to the 5010 FFS Information resource mailbox at 5010FFSinfo@CMS.hhs.gov. Note that this resource box will only accept emails the day before, the day of, and the day after this call; your emailed questions will be answered as soon as possible, and may not be answered during the call.

Registration Information: In order to receive the call-in information, you must register for the call. *Registration will close at 12pm on the day of the call* or when available space has been filled; no exceptions will be made, so please register early. For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

- Additional material related to HIPAA Version 5010 in today’s e-News... [[next](#)]

Video Slideshow Presentations from ICD-10 National Provider Calls Available on CMS YouTube Channel [[↑](#)]

Is your organization preparing for a smooth transition to ICD-10 on Tue Oct 1, 2013? ICD-10 National Provider Calls, hosted by the CMS Provider Communications Group, can help you prepare for the US healthcare industry's change from ICD-9 to ICD-10 for diagnosis and inpatient procedure coding.

Video slideshow presentations from the following National Provider Calls are available on the [CMS YouTube Channel](#). These video slideshows include the call slide presentation and audio with captions; each call includes presentations by CMS subject matter experts, followed by a question and answer session.

- [ICD-10 Implementation Strategies and Planning](#) – Thu Nov 17, 2011
The ICD-9-CM and ICD-10 Cooperating Parties – CMS, the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), and the Centers for Disease Control and Prevention (CDC) – discuss ICD-10 implementation strategies and planning, and the CMS Provider Billing Group discuss the Medicare FFS claims processing guidance issued in August 2011.
- [ICD-10 Implementation Strategies for Physicians](#) – Wed Aug 3, 2011
CMS subject matter experts discuss how physician offices can prepare for the change to ICD-10 for medical diagnosis and inpatient procedure coding and provide updates on national ICD-10 implementation issues affecting all providers.
- [CMS ICD-10 Conversion Activities](#) – Wed May 18, 2011
CMS subject matter experts discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the Coverage and Analysis Group on their transition to ICD-10 for the lab national coverage determinations (NCDs).

Podcasts, complete audio files, and complete written transcripts for these ICD-10 National Provider Calls are also available on the CMS ICD-10 webpage at <http://www.CMS.gov/ICD10/Tel10/list.asp>.

Available 24/7, YouTube video presentations and podcasts make learning about the ICD-10 transition easy and convenient. Check them out today.

Video Slideshow Presentation from Thu Nov 3 “Skilled Nursing Facility PPS MDS 3.0 and RUG-IV Policies and Clarifications” National Provider Call Available on CMS YouTube Channel [[↑](#)]

CMS has posted a video slideshow presentation from the Thu Nov 3 National Provider Call on the “[Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) Minimum Data Set \(MDS\) 3.0 and Resource Utilization Group-Version 4 \(RUG-IV\) Policies and Clarifications](#)” to the [CMS YouTube Channel](#).

During this National Provider Call, CMS subject matter experts provided an overview of the policies, along with clarifications on the SNF PPS FY2012 policies related to the MDS 3.0. The agenda included:

- Allocation of Group Therapy
- Changes to the MDS Assessment Schedule
- End of Therapy (EOT) Other Medicare Required Assessment (OMRA) Clarifications
- End Of Therapy with Resumption (EOT-R)
- Change of Therapy (COT) OMRA
- Question and answer session

For more information on SNF PPS and other available educational resources, please visit the [SNF PPS FY2012 RUG-IV Education & Training webpage](#).

- Additional material related to Skilled Nursing Facilities in today's e-News... [\[next\]](#)

January is National Glaucoma Awareness Month [\[↑\]](#)

With January designated as National Glaucoma Awareness Month, we ask you to join CMS in promoting increased awareness of glaucoma and the glaucoma screening service covered by Medicare. Today, more than 2.2 million Americans age 40 and older have open angle glaucoma, the most common form of glaucoma, and at least half don't even know they have it. Through early detection and treatment, we can help prevent blindness.

Medicare provides coverage of an annual glaucoma screening for beneficiaries in at least one of the following high-risk groups:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and older
- Hispanic-Americans age 65 and older

Medicare's coverage of glaucoma screening includes a dilated eye examination with an intraocular pressure (IOP) measurement and a direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination.

What Can You Do?

As a healthcare professional who provides care to seniors and others with Medicare, you can help protect the vision of your patients who may be at high-risk for glaucoma by educating them about their risk factors and reminding them of the importance of getting an annual glaucoma screening exam covered by Medicare.

For More Information:

- [The CMS Glaucoma Screening Brochure](#)
- [The CMS Guide to Medicare Preventive Services](#) (see Chapter 7)
- [The MLN Preventive Services Educational Products Webpage](#)
- [The National Eye Institute](#)

Thank you for joining CMS in promoting increased awareness of glaucoma and the glaucoma screening benefit covered by Medicare.

