CMS Medicare FFS Provider e-News

Brought to you by the Medicare Learning Network®

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

This issue of the e-News will be available in PDF format within 24 hours of its release in the archive with other past issues.

Colleagues—

Away from your desk? Follow e-News content on Twitter and search #CMSMLN or #CMSNPC. Remain up-to-date on Medicare rules & regulations, MLN products, notices of upcoming National Provider Calls, new web postings, and more.

Enjoy your day,
— Robin

The e-News for Wednesday, August 15, 2012

Calls, Meetings, and Events

- Special Open Door Forum Series: IRF Quality Reporting Program
- August 16 Special Open Door Forum for Long-Term Care Hospital Providers – Rescheduled for August 30

Announcements and Reminders

- Major Improvements to the Internet-based PECOS System
- Have You Tried the CMS Medicare Physician Fee Schedule Search Tool?
- CMS to Release a Comparative Billing Report on Podiatry Services — Target Release September 13
- Summary of Findings from 2011 ESRD Monitoring Now Available
- IRF-PAI Validation Utility Tool Now Available
- Get Ready for DMEPOS Competitive Bidding

Claims, Pricer, and Code Updates

- HIPAA 5010 837 Professional Crossover Claims Issue Tied to Edits H10658 and H20658

MLN EDUCATIONAL PRODUCTS UPDATE

- "Quick Reference Information: Medicare Immunization Billing" Educational Tool — Revised
- "Medicaid Program Integrity: Safeguarding Your Medical Identity" Educational Products — Released
- Addition of Digital Document Repository to Provider Enrollment Chain and Ownership System (PECOS)" MLN Matters® Article — Released
- "Important Update Regarding 5010/D.0 Implementation – Action Needed Now" MLN Matters® Article — Reminder
- New MLN Provider Compliance Fast Fact
- Be Part of the MLN Creative Process — Volunteer Now

Special Open Door Forum Series: IRF Quality Reporting Program [↑]
Thursday, August 16; 1-2:30pm ET

Please join us for the second in the 4-part series of Inpatient Rehabilitation Facility (IRF) Quality Reporting Program Special Open Door Forums. The purpose of these Open Door Forums will be to address issues related to the upcoming implementation of the IRF Quality Reporting Program.

We will present various topic and guest speakers each month. We will hold a question and answer session at the end of each Open Door Forum. Please let us know about topics that you would like us address at these Open Door Forums. Please e-mail your ideas to: IRF.questions@CMS.hhs.gov.

Additional IRF Special Open Door Forums will be held on the following dates and times:

- Thursday, September 20; 1-2:30pm ET
- Thursday, October 18; 1-2:30pm ET

Special Open Door Participation Instructions:

- Dial: 800-837-1935 & Conference ID: 20492286
- Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website and will be accessible for downloading.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit the Open Door Forum website.

August 16 Special Open Door Forum for Long-Term Care Hospital Providers – Rescheduled for August 30 [↑]

The Special Open Door Forum for Long-Term Care Hospital (LTCH) Providers, originally scheduled for Thursday, August 16, from 2:30-4pm has been rescheduled and will take place instead, on August 30, from 2-3:30pm ET.

This Special ODF will provide information related to the data coding of the LTCH CARE Data Set. To best prepare, we highly recommend that you review the

LTCH Quality Reporting Manual Version 1.1 found on the LTCH Quality Reporting web page. Please continue to check the LTCH Quality Reporting web page for further details and agenda items related to the August 30 Special Open Door Forum for LTCHs.

Major Improvements to the Internet-based PECOS System [↑]

Over the last year, we have listened to your feedback about Internet-based PECOS. CMS has made improvements to increase access to more information. PECOS is easier to use than ever with the following upgrades that are now available:

