



MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, November 7, 2013

MLN Connects™ National Provider Calls

[Streamlined Access to PECOS, EHR, and NPPES — Register Now](#)

[National Partnership to Improve Dementia Care in Nursing Homes — Register Now](#)

[Did You Miss These MLN Connects Calls?](#)

CMS Events

[Special Open Door Forum: Final Rule CMS-1599-F: Discussion of the Hospital Inpatient Admission Order and Certification; Two Midnight Benchmark for Inpatient Hospital Admissions.](#)

[Special Open Door Forum: ACA Section 3004: Quality Reporting Program for Long Term Care Hospitals](#)

[CMS Innovation Center Special Open Door Forum: Discussion of the Medicare Intravenous Immune Globulin \(IVIG\) Demonstration](#)

Announcements

[November is National Diabetes Month and Diabetic Eye Disease Month: November 14 is World Diabetes Day](#)
[Diabetes and Seasonal Influenza Vaccination](#)

[2014 eRx Payment Adjustment Informal Review is Now Available](#)

[Access Your 2012 PQRS Feedback Report Today](#)

[How to Avoid the 2015 Payment Adjustments for PQRS](#)

[Reporting Period for EPs Participating in EHR Incentive Programs Ends December 31](#)

[Hospitals Must Attest by November 30 to Receive Payment for 2013 EHR Incentive Program Participation](#)

[New and Updated FAQs for the EHR Incentive Programs Now Available](#)

Claims, Pricers, and Codes

[FY 2014 Inpatient Prospective Payment System Pricer File Update 3](#)

MLN Educational Products

[“Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority” Fact Sheet — Released](#)

[“Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse” Booklet — Revised](#)

[“Resources for Medicare Beneficiaries” Fact Sheet—Revised](#)

[“Global Surgery” Fact Sheet — Now Available in Electronic Publication Format](#)

MLN Connects™ National Provider Calls

Streamlined Access to PECOS, EHR, and NPPES — Register Now

Friday, November 15; 2-3:30 ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

Target Audience: All Medicare Fee-For-Service providers, as well as [Professionals](#) and [Hospitals](#) eligible for the Medicaid Electronic Health Record (EHR) Incentive Program.

Changes have been made to simplify the way providers and suppliers access the Provider Enrollment Chain and Ownership System (PECOS), the Electronic Health Records (EHR) Incentive Program, and the National Plan and Provider Enumeration System (NPPES). These updates, available since October 7, improve the user experience when registering as an individual practitioner, authorized or delegated official of an organization, or someone working within PECOS on behalf of a provider or supplier (also known as a surrogate). This MLN Connects Call will provide detailed instructions on these changes.

The new process will:

- Allow registered users to manage and reset their user ID and password online without calling a CMS Help Desk.
- Provide a simple and secure way for providers and suppliers to authorize individuals or groups of individuals to act on their behalf in PECOS and EHR.
- Allow designated authorized officials already on file with Medicare to be quickly approved to access PECOS without the need to submit documentation to CMS for verification prior to submitting the application.
- Allow organizations with potentially large numbers of credentialing or support staff to manage staff access to the various functions.
- Increase security to reduce the risk of provider identity theft and unauthorized access to systems.

Important Note: If you already have a user ID and password from NPPES, or currently access PECOS, NPPES, and/or EHR, your accounts will not be affected by this change. You can continue to use your established user ID and password to access the systems.

Agenda:

- Opening remarks
- Access Changes for PECOS, EHR, NPPES
- Question and Answer Session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

National Partnership to Improve Dementia Care in Nursing Homes — Register Now

Monday, November 25; 2-3:30pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders

CMS has developed a national partnership to improve the quality of care provided to individuals with dementia living in nursing homes. This partnership is focused on delivering health care that is person-centered, comprehensive, and interdisciplinary. By improving dementia care through the use of individualized, person-centered care approaches, CMS hopes to continue to reduce the use of unnecessary antipsychotic medications in nursing homes and eventually other care settings as well. The partnership promotes a systematic process to evaluate each person and identify approaches

that are most likely to benefit that individual. While antipsychotic medications are the initial focus of the partnership, CMS recognizes that attention to other potentially harmful medications is also an important part of this initiative.

During this MLN Connects Call, CMS subject matter experts will provide a brief overview of the progress that has been made so far during the implementation of this national partnership. Additional speakers will be presenting on the CMS Hand in Hand training series. A question and answer session will follow the presentation.

Agenda:

- National partnership overview
- Using Hand in Hand to improve dementia care
- Closing and next steps
- Question and answer session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Did You Miss These MLN Connects Calls?