- Additional material related to Preventive Health Services in today's e-News... [\[next\]](#)

Upcoming Dates for the Medicare EHR Incentive Program and Information on the Payment Threshold for Eligible Professionals [\[↑\]](#)

As 2012 begins, CMS wants to remind eligible professionals (EPs) participating in the Medicare Electronic Health Record (EHR) Incentive Program of important deadlines approaching and what can still be completed in 2012 in order to receive an incentive payment for CY2011.

Important Medicare EHR Incentive Program Dates

On Sat Dec 31, 2011, the reporting year ended for EPs who participated in the Medicare EHR Incentive Program in 2011. What does this mean? For participating EPs, they must have completed their 90-day reporting period by the end of 2011.

However, EPs have until Wed Feb 29 to actually register and attest to meeting meaningful use to receive an incentive payment for CY2011 through the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#).

Payment Threshold Information

Wed Feb 29 is also the deadline for EPs to submit any pending Medicare Part B claims from CY2011, as CMS allows 60 days after Sat Dec 31 for all pending claims to be processed. This means that EPs have 60 days in 2012 to submit claims for allowed charges incurred in 2011.

Medicare EHR incentive payments to EPs are based on 75% of the Part B allowed charges for covered professional services furnished by the EP during the entire payment year. If the EP did not meet the \$24,000 threshold in Part B allowed charges by the end of CY2011, CMS expects to issue an incentive payment for the EP in April 2012 for 75% of the EP's Part B charges from 2011.

Note for Medicaid Participants: Medicaid incentives will be paid by the states, but the timing will vary according to state. Please contact your State Medicaid Agency for more details about payment.

Want more information about the EHR Incentive Programs? Visit the [EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.

New Webcast for Round 2 and National Mail-Order Bidders Now Available [\[↑\]](#)

A new educational webcast for the Round 2 and national mail-order competitions of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program is now available on the Competitive Bidding Implementation Contractor (CBIC) website at

www.DMECompetitiveBid.com. This webcast, titled “Program Rules,” explains important rules detailed in the *Request for Bids (RFB) Instructions* that you should understand before you prepare your bids. The webcast also provides resources to assist you with bidding.

This webcast is available on demand to view at your convenience – 24 hours a day, seven days a week. There is no charge to view the webcast, and a transcript is also posted on the website. To view the webcast, please visit the [CBIC website](#), select *Bidding Suppliers: Round 2 & National Mail-Order*, and choose [Education Events](#).

We will be issuing more webcasts later in the bidder education program. The upcoming webcasts will address topics such as financial documentation requirements, how bids are evaluated, and how to submit a bid in the online bidding system, DBidS. As each webcast is posted, we will announce its availability with an email update. If you have not already done so, please register on the [CBIC website](#) to receive these announcements and other updates about the competitive bidding program.

If you have any questions or need assistance, please contact the CBIC customer service center toll-free at 877-577-5331 from 9am to 9pm (prevailing Eastern Time), Monday through Friday, throughout the registration and bidding periods.

Flu Season is Here! Get the Flu Vaccine – Not the Flu [\[↑\]](#)

While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Healthcare workers, who may spread the flu to high-risk patients, should get vaccinated too. Don’t forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself.

Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and <http://www.CMS.gov/immunizations>.

- Additional material related to Preventive Health Services in today’s e-News... [\[previous\]](#)

Clarification Concerning HIPAA 5010 and NCPDP D.0 Cut-Over and Impacts on Crossover Claims [\[↑\]](#)

On Mon Dec 5, 2011, CMS issued a Special Edition MLN Matters Article (SE1137) entitled “Additional *Health Insurance Portability and Accountability Act (HIPAA)* 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement (COBA) National Crossover Process.” CMS issued this guidance for the benefit of physicians/practitioners, providers, and suppliers to help them understand why they were seeing greater instances of Medicare correspondence letters that made reference to error N22226 as the basis for why their patients’ claims could not be crossed over.

CMS has since learned that concern exists in the provider community concerning whether billing of hardcopy CMS 1500 or UB04 claims or *HIPAA* version 4010A1 or National Council for Prescription Drug Programs (NCPDP) version 5.1 batch claims will result in Medicare being unable to cross those claims over to COBA supplemental payers that have cut-over to exclusive receipt of crossover claims in the version 5010 837 claim formats or NCPDP D.0 batch claim formats. This is not true.

