

Thursday, February 11, 2016

MLN Connects® Events

Provider Enrollment Revalidation Call — Registration Now Open

Other CMS Events

Physician Compare Public Reporting Information Sessions

Medicare Learning Network® Publications and Multimedia

Telehealth Services Fact Sheet — Revised

Ambulance Fee Schedule Fact Sheet — Revised

Reading a Professional Remittance Advice Booklet — Reminder

Announcements

39 Million Medicare Beneficiaries Utilized Free Preventive Services in 2015

Nursing Facility Initiative Annual Report

EHR Incentive Programs: Clinical Decision Support Interventions

EHR Incentive Programs: New Tipsheet on Eligibility for Broadband Access Exclusions

Implementation of Section 2 of the Patient Access and Medicare Protection Act

Influenza Activity Continues

Claims, Pricers, and Codes

Qualifiers for ICD-10 Diagnosis Codes on Electronic Claims

MLN Connects® Events

Provider Enrollment Revalidation Call — Registration Now Open

Tuesday, March 1 from 2 to 3:15 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

What's ahead for your next Medicare enrollment revalidation? Learn what you need to do and about the new resources available to help you stay on top of the process every step of the way. Join CMS experts as they discuss the timing, improvements, and updates for the second round of revalidations required by the Affordable Care Act and [42 CFR §424.515](#). A question and answer session will follow the presentation.

Target Audience: All Medicare fee-for service providers and suppliers. Note: providers enrolled solely to order and refer items or services to Medicare beneficiaries and practitioners who have opted out of the Medicare program are not required to revalidate.

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

Other CMS Events

Physician Compare Public Reporting Information Sessions

Interested in learning more about the future of public reporting on [Physician Compare](#) and how it will affect you? CMS will host public reporting information sessions about recent updates to the Physician Compare website and future plans for public reporting, including a publicly reported benchmark and star ratings ([80 FR 71128-71129](#)). Each one-hour webinar will offer stakeholders an opportunity to ask questions about public reporting and quality measures on Physician Compare. All sessions will present the same information. [Register](#) for a session:

- Tuesday, February 23 at 12 pm ET
- Wednesday, February 24 at 4 pm ET
- Thursday, February 25 at 11 am ET

Medicare Learning Network® Publications and Multimedia

Telehealth Services Fact Sheet — Revised

A revised [Telehealth Services](#) Fact Sheet is available. Learn about:

- Originating sites
- Distant site practitioners
- Billing and payment for professional services furnished via telehealth and the originating site facility fee

Ambulance Fee Schedule Fact Sheet — Revised

A revised [Ambulance Fee Schedule](#) Fact Sheet is available. Learn about:

- Ambulance fee schedule background, payments, and updates
- Medicare Part B ambulance transport benefit
- Ambulance providers and suppliers
- Advance Beneficiary Notice of Noncoverage

Reading a Professional Remittance Advice Booklet — Reminder

The [Reading a Professional Remittance Advice](#) Booklet is available. Learn about:

- Reading a Professional Electronic Remittance Advice (ERA)
- Reading a Standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

Announcements

39 Million Medicare Beneficiaries Utilized Free Preventive Services in 2015

Medicare beneficiaries continue to take advantage of certain recommended preventive services with no coinsurance:

- An estimated 39.2 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no copays or deductibles in 2015, slightly more than in 2014.
- Nearly 9 million Medicare beneficiaries (including those enrolled in Medicare Advantage) took advantage of an Annual Wellness Visit in 2015. Looking just at original Medicare, a million more people utilized an Annual Wellness Visit in 2015 than 2014 (more than 5.8 million compared to nearly 4.8 million).

See the full text of this excerpted [CMS press release](#) (issued February 8).

Nursing Facility Initiative Annual Report

On February 3, CMS released the [annual report](#) summarizing impacts from the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents in 2014. During 2014, all seven sites generally showed reductions in Medicare expenditures relative to a comparison group, with statistically significant declines in total Medicare expenditures at two sites. All sites also generally showed a decline in all-cause hospitalizations and potentially avoidable hospitalizations, with four sites showing statistically significant reductions in at least one of the hospitalization measures. For additional information, visit the [Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents](#) webpage.