Call materials for MLN Connects™ Calls are located on the [Calls and Events](#) web page. New materials are now available for the following calls:

- July 31— How to Register to Select your PQRS Group Reporting Option for 2013, [video slideshow presentation](#)
- August 22 — ICD-10 Basics, [video slideshow presentation](#)

CMS Events

Special Open Door Forum: Final Rule CMS-1599-F: Discussion of the Hospital Inpatient Admission Order and Certification; Two Midnight Benchmark for Inpatient Hospital Admissions.

Tuesday, November 12; 1-2pm ET

CMS will host a third, follow-up Special Open Door Forum (ODF) call to allow hospitals, practitioners, and other interested parties to ask questions on the physician order and physician certification, inpatient hospital admission and medical review criteria that were released on August 2, 2013 in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) final rule ([CMS-1599-F](#)).

CMS also posted subregulatory instruction, relating to the claim selection process and preliminary review guidelines, for conducting patient status reviews of claims with Dates of Admission in October 2013 or later. These documents, as well as a document addressing some frequently asked questions are located on the [Inpatient Hospital Reviews](#) web page.

Feedback and questions on the two midnight provision for admission and medical review can be sent to IPPSAdmissions@cms.hhs.gov. Questions on Part B inpatient billing and the clarifications regarding the physician order and certification should be sent to the subject matter staff listed in the final rule. CMS also recently released new guidance on the [Physician Order and Physician Certification for Hospital Inpatient Admissions](#).

Additional information, including the conference call number and access information will be posted soon on the [Special ODF](#) website.

Special Open Door Forum: ACA Section 3004: Quality Reporting Program for Long Term Care Hospitals

Thursday, November 21; 1-2:30pm ET

The purpose of this Special Open Door Forum (ODF) is to provide updated data collection and submission information to Long Term Care Hospital (LTCH) providers for the FY 2016 and FY 2017 payment update determination. It will also cover time frames and submission deadlines for the FY 2015, FY 2016, and FY 2017 payment update determinations. The Special ODF will also present a select number of frequently asked questions and answers related to the quality measures, data collection and submission mechanisms and invite questions and comments from stakeholders.

Please see the [call announcement](#) for complete details.

CMS Innovation Center Special Open Door Forum: Discussion of the Medicare Intravenous Immune Globulin (IVIG) Demonstration

Friday, November 22; 1-2:30pm ET

CMS will host a Special Open Door Forum (ODF) call to allow providers, suppliers, beneficiary advocacy groups, and other interested parties to provide input into the design and implementation of the Intravenous Immune Globulin Demonstration (IVIG) Demonstration. Materials to be discussed during the call will be available for downloading from the [demonstration](#) website no later than November 15.

Please see the [call announcement](#) for complete details.

Announcements

November is National Diabetes Month and Diabetic Eye Disease Month: November 14 is World Diabetes Day

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputation, and new cases of blindness among adults in the United States. People with diabetes are also two to four times more likely than people without diabetes to develop heart disease. Please join CMS this November in raising awareness about diabetes and diabetic eye disease.

Help protect the health of your patients by educating them about their risk factors and lifestyle changes they can make that can help reduce their risk of developing diabetes. Encourage them to take advantage of diabetes-related preventive services covered by Medicare that focus on early disease detection and disease management, including:

- diabetes screening tests
- diabetes self-management training
- medical nutrition therapy
- diabetes supplies
- glaucoma screenings
- vaccinations for pneumonia and influenza

For more information:

- [MLN Diabetes-Related Services Fact Sheet](#)
- [National Diabetes Prevention Program](#)
- [National Diabetes Education Program](#)
- [American Diabetes Month®](#)
- [Diabetic Eye Disease Month](#)
- [World Diabetes Day](#)

Diabetes and Seasonal Influenza Vaccination

November is National Diabetes Month and also a time when flu activity usually increases. Even if diabetes is well managed, flu illness can cause serious complications for someone with diabetes. The Centers for Disease Control and

Prevention (CDC) advises that this is an opportune time to take action to combat the flu. Health care providers are encouraged to get a flu vaccine to help protect themselves from the influenza and to keep from spreading it to their family, co-workers, and patients. In addition, now is the perfect time for providers to vaccinate Medicare beneficiaries, as it can take 2 weeks after vaccination to develop antibodies that protect against seasonal influenza. Influenza vaccination is especially important for Medicare beneficiaries who suffer from diabetes, due to a weakened immune system and increased susceptibility to respiratory infections such as influenza and pneumonia.