- Providers/suppliers can now submit their entire enrollment application including supporting documentation electronically with the new digital document feature. Providers/suppliers are no longer required to physically mail copies of their supporting documentation to the Medicare Administrative Contractors (MACs). Please refer to the "Digital Documents Repository How to Guide" on the CMS website.
- Individual providers that reassign benefits to Individuals/Organizations with multiple practice locations will be able to designate a primary and secondary practice location where services are rendered. Selecting a primary and secondary practice location does not restrict the provider from providing services at other practice locations associated with the Individual/Organization to which they are reassigning benefits. It is recommended that a primary and secondary practice location be specified, but it is not required.
- Providers/suppliers will now be able to enter multiple contact persons in the Contact Information section and will have the ability to identify the contact's relationship to the Provider/Supplier. While Internet-based PECOS requires at least one contact person to be entered in this section, additional contacts and the relationship to the provider field are optional.
- At least one managing employee will now be required when submitting a CMS 855A, CMS 855B and CMS 855S enrollment application. Applications that do not include at least one managing employee will receive an error message in Internet-based PECOS under the Error/Warning Check tab and will not be able to proceed with submitting the enrollment application. Internet-based PECOS will also recommend that at least one owner is entered for a CMS 855A, CMS 855B and CMS 855S application. Applications that do not include at least one owner will receive a warning message under the Error/Warning Check tab in Internet-based PECOS. This warning message will not prevent the user from submitting the enrollment application.
- Providers/suppliers will now have the option to select "County" in the "Geographic Location" topic when identifying the Geographic Location where services are rendered for CMS 855A and CMS 855B enrollment applications. Prior to this feature the only available options were State, City, or Zip Code. When selected, Internet-based PECOS will populate the county field with all counties that exist within the enrollment state identified for the application.
- The CMS 855O paper application, used to enroll in Medicare solely to order and refer services, has been redesigned and those changes are reflected in Internet-based PECOS. As a reminder, providers that are currently enrolled in Medicare and are of a specialty that is eligible to order and refer already have the ability to order and refer services and therefore are not required to submit a separate CMS 855O enrollment application solely to order and refer services.

To access internet-based PECOS, go to the PECOS website.

Have You Tried the CMS Medicare Physician Fee Schedule Search Tool? [↑]

Did you know the CMS website has a searchable look-up tool that provides Medicare Physician Fee Schedule (MPFS) payment information for physician and non-physician practitioner services?

The easy to use MPFS Search Tool allows you to:

- Search payment amounts, relative value units (RVUs), various payment policy indicators, and geographic practice cost indexes (GPCIs) for a single procedure code, a range of procedure codes, or a list of procedure codes.
- Find the national payment amount, the payment amount for a specific Carrier/Medicare Administrative Contractor (MAC), or the payment amount in a specific locality.

Updated at least quarterly, the look-up tool currently provides information on more than 10,000 physician and non-physician practitioner services. The information available includes payment rates, RVUs, and various payment policy indicators (i.e., covered, bundled, multiple procedure payment reduction percentage, payment of assistant-at-surgery, diagnostic procedure supervision, etc.).

To start your search, go to the Medicare Physician Fee Schedule Search Tool. To learn more about the MPFS Search Tool, read the MLN® booklet, How to Use the Searchable Medicare Physician Fee Schedule.

CMS to Release a Comparative Billing Report on Podiatry Services — Target Release September 13 [↑]

On September 13, CMS will release a national provider Comparative Billing Report (CBR) addressing Podiatry Services.

CBRs produced by SafeGuard Services under contract with CMS, contain actual data-driven tables and graphs with an explanation of findings that compare provider's billing and payment patterns to those of their peers located in the state and across the nation.

These reports are not available to anyone except the providers who receive them. To ensure privacy, CMS presents only summary billing information. No patient or case-specific data is included. These reports are an example of a tool that helps providers better understand applicable Medicare billing rules and improve the level of care they furnish to their Medicare patients. CMS has received feedback from a number of providers that this kind of data is very helpful to them and encouraged us to produce more CBRs and make them available to providers.

For more information and to review a sample of the Podiatry Services CBR, please visit the CBR Services website, or call the SafeGuard Services' Provider Help Desk, CBR Support Team at 530-896-7080.

Summary of Findings from 2011 ESRD Monitoring Now Available [↑]

On August 14, CMS displayed a "Summary of Findings" from the 2011 End Stage Renal Disease (ESRD) Monitoring on the CMS website. The report is entitled "ESRD Prospective Payment System (ESRD PPS) Overview of 2011 Claims based Monitoring" and may be viewed on the ESRD Payment Spotlight web page.

