



# CMS Medicare FFS Provider e-News

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### National Provider Call: Preparing for Therapy Functional Reporting Implementation in CY 2013 — Registration Now Open [\[↑\]](#)

Wednesday, December 12; 1:30-3pm ET

This presentation will cover the new functional reporting requirements for outpatient therapy services, including physical therapy (PT), occupational therapy (OT), and speech language pathology (SLP) services, effective January 1, 2013.

Participants will also learn how to report patient functional limitation information on claims using the 42 new nonpayable functional G-codes and seven new severity/complexity modifiers on claims for PT, OT, and SLP services. These G-codes and modifiers will be required on selected claims for all outpatient

therapy services. In addition, the G-codes and severity modifiers used in the functional reporting are required to be documented in the patient's medical record of therapy services.

*Target Audience:* Those who furnish or bill for outpatient therapy services including PT, OT, and SLP services

*Agenda:*

- Overview of the new functional reporting requirement, including effective dates
- Professionals and providers affected
- Nonpayable G-codes used to report functional limitations
- Modifiers used to report the severity of functional limitations
- When reporting is required
- Documentation requirements
- Question and answer session

*Registration Information:* In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. 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.

*Presentation:* The presentation for this call will be posted prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification](#) web page to learn more.

**National Provider Call: PQRS and eRx Incentive Program — Save the Date [\[↑\]](#)**

*Tuesday, December 18; 1:30-3pm ET*

CMS will host a National Provider Call on the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. The agenda and registration information will be available soon on the [CMS Upcoming National Provider Calls](#) registration website.

**Quick Reference Tool for Those Who Refer Medicare Patients for DMEPOS [\[↑\]](#)**

CMS has released new information for referral agents regarding Round 2 of the DMEPOS Competitive Bidding Program. As a reminder, for purposes of this program, referral agents are defined as Medicare enrolled providers, physicians, treating practitioners, discharge planners, social workers, and pharmacists who refer beneficiaries for services in a competitive bidding area. To view the full message and future referral agent-targeted messages, please sign up for the new referral agent [electronic mailing list](#).

**World AIDS Day is December 1 [\[↑\]](#)**

Medicare provides coverage of both standard and Food and Drug Administration approved rapid Human Immunodeficiency Virus (HIV) screening tests as follows:

- Once annually for beneficiaries at increased risk for HIV infection (11 full months must elapse following the month the previous test was performed in order for the subsequent test to be covered), and
- A maximum of three times per term pregnancy for pregnant Medicare beneficiaries beginning with the date of the first test when ordered by the woman's clinician, at the following times:

- When the diagnosis of pregnancy is known,
- During the third trimester; and
- At labor, if ordered by the woman’s physician.

Beneficiaries with any known prior diagnosis of HIV-related illness are not eligible for this screening test. Medicare provides coverage for HIV screening as a Medicare Part B benefit. There is no coinsurance or copayment or Medicare part B deductible for this benefit.

*Resources from the MLN*

- For detailed coverage and eligibility information, please refer to the MLN [“Human Immunodeficiency Virus Screening”](#) brochure.
- Medicare also covers Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs. For additional information about these services, please refer to the [“MLN Preventive Services Quick Reference Information”](#) chart.
- For more products created specifically for health care professionals about preventive services covered by Medicare, please visit the [CMS Medicare Learning Network® \(MLN\) Preventive Services](#) web page.

**National Influenza Vaccination Week is December 2-8 [[↑](#)]**

Please join CMS this December in raising awareness about seasonal flu prevention, while addressing the advantages of the seasonal influenza virus vaccine covered by Medicare for all Part B beneficiaries. ... [to read more.](#)

**CY 2013 Home Health Prospective Payment System Final Rule—Update on the Effective Dates for Therapy Provisions [[↑](#)]**

The [CY 2013 Home Health Prospective Payment System Refinements and Rate Update, Hospice Quality Reporting Requirements, and Survey and Enforcement Requirements for Home Health Agencies final rule](#) (CMS-1358-F) was displayed in the Federal Register on November 8 to update Medicare’s Home Health Prospective Payment System payment rates for CY 2013.

Payments to home health agencies (HHAs) are estimated to decrease by approximately 0.01 percent, or - \$10 million in CY 2013, reflecting the combined effects of the home health payment update (\$260 million increase), wage index updates (\$70 million decrease), a new FDL ratio (\$50 million increase), and reductions to the HH PPS to account for a 1.32 percent case-mix coding adjustment (\$250 million decrease). The rule also rebases and revises the home health market basket, allows additional regulatory flexibility regarding therapy documentation and reassessments as well as face-to-face encounter requirements, discusses the transition plan for ICD-10, and provides information on the home health study concerning home health care access. Lastly, this rule implements new requirements concerning the hospice quality reporting program and will establish requirements for unannounced, standard, and extended surveys of home health agencies and provide a number of alternative (or intermediate) sanctions that could be imposed if HHAs were out of compliance with Federal requirements.

*The provisions in this final rule are effective for episodes ending on or after January 1, 2013, unless otherwise specified in the final rule. For episodes that begin in CY 2012 and end in CY 2013, the therapy provisions of this final rule do not apply. The therapy provisions of this final rule are applicable to episodes that begin on or after January 1, 2013.*

## **November 30 is the Last Day for Eligible Hospitals and Critical Access Hospitals to Register and Attest for an Incentive Payment in FY 2012 [\[↑\]](#)**

The last day that eligible hospitals and critical access hospitals (CAHs) can register and submit attestation in FY 2012 for the Medicare EHR Incentive Program is November 30, 2012. For eligible hospitals and CAHs, this means that they must successfully attest to meeting meaningful use to be eligible to receive an incentive payment for FY 2012.

To help eligible hospitals and CAHs with registration, CMS has created a [Registration User Guide for Eligible Hospitals and CAHs](#). Additionally, eligible hospitals and CAHs can view the [Medicare and Medicaid EHR Incentive Programs Webinar for Eligible Hospitals and CAHs](#), which walks hospitals through the registration process.

CMS also has a number of tools available to help eligible hospitals and CAHs prepare for attestation. They can use the CMS [Eligible Hospital and CAH Attestation Worksheet](#) to record their meaningful use measures to have as a reference when attesting for the Medicare EHR Incentive Program in the CMS web-based [Registration and Attestation System](#). The [Meaningful Use Attestation Calculator](#) and [Attestation User Guide for Eligible Hospitals and CAHs](#) can also help to successfully attest.

CMS encourages eligible hospitals and CAHs not to miss the deadline to attest for an incentive payment in FY 2012.

### *Looking Ahead*

Take a look at all of the other EHR Incentive Program important dates that are coming up by going to our [Health Information Technology Timeline 2012-2014](#).

### *Want more information about the EHR Incentive Programs?*

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

## **CMS Distributes Free Hand in Hand Toolkit to Every Nursing Home in the Nation [\[↑\]](#)**

Nursing Homes, CMS Regional Offices, and State Survey Agencies will soon receive a *free* toolkit from CMS. Hand in Hand is a high quality training series for nursing homes that emphasizes person-centered care for persons with dementia, as well as the prevention of abuse. Section 6121 of the Affordable Care Act requires CMS to ensure that nurse aides receive regular training on caring for residents with dementia and on preventing abuse. Hand in Hand addresses the annual requirement for nurse aide training on these important topics.

More information is available on the [Hand in Hand](#) website. If you have questions or comments regarding these materials, please contact [cms\\_training\\_support@icpsystems.com](mailto:cms_training_support@icpsystems.com).

## **ICD-10 Version of FY 2013 MS-DRG Files Now Available [\[↑\]](#)**

The ICD-10 MS-DRG v30 files are now posted on the [ICD-10 MS-DRG Conversion Project](#) web page in the “Downloads” section. These files are an ICD-10 version of the FY 2013 MS-DRGs now in use for the inpatient prospective payment system.

- ICD-10-CM/PCS MS-DRG v30 Definitions Manual Table of Contents - Full Titles - Text Version
- ICD-10 Medicare Code Editor v30

- ICD-10 MS-DRG v29 & v30 Comparison Files

CMS is in the process of posting an HTML version of the ICD-10-CM/PCS MS-DRG v30 Definitions Manual on the “Related Links” section of the [ICD-10 MS-DRG Conversion Project](#) web page.

The final ICD-10 version of the MS-DRG logic will be subject to formal rulemaking.

**“Importance of Preparing/Maintaining Legible Medical Records” MLN Matters® Article — Released [\[↑\]](#)**

[MLN Matters® Special Edition Article #SE1237](#), “Importance of Preparing/Maintaining Legible Medical Records” was released and is now available in downloadable format. This article is designed to provide education on the necessity of sufficient documentation in order to avoid Medicare claim denials. It includes information providers can use to prepare and maintain legible documentation.

**“Medicare DMEPOS Competitive Bidding Program: Quick Reference Article” MLN Matters® Article — Released [\[↑\]](#)**

[MLN Matters® Special Edition Article #SE1244](#), “Medicare DMEPOS Competitive Bidding Program: Quick Reference Article” was released and is now available in downloadable format. This article is designed to provide education on important resources related to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. It includes references to websites and other materials that referral agents can use to learn more about The Program and which items and services are eligible for competitive bid under The Program.

**New MLN Educational Web Guides Fast Fact [\[↑\]](#)**

A new fast fact is now available on the [MLN Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services; guided pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain Medicare FFS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.



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