As a health care provider, you play an important role in setting an example by getting yourself vaccinated and recommending and promoting influenza vaccination. The CDC recommends that you assess vaccination status with each patient visit, encourage seasonal influenza vaccination, and vaccinate or refer to a vaccine provider when appropriate.

Generally, Medicare Part B covers one influenza vaccination and its administration per influenza season for Medicare beneficiaries without co-pay or deductible. *Note:* The influenza vaccine is *not* a Part D-covered drug.

For more information on coverage and billing of the influenza vaccine and its administration, please visit:

- [MLN Matters® Article #MM8433](#), “Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season.”
- [MLN Matters® Article #SE1336](#), “2013-2014 Influenza (Flu) Resources for Health Care Professionals.”
- While some providers may offer flu vaccines, those that don’t can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu and other adult vaccines.
- [Free Resources](#) can be downloaded from the CDC website including [prescription-style tear-pads](#) that will allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

2014 eRx Payment Adjustment Informal Review is Now Available

Are You Subject to the 2014 eRx Payment Adjustment?

Eligible professionals (EPs) and group practices (who self-nominated for the 2012 and/or 2013 Electronic Prescribing (eRx) group practice reporting option (GPRO)) who were not successful electronic prescribers under the eRx Incentive Program will be subject to a payment adjustment in 2014 as mandated by section 1848 (a)(5) of the Social Security Act.

All EPs and group practices had the opportunity to avoid the 2014 eRx payment adjustment through the following options:

- Meeting the criteria for becoming a successful electronic prescriber
- Requesting a hardship exemption or reporting a lack of prescribing privileges, or
- Registering for participation or attesting to achieving Meaningful Use for the EHR Incentive Program

Complete information about the eRx payment adjustment is available on the eRx [Payment Adjustment Information](#) web page.

CMS will notify those EPs and group practices who will be subject to the 2014 eRx payment adjustment. Providers receiving the 2014 eRx payment adjustment will see the indicator “LE” on their Remittance Advice for all Medicare Part B services rendered from January 1 through December 31, 2014. The remittance advice will also contain the following Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC):

- CARC 237 – Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the National Council for Prescription Drug Programs (NCPDP) Reject Reason Code, or RARC that is not an ALERT).
- RARC N545 – Payment reduced based on status as an unsuccessful electronic prescriber per the eRx Incentive Program.

Need to Request an Informal Review?

CMS has implemented an informal review process for the 2014 eRx payment adjustment. This means that EPs and group practices can request to have their applicable eRx Incentive Program reporting performance reviewed. Informal review

requests will be accepted *November 1, 2013 through February 28, 2014*. EPs and group practices should submit their eRx informal review request via email to the informal review mailbox at eRxInformalReview@cms.hhs.gov. Complete instructions on how to request an informal review are available in the [2014 eRx Payment Adjustment Informal Review Made Simple](#) educational document.

Need More Information?

The following CMS resources are available to help EPs and group practices access and understand their 2014 eRx payment adjustment and request an informal review:

- [User Guide: 2012 Electronic Prescribing \(eRx\) Incentive Program Feedback Report](#)
- [2014 eRx Payment Adjustment Informal Review Made Simple](#) educational document
- [eRx Payment Adjustment Information](#) web page

Questions?

For all other questions related to the eRx Incentive Program, please contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via qnetssupport@sdps.org. They are available Monday through Friday from 7am-7pm CT.

Access Your 2012 PQRS Feedback Report Today

Feedback reports are now available for providers who submitted Physician Quality Reporting System (PQRS) data from Medicare Part B Physician Fee Schedule claims received with dates of service between January 1 and December 31, 2012. Access instructions for individual eligible professionals (EPs) and groups who participated in 2012 PQRS Group Practice Reporting Option (GPRO) are listed below. For more information on locating and interpreting data provided in the feedback report, review the [2012 PQRS Feedback Report User Guide](#).

Eligible Professionals

Individual EPs who submitted 2012 PQRS data can retrieve their 2012 PQRS Feedback Reports using the following options:

- National Provider Identifier (NPI)-level reports can be requested through the [Communication Support Page](#) by creating a NPI-level feedback report request. The report will be sent electronically to the email address provided in the request within 2 to 4 weeks.
- Taxpayer Identification Number (TIN)-level reports, which contain NPI-level detail, are available for download on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) available via [QualityNet](#). TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account. The [IACS Quick Reference Guides](#) are available on the Portal and provide step-by-step instructions on how to request an IACS account in order to access the Portal, if you do not already have one.