During the 90-day Version 5010 non-enforcement period (Sun Jan 1 through Sat Mar 31, 2012), Medicare will have the systematic capability to perform up- or down-version conversion of incoming claim formats (ie. convert incoming hardcopy formats to *HIPAA* equivalent claim formats and convert incoming version 4010A1 claim formats to 5010 formats and vice-a-versa), in accordance with external supplemental payer specifications concerning production claims format. *This practice will discontinue, however, at the conclusion of the 90-day non-enforcement period, with the exception below.* (This action is controlled by information that the Common Working File receives concerning individual supplemental payers’ ability to accept *HIPAA* 5010 or NCPDP D.0 claim formats in “production” mode.)

Note that physicians/practitioners, providers, and suppliers that have authorization under the *Administrative Simplification Compliance Act (ASCA)* to submit claims using a hardcopy format should know that Medicare has the systematic capability to convert keyed claims into outbound-compliant *HIPAA* 837 claim formats for crossover claim transmission purposes. This is true at all times, not just during the 90-day non-enforcement period.

➤ Additional material related to *HIPAA* Version 5010 in today’s e-News... [\[previous\]](#)

Information for Outpatient Prospective Payment System Providers Regarding the Billing of CPT Code 33249 [\[↑\]](#)

CMS has identified that an update to the Integrated Outpatient Code Editor (I/OCE) is necessary to allow payment for CPT code 33249. CMS has provided direction to Medicare claims administration contractors to hold Outpatient Prospective Payment System (OPPS) claims containing CPT code 33249, effective Sun Jan 1, 2012, until the I/OCE is updated with this payment information. The held claims should be released on or about Mon Feb 6.

Skilled Nursing Facility FY2012 PC Pricer Revised [\[↑\]](#)

The Skilled Nursing Facility (SNF) FY2012 PC Pricer has been revised to correct an intermittent problem, and has been updated on the CMS website. If you use

the FY2012 SNF PC Pricer, please visit http://www.CMS.gov/PCPricer/04_SNF.asp and download the revised file.

- Additional material related to Skilled Nursing Facilities in today's e-News... [\[previous\]](#)

From the MLN: “Health Professional Shortage Area Bonus Payment Policy Reminders” MLN Matters Article Released [\[↑\]](#)

A new [MLN Matters® Special Edition Article #SE1202](#), “Health Professional Shortage Area (HPSA) Bonus Payment Policy Reminders,” has been released in downloadable format. This article is designed to provide education on the HPSA Bonus Payment Program, and provides information about the program and resources that providers can use to determine whether they are eligible to receive the bonus payment.

From the MLN: New “Medicare Coverage of Radiology and Other Diagnostic Services” Fact Sheet Released [\[↑\]](#)

A new “[Medicare Coverage of Radiology and Other Diagnostic Services](#)” fact sheet (ICN 907164) has been released in downloadable format. This fact sheet is designed to provide education on Medicare coverage and billing information for radiology and other diagnostic services, and includes specific information concerning billing and coding requirements and an overview of coverage guidelines.

From the MLN: New Fast Fact on MLN Provider Compliance Webpage [\[↑\]](#)

A new fast fact is now available on the [MLN Provider Compliance](#) webpage. This page provides the latest educational products designed to help Medicare Fee-For-Service providers understand – and avoid – common billing errors and other improper activities. Please bookmark this page and check back often as a new fast fact is added each month!

From the MLN: “Acute Care Hospital Inpatient Prospective Payment System” Fact Sheet Revised [\[↑\]](#)

The “[Acute Care Hospital Inpatient Prospective Payment System](#)” fact sheet (ICN 006815) has been revised and is available in downloadable format. This fact sheet includes information on payment background, the basis for the Acute Care Hospital Inpatient Prospective Payment System payment, payment rates, and how payment rates are set.

From the MLN: “Items and Services That Are Not Covered Under the Medicare Program” Booklet and “Medicare Claim Submission Guidelines” Fact Sheet

Now Available in Hardcopy [[↑](#)]

The “Items and Services That Are Not Covered Under the Medicare Program” booklet (ICN 906765), available now in hardcopy, includes information about the four categories of items and services that are not covered under the Medicare program and applicable exceptions to exclusions and the Advance Beneficiary Notice of Noncoverage.

The “Medicare Claim Submission Guidelines” fact sheet (ICN 906764), available now in hardcopy as well, includes information about applying for a National Provider Identifier and enrolling in the Medicare program, filing Medicare claims, and private contracts with Medicare beneficiaries.

To access a new or revised product available for order in hardcopy format, visit <http://www.CMS.gov/MLNProducts> and click on “MLN Product Ordering Page” under “Related Links Inside CMS” at the bottom of the page.

Check out CMS on



[Twitter](#), [LinkedIn](#), [YouTube](#), and [Flickr](#)!

More Helpful Links...

The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive