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.

You rely on the *e-News* for the latest FFS program information, event announcements, claims and pricer information, and MLN educational product updates. Do you have colleagues who would like to subscribe? Tell them to subscribe now to receive the weekly *e-News*.

—Provider Communications Group

The e-News for Thursday, November 1, 2012

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National Provider Call: Video Slideshow Presentation and Podcasts from August 15 Call on the Five New Medicare Preventive Services Now Available [↑]

CMS has released a YouTube video slideshow presentation and podcasts from the August 15 National Provider Call on the Five New Medicare Preventive Services.

YouTube Video Slideshow Presentation:
The call presentation is now available on the CMS YouTube Channel as a video slideshow that includes the call audio.

Podcasts:
Limited on time? Podcasts are perfect for the office, in the car, or anywhere you carry a portable media player or Smartphone. The following podcasts are now available on the August 15 National Provider Call web page.
- Podcast 1 of 5: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
- Podcast 2 of 5: Screening for Depression in Adults
- Podcast 3 of 5: Intensive Behavioral Therapy for Cardiovascular Disease
- Podcast 4 of 5: Screening for Sexually Transmitted Infections and High-Intensity Behavioral Counseling to Prevent STIs
- Podcast 5 of 5: Intensive Behavioral Therapy for Obesity

Visit the August 15 National Provider Call web page for access to all of the related call materials including the slide presentation, audio recording, and written transcripts.

CMS Posts 2014 Clinical Quality Measures, Electronic Specifications and Resources on Website [↑]

Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. Electronic Health Record (EHR) technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid EHR Incentive Programs.
The final 2014 CQMs for eligible professionals and eligible hospitals are now available, as well as the specifications for electronic reporting and access to the related value sets. These files can be accessed from the 2014 CMS Clinical Quality Measures web page.

Reporting Electronically in 2014
Beginning in 2014, all *Medicare* EPs and eligible hospitals beyond their first year of demonstrating meaningful use must electronically report their CQM data to CMS. Medicaid EPs and eligible hospitals that are eligible only for the Medicaid EHR Incentive Program will report their CQM data to their state.

e-Specifications
The value sets of the electronic specifications code the CQMs in your EHR, allowing you to export the measure results and report them in attestation. EPs and eligible hospitals can view the value sets on the National Library of Medicine Value Set Authority Center (VSAC) web page.

Resources for 2014 CQMs
To help providers navigate the new CQMs, CMS has developed and posted new resources, including:
- Implementation Guide to the 2014 CQMs
- Release Notes for EPs and Eligible Hospitals
- CQM tipsheet

Want more information about the EHR Incentive Programs?
Make sure to visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Read Our New FAQ Discussing Hospital Payment Calculations for the Medicaid EHR Incentive Program [↑]

CMS has posted a new FAQ to their CMS FAQ System for eligible hospitals in the Medicaid Electronic Health Record (EHR) Incentive Program. The FAQ provides information about payment calculations and zero pay Medicaid eligible days.
- Question: May a hospital include zero pay Medicaid eligible days in the Medicaid hospital EHR Incentive Program payment calculation?
- Answer: No, zero pay Medicaid eligible days must be excluded from the Medicaid hospital incentive calculation. View the full answer.

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How to Get Your Practice Ready for the ICD-10 Transition [↑]

The switch from ICD-9 to ICD-10 can change how you do business – from registration, referrals, and clinical documentation to new coding resources, superbills, and software upgrades. By reviewing the impact the ICD-10 transition will have on your practice, you can identify what needs to be done to be prepared.

To get ready, think about the areas where you currently use ICD-9 codes and where you will need to make changes:
- Staff members, including coding staff and other personnel, will need training on the new code sets, software, and processes like documentation. As you transition, you will want to decide whether in-person, webinar, or self-directed training will work best for your practice.
- Office processes will be affected by the new codes. Think about how the transition will change referrals, authorizations/pre-certifications, physician orders, and patient encounters. Estimate where you will need more time to complete existing tasks, and how that may affect work flow.
- Software modifications and upgrades will need to occur with your transition to ICD-10. If you are preparing to adopt an electronic health records (EHR) system, make sure to talk to your vendor about ICD-10. You will want to select a certified EHR system that can accommodate ICD-10 codes. If you have an existing contract with your vendor, find out if your ICD-10 upgrade is covered and if training will be provided.

Once you have completed your review, you will need to determine which activities your practice will work on in 2013 and then budget accordingly.

Keep Up to Date on ICD-10
Visit the CMS ICD-10 website for the latest news and resources to help you prepare.

Modifications to the HCPCS Code Set Available [↑]

CMS announced the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set. These changes are included in the 2013 HCPCS Annual Update, which has been published on the HCPCS website. Changes are effective on the date indicated on the update.

Delay in 2013 PC Pricers for Claims Effective October 1, 2012 [↑]

Please be advised that CMS anticipates delays for all of the FY 2013 PC Pricer releases (IPPS, IRF, IPF, LTCH and SNF). CMS is in the process of transitioning to new software products to support the back-end development of all of the PC Pricers. This transition is expected to increase the initial development time. Executable files will be made available once the transition is complete, sometime between January 1 and March 31, 2013.

Billing Instructions for Suppliers that Wish to Obtain a Medicare Denial for Non-Covered Codes Subject to ESRD PPS Consolidated Billing Requirements [↑]

Suppliers wishing to bill for one or more of the non-covered codes included in Attachment 5 of Change Request 7476, "Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS)," need to obtain a "Medicare denial" to bill for such items by attaching the "GY" modifier to the HCPCS code identifying the item, according to long-standing CMS policy. More information is available in MLN Matters® Article #MM7476. Items and services that are subject to the ESRD PPS consolidated billing requirements can be found on the ESRD Payment website.

From the MLN: "Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and RAC" Booklet — Revised [↑]

The "Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and RAC" Booklet (ICN 006973) was revised and is now available in downloadable format. This booklet is designed to provide education on the different CMS claim review programs and assist providers in reducing payment errors; in particular, coverage and coding errors. It includes frequently asked questions, resources, and an overview of the various programs, including Medical Review, Recovery Audit Contractor, and the Comprehensive Error Rate Testing Program.

From the MLN: "Screening for Depression" Booklet [↑]

The "Screening for Depression" Booklet (ICN 907799) is now available in hard copy format. This booklet is designed to provide education on screening for depression. It includes coverage, coding, billing, and payment information.

To access a new or revised product available for order in hard copy format, go to MLN Products and click on "MLN Product Ordering Page" under "Related Links" at the bottom of the web page.

From the MLN: "Screening Pelvic Examinations" Booklet—Released [↑]

The "Screening Pelvic Examinations" Booklet (ICN 907792) was released and is now available in downloadable format. This product is designed to provide education on screening pelvic examinations. It includes coverage, coding, billing, and payment information.

"Medicare Guidance Regarding Meningitis Outbreak" MLN Matters® Article — Released [↑]

MLN Matters® Special Edition Article #SE1246, "Medicare Guidance Regarding Meningitis Outbreak" was released and is now available in downloadable format. This article is designed to provide education on the interim treatment of fungal meningitis based on guidance from the Centers for Disease Control (CDC). It also includes information about Medicare coverage for CDC-recommended items, services, and antifungal medications.

Opportunity for Medicare Learning Network® Pilot Testers and Product Reviewers [↑]

The CMS Continuing Education (CMSCE) Team is looking for Medicare Learning Network® pilot testers and product reviewers. To volunteer for this opportunity, please send an e-mail to CMSCE@cms.hhs.gov. You will then receive a follow-up e-mail from CMSCE with a request for additional information to match you with an appropriate pilot test and/or product review. Thank you for your time and expertise.

More helpful links…

Check out CMS on:

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The Medicare Learning Network

Archive of Provider e-News Messages