Group Practice Reporting Option

Groups who participated in 2012 PQRS GPRO can access PQRS feedback through the 2012 Quality and Resource Use Reports (QRURs). Authorized representatives of practices with 25 or more EPs can access the QRURs at <https://portal.cms.gov> using an IACS account with one of the following group-specific PV-PQRS Registration System roles:

- Primary PV-PQRS Group Security Official
- Backup PV-PQRS Group Security Official
- PV-PQRS Group Representative

Information about QRURs and the required IACS roles is available on the CMS Physician Feedback Program website under the [QRUR Templates and Methodologies](#) web page.

PQRS Resources

For more information about participating in PQRS, visit the [PQRS](#) website. You can also learn about other eHealth initiatives at CMS by visiting the [CMS eHealth](#) website.

How to Avoid the 2015 Payment Adjustments for PQRS

Providers considered [eligible](#) and able to participate in the Physician Quality Reporting System (PQRS) may be subject to payment adjustments beginning in 2015. Eligible professionals (EPs) and group practices that fail to satisfactorily report data on quality measures during the 2013 program year will be subject to a 1.5% payment adjustment of their Physician Fee Schedule (PFS) charges beginning in 2015. Individuals and group practices participating in PQRS must meet one of the following criteria to avoid payment adjustments in 2015.

Criteria for Individual EPs

EPs can avoid the 2015 payment adjustment if *one* of the following criteria is met during the 2013 PQRS program year:

- Meet the requirements outlined in the [2013 PQRS measure specifications](#) (this will enable the EP to earn a 2013 PQRS incentive payment of 0.5% of their covered Medicare Part B charges)
- Report at least:
 - One valid measure via claims, participating registry, or through a qualified Electronic Health Record (EHR) *or*
 - One valid measure in a measures group via claims or participating registry
- Elected to participate in the [administrative claims-based reporting](#) mechanism by October 18, 2013.

Criteria for Registered Groups (ACO)/PQRS GPRO

Group practices participating in the [Group Practice Reporting Option](#) (GPRO) can avoid 2015 payment adjustments if *one* of the following criteria is met during the 2013 PQRS program year:

- Group meets the following requirements, outlined in the 2013 [PQRS GPRO](#) Fact Sheet
 - Report specific through the [Web Interface](#) *or*
 - Report at least 3 registry measures (for 80% of the group's eligible patients for each measure) for the GPRO outlined in the 2013 PQRS Measure Specification for Claims/Registry Reporting of Individual Measures
- Report at least one valid measure through the Web Interface *or* Participating Registry
- Elected to participate as a GPRO in the [administrative claims-based reporting](#) mechanism by October 18, 2013.

Note: Administrative claims-based reporting is not available to Accountable Care Organization (ACO) GPROs

Resources

View the [PQRS Payment Adjustments Tip Sheet](#) for more information on how to avoid the 2015 payment adjustment. For more information or support on the PQRS program, please visit the [PQRS Incentive Program](#) website or the [Help Desk](#).

Reporting Period for EPs Participating in EHR Incentive Programs Ends December 31

December 31, 2013, is an important deadline for eligible professionals (EPs) participating in the EHR Incentive Programs. It marks the end of the calendar year and the last day of the 2013 meaningful use program year.

Attestation Deadline

If you are an EP participating in the Medicare EHR Incentive Program, you have until February 28, 2014, to attest to demonstrating meaningful use of the data collected during the reporting period for the 2013 calendar year. You must *attest by 12:00 am (midnight) Eastern Standard Time on February 28* to demonstrate meaningful use. If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information. You must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

Payment Adjustments

Payment adjustments will be applied beginning January 1, 2015, if you have not successfully demonstrated meaningful use. The adjustment is determined by the reporting period in a prior year. For more information, visit the [payment adjustment tipsheet](#). If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you *must* demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under

either Medicare or Medicaid. If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

EPs in 2014

January 1, 2014 marks many important milestones for EPs participating in the EHR Incentive Programs, including:

- The start of [Stage 2](#) for EPs who have already completed at least two years of Stage 1.
- The last year that Medicare EPs can begin participation and earn an incentive.
- A 3-month reporting period in 2014, regardless of the stage of meaningful use, to allow time to upgrade to 2014 certified EHR technology.
 - Medicare EPs beyond their first year of meaningful use must select a three-month reporting period fixed to the quarter of the calendar year.
 - Medicare EPs in their first year of meaningful use may select any 90-day reporting period that falls within the 2014 calendar year.
 - Medicaid EPs can select any 90-day reporting period that falls within the 2014 calendar year.

