



MLN Connects™

Weekly Provider eNews

Thursday, January 23, 2014

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MLN Connects™ National Provider Calls

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

Wednesday, February 26; 2-3:30pm ET

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

The CMS National Partnership to Improve Dementia Care in Nursing homes was developed to improve dementia care through the use of individualized, comprehensive care approaches. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. The goal of the partnership is to continue to reduce the use of unnecessary antipsychotic medications, as well as other potentially harmful medications in nursing homes and eventually other care settings as well.

During this MLN Connects Call, a CMS subject matter expert will discuss the critical role of both state and federal surveyors in the implementation of the partnership. Additional speakers will be presenting on the importance of leadership, as well as the strong correlation that exists between proper pain assessment and antipsychotic medication use. A question and answer session will follow the presentation.

Agenda:

- Role of surveyors

- Importance of leadership
- Proper pain assessment
- Next steps

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

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

Need to Learn More About ICD-10? The MLN Connects™ Collection of Resources Can Help

The CMS MLN Connects™ Call Program has a variety of online resources to get you started down the road to ICD-10 proficiency. Check out our [Calls and Events](#) web page for slide presentations, audio recordings, and written transcripts, from previous ICD-10 educational conference calls, or view one of our popular ICD-10 educational [video](#) programs. Read, listen, or view these information packed programs at your convenience to learn more about implementing ICD-10 in your workplace.

For the latest information on ICD-10, visit the CMS [ICD-10](#) dedicated website, including the [Medicare Fee-For-Service Provider Resources](#) web page for a list of resources developed under the Medicare Learning Network® (MLN).

CMS Events

Comparative Billing Report Teleconference

Wednesday, January 29; 3-4pm ET

Join us for an informative discussion of the Comparative Billing Report (CBR201401) to be held by eGlobalTech. CBR201401 was developed as an educational tool to assist suppliers of Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) billing positive airway pressure (PAP) devices and accessories. This is your opportunity to interact directly with the subject matter experts and ask questions about the report.

Agenda:

- Opening Remarks
- Overview of CBR201401
- Coverage Policy for PAP devices
- Methodology Report
- Resources
- Question & Answer Session

Presenter Information:

- Speakers: Cheryl Bolchoz, Melissa Parker, Jonathan Savoy, Mark Scogin, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Register:

Register [online](#) at or via telephone at 877-692-5217 using Conference ID # 23939759. Space is limited, so please register early. Registration will close at 1:30pm ET on Monday, January 27 or when available space has been filled.

You may access a recording of the teleconference approximately one week following the event 5217 using Conference ID # 23939759.

Announcements

Continue Seasonal Flu Vaccination through January and Beyond

Seasonal influenza activity is increasing in parts of the United States and is expected to continue to increase across the country in the coming weeks. As long as flu viruses are circulating, flu vaccine can still offer protection. The Centers for Disease Control and Prevention (CDC) urges individuals not yet vaccinated to get their flu vaccine now. With each office visit, health care professionals should continue to assess patient vaccination status. For patients who haven't received the seasonal flu vaccine, encourage vaccine usage by discussing the benefits and importance of flu vaccination, offer to vaccinate, or refer to a vaccine provider when appropriate.

As a reminder, generally, Medicare Part B covers one influenza vaccination and its administration each 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.

Submit Quality Data for 2013 PQRS-Medicare EHR Incentive Pilot by February 28

The Physician Quality Reporting System (PQRS) Medicare Electronic Health Record (EHR) Incentive Pilot allows eligible professionals to meet the [clinical quality measure](#) (CQM) reporting requirement for the Medicare EHR Incentive Program through electronic submission while also reporting for the PQRS program. Are you an [eligible professional](#) who is participating or wishes to participate in the [2013 PQRS-Medicare EHR Incentive Pilot](#)? You can now submit your 2013 quality data. If you would like to participate in the pilot you must submit 12 months of CQM data by *February 28, 2014 at 11:59pm ET*.

Steps to Successfully Participate

To successfully participate in the pilot, you must do the following by February 28, 2014:

1. Register for an Individuals Authorized Access to the CMS Computer Services (IACS) account (for EHR submission only)
2. Indicate intent to report CQMs using pilot in EHR Registration & Attestation System
3. Generate required reporting files
4. Test data submission
5. Submit quality data

If you cannot submit your CQM data for 12 months electronically through PQRS, you must return to the EHR Attestation System and deselect the electronic reporting option. *Please note:* if you do not submit your 2013 quality data or deselect the electronic reporting option in the EHR Attestation System, you will not receive an EHR incentive payment.

For More Information

For further guidance on the 2013 PQRS-Medicare EHR Incentive Pilot, please read the [Participation Guide](#) and [Quick-Reference Guide](#). If you have additional questions, please contact QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via qnetssupport@sdps.org. The Help Desk is available Monday through Friday from 7am through 7pm CT.

Claims, Pricers, and Codes

Revised CMS 1500 Paper Claim Form: Version 02/12

CMS began receiving claims on the revised CMS 1500 claim form ([02/12](#)) on January 6, 2014. The CMS 1500 claim form is the required format for submitting professional and supplier claims to Medicare on paper, when submitting paper claims is permissible.

Features of the Revised Form

The revised form, among other changes, notably adds the following functionality:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes.
- Expansion of the number of possible diagnosis codes to 12.
- Qualifiers to identify the following provider roles (on item 17):
 - Ordering
 - Referring
 - Supervising

Note: although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, do not submit ICD-10 codes on claims for dates of service prior to October 1, 2014.

Instructions for Completing the Revised Form

Instructions for completing the revised CMS 1500 claim form (02/12) are provided in the [Medicare Claims Processing Manual](#) (Pub. 100-04).

Medicare will continue to accept the old CMS 1500 claim form (08/05) through March 31, 2014. However, on April 1, 2014, Medicare will receive professional and supplier paper claims on only the revised CMS 1500 claim form (02/12). Claims sent on the old CMS 1500 claim form (08/05) will not be accepted.

Note: The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The current standard adopted under HIPAA for electronically submitting professional health care claims is the 5010 version of the ASC X12 837 Professional Health Care Claim standard and its implementation specification, Technical Report 3 (TR3). More information about the ASC X12 and TR3 is available on the [ASC X12](#) website.

MLN Educational Products

“Inpatient Rehabilitation Facility Prospective Payment System” Fact Sheet — Revised

The “[Inpatient Rehabilitation Facility Prospective Payment System](#)” Fact Sheet (ICN 006847) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS). It includes the following information: background, elements of the IRF PPS, and quality reporting.

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