See the full text of this excerpted [CMS blog](#) (issued February 3).

EHR Incentive Programs: Clinical Decision Support Interventions

For the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs in 2016](#), eligible professionals and eligible hospitals must meet the Clinical Decision Support (CDS) objective by:

- Implementing five CDS rules related to four or more clinical quality measures or related to a high-priority health condition for the eligible professional, eligible hospital, or critical access hospital's scope of practice or patient population
- Enabling and implementing functionality for drug-drug and drug-allergy interaction checks

The CDS objective gives providers flexibility in the types of CDS interventions they employ, as well as the timing of the CDS. Providers can customize the implementation of the CDS to their own needs for their clinical practice and patient population. The CDS should be implemented at a "relevant point in patient care," which refers to a relevant point in clinical workflows when the intervention can influence clinical decision-making before diagnostic or treatment action is taken in response to the intervention. Providers are not limited to just "pop-up" alert CDS interventions. They can meet the objective by using [other methods of CDS](#).

To learn more, review the specification sheets for [eligible professionals](#) and [eligible hospitals](#).

EHR Incentive Programs: New Tipsheet on Eligibility for Broadband Access Exclusions

Broadband access is required to meet certain objectives outlined in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs [final rule](#). A new [tipsheet](#) can help you determine eligibility for CMS broadband access exclusions. The tipsheet provides a list of states and associated counties with less than 4 Mbps of broadband download speed, which is required to claim the exclusions. To learn more about the specific exclusion criteria, visit the [EHR Incentive Programs](#) website.

Implementation of Section 2 of the Patient Access and Medicare Protection Act

Under Section 2 of the Patient Access and Medicare Protection Act (PAMPA), 2016 Medicare fee schedule amounts for Group 3 power wheelchair accessories and cushions cannot be adjusted based on information from competitive bidding programs. Although this change was effective January 1, 2016, Medicare claims processing systems cannot be updated any sooner than July 1, 2016. Revised information on the implementation of this change is now available on the [Durable Medical Equipment Center](#) webpage.

Influenza Activity Continues

People 65 years and older are at a greater risk of serious complications from seasonal influenza. Do you know if your patients are protected?

The Centers for Disease Control and Prevention (CDC) recommends an influenza vaccine each year for everyone 6 months of age and older to reduce the risk of illness and hospitalization. It is not too late to get vaccinated – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Vaccine Payment Allowances](#) MLN Matters® Article
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [CDC Influenza](#) website
- Use [HealthMap Vaccine Finder](#) to help your patients locate the influenza vaccine in their community

Claims, Pricers, and Codes

Qualifiers for ICD-10 Diagnosis Codes on Electronic Claims

As you submit electronic claims for services, remember that:

- Claims with ICD-10 diagnosis codes must use ICD-10 qualifiers; all claims for services on or after October 1, 2015, must use ICD-10
- Claims with ICD-9 diagnosis codes must use ICD-9 qualifiers; only claims for services before October 1, 2015, can use ICD-9

Use ICD-10 qualifiers as follows ([FAQ 12889](#)):

- For ASC X12 837P 5010A1 claims, the HI01-1 field for the Code List Qualifier Code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code being sent. When sending more than one diagnosis code, use the qualifier code “ABF” for the Code List Qualifier Code to indicate up to 11 additional ICD-10 diagnosis codes that are sent.
- For ASC X12 837I 5010A1 claims, the HI01-1 field for the Principal Diagnosis Code List Qualifier Code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code being sent. When sending more than one diagnosis code, use the qualifier code “ABF” for each Other Diagnosis Code to indicate up to 24 additional ICD-10 diagnosis codes that are sent.
- For NCPDP D.0 claims, in the 492.WE field for the Diagnosis Code Qualifier, use the code “02” to indicate an ICD-10 diagnosis code is being sent.

Visit the CMS [ICD-10](#) website and [Roadto10.org](#) for the latest news and official resources, including the [ICD-10 Quick Start Guide](#) and a [contact list for provider Medicare and Medicaid questions](#).

[Like the eNews? Have suggestions? Please let us know!](#)

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

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).