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for EPs](#)
- [Attestation Guide for Medicare EPs](#)
- [Stage 2 Payment Adjustment Tipsheet for EPs](#)

Plan Ahead

Review all of the important dates for the EHR Incentive Programs on the [HIT Timeline](#).

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.

Hospitals Must Attest by November 30 to Receive Payment for 2013 EHR Incentive Program Participation

The last day that eligible hospitals and critical access hospitals (CAHs) can register and submit attestation in FY 2013 for the Medicare EHR Incentive Program is November 30, 2013. Eligible hospitals and CAHs must successfully attest to demonstrating meaningful use by November 30 to receive a 2013 incentive payment. Hospitals must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

Medicaid Eligible Hospitals

Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation.

Payment Adjustments

Payment adjustments will be applied beginning FY 2015 (October 1, 2014) to Medicare eligible hospitals that have not successfully demonstrated meaningful use. The adjustment is determined by the hospital's reporting period in a prior year. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Hospitals and CAHs](#)
- [Attestation Guide for Eligible Hospitals](#)
- [Payment Adjustment Tipsheet for Eligible Hospitals](#)

Plan Ahead

Review all of the important dates for the EHR Incentive Programs on the [Health Information Technology Timeline](#).

New and Updated FAQs for the EHR Incentive Programs Now Available

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added two new and two updated FAQs to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

New FAQs:

- Can an eligible professional (EP) or hospital charge patients a fee to have access to the certified EHR technology (CEHRT) solution that is used to meet the meaningful use objective of providing patients the ability to view online, download and transmit their health information? [Read the answer here.](#)
- When meeting the meaningful use measure for “secure messaging” in the EHR Incentive Programs, which requires that more than 5 percent of unique patients send a secure message using the electronic messaging function of CEHRT, is it required that the patient only use an interface that is certified or can any secure message received into the eligible professional’s CEHRT count for this measure? [Read the answer here.](#)

Updated FAQs:

- If an EP practices at an outpatient location, a location other than an inpatient (place of service 21) or emergency department (place of service 23), and that location is only equipped with CEHRT certified to the criteria applicable to an inpatient setting, must the EP include that location in their meaningful use calculations? [Read the answer here.](#)
- For Stage 1 and 2 meaningful use objectives of the EHR Incentive Programs that require submission of data to public health agencies, if multiple EPs are using the same CEHRT across several physical locations, can a single test or onboarding effort serve to meet the measures of these objectives? [Read the answer here.](#)

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.

Claims, Pricers, and Codes

FY 2014 Inpatient Prospective Payment System Pricer File Update 3

The Inpatient FY 2014.3 Pricer software release has been posted to the [Acute Inpatient PPS](#) website.

MLN Educational Products

“Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority” Fact Sheet — Released

The “[Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority](#)” Fact Sheet (ICD 908084) was released and is now available in downloadable format. This fact sheet is designed to provide education on Medicare’s policy to generally not pay for medical items and services furnished to beneficiaries who are incarcerated or in custody at the time the items and services are furnished. It includes the following information: policy background, including the definition of individuals who are in custody (or incarcerated) under a penal statute or rule; determining whether a beneficiary is in custody under a penal statute or rule; Medicare claims processing for items and services for incarcerated beneficiaries; exception to Medicare policy; and Informational Unsolicited Response.

“Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse” Booklet — Revised

The “[Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)” Booklet (ICN 907798) was revised and is now available in a downloadable format. This booklet is designed to provide education on screening and behavioral counseling interventions in primary care to reduce alcohol abuse. It includes information about risky/hazardous and harmful drinking.

“Resources for Medicare Beneficiaries” Fact Sheet—Revised

The “[Resources for Medicare Beneficiaries](#)” Fact Sheet (ICN 905183) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the variety of beneficiary-related publications available to assist providers in answering patients' questions. It includes a list of products with information you can print out and provide to your Medicare beneficiaries.

“Global Surgery” Fact Sheet — Now Available in Electronic Publication Format

The “[Global Surgery](#)” Fact Sheet (ICN907166) was revised and is now available as an electronic publication (EPUB®) and through a QR code. This fact sheet is designed to provide education on the components of a global surgery package. It includes information on billing and payment rules for a variety of global surgical conditions.

The EPUB format and QR code are available on the publication’s detail page. Instructions for downloading the EPUB and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#)” on the CMS website.



Official Information Health Care
Professionals Can Trust

Please share this important information with your colleagues and encourage them to [subscribe](#) to the *MLN Connects Provider eNews*.

Previous issues are available in the [archive](#).

Follow the MLN Connects Provider *eNews* on  &  #CMSMLN