Throughout 2011, CMS monitored usage rates of ESRD-related drugs, biologicals, and related procedures and tracked specific health outcomes of ESRD Medicare beneficiaries. The report findings demonstrate that, while the ESRD PPS impacted utilization of certain ESRD-related services and procedures, no sustained changes in beneficiary health status were observed in 2011.

IRF-PAI Validation Utility Tool Now Available [↑]

The Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Validation Utility Tool (VUT) is now available on the QTSO Vendor site. The VUT is a software utility that can be used to validate IRF-PAI submission files in XML format. The VUT attempts to enforce the edits that are mapped to the IRF-PAI items, as published in the IRF-PAI Data Specifications. The initial VUT release incorporates the V1.10 Specifications. A Readme file which provides installation instructions is also available.

Get Ready for DMEPOS Competitive Bidding [↑]

The Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Round 1 Recompete is coming soon.

Summer 2012:

- CMS announces bidding schedule
- CMS begins bidder education program
- Bidder registration period to obtain user ID and password begins

Fall 2012:

- Bidding begins

If you are a supplier interested in bidding, prepare now – don't wait.

- *Update Your Contact Information:* The following contact information in your enrollment file at the National Supplier Clearinghouse (NSC) must be up-to-date before you register to bid. If your file is not current, you may experience delays and/or be unable to register and bid. If you want to bid, you will need to register even if you registered for a previous round. DMEPOS suppliers should review and update:
  - The name, Social Security number, and date of birth for all authorized official(s) (if you have only one authorized official listed on your enrollment file, consider adding one or more authorized officials to help with registration and bidding); and
  - The correspondence address.

DMEPOS suppliers can update their enrollment file via the internet-based Provider Enrollment, Chain and Ownership System (PECOS) or by using the July 11, 2011 version of the CMS-855S enrollment form. Suppliers not currently using PECOS can learn more about this system by accessing the PECOS website or reviewing the PECOS fact sheet. Information and instructions on how to submit a change of information via the hardcopy CMS-855S enrollment form may be found in the Change of Information Guide on the NSC website.

- *Get Licensed:* Contracts are only awarded to suppliers that have all required state licenses at the time of bidding. Therefore, if you are bidding for a product category in a competitive bidding area (CBA), you must ensure that all required state licenses for that product category are either on file with the NSC or *received* by the NSC by the close of bidding. Every location must be licensed in each state in which it provides services. If you have only one location and are bidding in a CBA that includes more than one state, you must have all required licenses for every state in that CBA. If you have more than one location and are bidding in a CBA that includes more than one state, your company must have all required licenses for the product category

for every state in that CBA. Make sure that current versions of all required licenses are with the NSC *before* you bid. If any required licenses are expired or missing from your enrollment file, your bid(s) may be rejected.

- *Get Accredited:* Suppliers must be accredited for all items in a product category in order to submit a bid for that product category. If you are interested in bidding for a product category and are not currently accredited for that product category, take action *now* to get accredited for that product category. Your accreditation organization will need to report any accreditation updates to the NSC. CMS cannot contract with suppliers that are not accredited for all items in the product category.

More information about the DMEPOS accreditation requirements may be found on the CMS website.

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders. Stay informed – visit the CBIC website to subscribe to email updates and for the latest information about the DMEPOS Competitive Bidding Program.

HIPAA 5010 837 Professional Crossover Claims Issue Tied to Edits H10658 and H20658 [↑]

Billing vendors for physicians/practitioners may have noted a moderately high incidence of the following HIPAA compliance rejection codes being returned on their provider notification letters issued to them by their servicing A/B Medicare Administrative Contractor (MAC) or Carrier for situations where various Part B claims could not be crossed over:

- H10658: "Segment PRV exceeded max use count."
- H20658: "Segment REF exceeded HIPAA max use count."

Errors within the July 2, 2012 quarterly Medicare shared systems release caused duplicate PRV and REF segments at the 2400 loop level on outbound 837 COB professional claims. This would have impacted claims submitted to the COBC for processing during the period July 2 through August 9, 2012. The fix for the above issue was put into production on August 10, 2012**.**

Billing vendors that receive provider notification letters containing H10658 and H10658 will need to submit the balances remaining on the affected claims to the indicated patients' supplemental insurers. Letters should cease reflecting the H10658 and H10658 errors by approximately August 17, 2012.

From the MLN: "Quick Reference Information: Medicare Immunization Billing" Educational Tool — Revised [↑]

The "Quick Reference Information: Medicare Immunization Billing" Educational Tool was revised and is now available in downloadable format. This educational tool is designed to provide education on Medicare-covered preventive immunizations. It includes coverage, coding and billing information on the influenza, pneumococcal and Hepatitis B vaccines and their administration. The previous version of this tool had some outdated administration codes for the Hepatitis B vaccine. CMS has removed those codes. All other information remains the same.

From the MLN: "Medicaid Program Integrity: Safeguarding Your Medical Identity" Educational Products — Released [↑]

In an effort to expand and offer national educational products on a variety of topics that affect both Medicare and Medicaid providers, the Medicare Learning

Network® (MLN) has released a new package of products related to Medicaid Program Integrity and medical identity. The following products are designed to educate both Medicare and Medicaid providers about medical identity theft and strategies for addressing it:

- "Safeguarding Your Medical Identity": This web-based training course (WBT) is designed to provide education on medical identity theft. It includes information on how to recognize risks and resources that Medicare and Medicaid providers can use to protect their medical identity. Continuing education credits are available to learners who successfully complete this course. See course description for more information. To access the WBT, go to MLN Products, click on "Web-Based Training Courses," and select "Safeguarding Your Medical Identity" from the list.
- Medicaid Program Integrity: Understanding Provider Medical Identity Theft: This booklet is designed to provide education on the scope and definition of medical identity theft. It includes information on cases involving stolen provider medical identities and strategies that Medicare and Medicaid providers can use to protect themselves against medical identity theft.
- Medicaid Program Integrity: Preventing Provider Medical Identity Theft: This fact sheet is designed to provide education on how to prevent provider medical identity theft. It includes information on actions Medicare and Medicaid providers can take to mitigate potential risks to their medical identity.
- Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education (CME): This educational tool is designed to provide a list of websites and other resources related to Medicare and Medicaid medical identity theft.

Addition of Digital Document Repository to Provider Enrollment Chain and Ownership System (PECOS)" MLN Matters® Article — Released [↑]

MLN Matters® Special Edition Article #SE1230, "Addition of Digital Document Repository to Provider Enrollment Chain and Ownership System (PECOS)" was released and is now available in downloadable format. This article is designed to provide education on a new feature to Internet-based PECOS that allows providers to digitally upload supporting documents and submit them electronically with their enrollment application. It includes an overview of the new feature and a link to the "Digital Documents Repository How to Guide" for additional information on how to use it.

"Important Update Regarding 5010/D.0 Implementation – Action Needed Now" MLN Matters® Article — Reminder [↑]

MLN Matters® Special Edition Article #SE1131, "Important Update Regarding 5010/D.0 Implementation – Action Needed Now," is available in downloadable format. This article is designed to remind providers about key actions related to the Health Insurance Portability and Accountability Act (HIPAA) 5010/D.0 implementation. It provides information on changes to software, systems, and procedures that providers use for billing Medicare and other payers.

New MLN Provider Compliance Fast Fact [↑]

A new fast fact is now available on the MLN Provider Compliance web oage. This web page provides the latest Medicare Learning Network® (MLN) products designed to help Medicare Fee-For-Service providers understand – and avoid – common billing errors and other improper activities. A list of previous fast facts is available on the MLN Provider Compliance Fast Fact Archive page. Please bookmark this page and check back often as a new fast fact is added each month.

Be Part of the MLN Creative Process — Volunteer Now [↑]

The CMS Medicare Learning Network (MLN) National Provider Education Workgroup is seeking volunteers.

Each calendar quarter, CMS MLN staff hosts a meeting, via conference call, for Workgroup participants to:

- Discuss ideas for new MLN education and marketing products;
- Suggest ways to convert local/regional products into national products;
- Provide feedback on existing MLN products;
- Share new and unmet educational needs of the Medicare Fee-For-Service (FFS) provider community.

Volunteers from CMS Central Office, CMS Regional Offices, Medicare Contractors, and MLN Provider Partners can make this effort a success and help CMS to improve the quality of MLN educational products. If you are interested in participating in this Workgroup, please send an email to Mary.Loane@cms.hhs.gov.

More helpful links…

Check out CMS on

The Medicare Learning Network

Archive of Provider e-News Messages