



# mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, June 29, 2017

## News & Announcements

New Medicare Number: Prepare Your Systems for April 2018  
DMEPOS: Payment for Group 3 Complex Rehabilitative Power Wheelchair Accessories Effective July 1  
Quarterly Provider Update

## Provider Compliance

Evaluation and Management: Correct Coding

## Upcoming Events

Quality Payment Program Year 2 Proposed Rule Listening Session — July 5  
DMEPOS Prior Authorization Special Open Door Forum – July 6  
ESRD QIP: Reviewing Your Facility's PY 2018 Performance Data — July 10  
Creating and Verifying Your National Provider Identifier Call — July 12

## Medicare Learning Network Publications & Multimedia

Behavioral Health Integration Services Fact Sheet — New  
Evaluation and Management Services Web-Based Training Course — New  
Dementia Care Call: Audio Recording and Transcript — New  
Medical Privacy of Protected Health Information Fact Sheet — Revised  
Medicare Basics: Commonly Used Acronyms Educational Tool — Revised

## News & Announcements

### New Medicare Number: Prepare Your Systems for April 2018

CMS will begin mailing new Medicare cards with a new Medicare number (previously called the Medicare Claim Number on cards) to your patients in April 2018. Beginning in October 2018, through the [transition period](#), CMS will return your patient's new Medicare number ([Medicare Beneficiary Identifier](#), or MBI) on every remittance advice for claims you submit with their valid and active Health Insurance Claim Number (HICN). On electronic remittance advice transactions, the MBI will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code). If the vendors you partner with to bill Medicare haven't shared their MBI system changes with you, contact them to make sure you are both ready for the change; they can also tell you how they will pass the new Medicare number to you.

Visit the [Provider webpage](#) for the latest information.

### DMEPOS: Payment for Group 3 Complex Rehabilitative Power Wheelchair Accessories Effective July 1

CMS is adopting a new interpretation of the statute that impacts how adjustments to the fee schedule based on information from competitive bidding programs apply to wheelchair accessories used with group 3 complex rehabilitative power wheelchairs. Effective July 1, fee schedule amounts for wheelchair accessories and back and seat cushions used with group 3 complex rehabilitative power wheelchairs will not be adjusted using information from the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program. The fee schedule amounts will be based on the unadjusted fee schedule amounts updated by the annual fee schedule covered item update. Suppliers should continue to use the KU modifier when

billing for wheelchair accessories and seat and back cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs with dates of service beginning July 1, 2017.

CMS explains its current policy and interpretation of this issue through an [FAQ](#) on the [DME Center](#) web page.

## Quarterly Provider Update

The April – June [Quarterly Provider Update](#) is available. Find out about:

- Regulations and major policies currently under development during this quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

## Provider Compliance

### Evaluation and Management: Correct Coding

In a study report, the Office of the Inspector General (OIG) noted that 42 percent of claims for Evaluation and Management (E/M) services in 2010 were incorrectly coded, which included both upcoding and downcoding (i.e., billing at levels higher and lower than warranted, respectively), and 19 percent were lacking documentation. A number of physicians increased their billing of higher level, more complex and expensive E/M codes. Many providers submitted claims coded at a higher or lower level than the medical record documentation supports. Use the following resources to bill correctly for E/M services:

- OIG Report: [Improper Payments For Evaluation and Management Services](#)
- [Claims Processing Manual: Chapter 12, Section 30.6](#)
- [E/M Services Guide](#)
- [1995 Documentation Guidelines for E/M Services](#)
- [1997 Documentation Guidelines for E/M Services](#)
- [Frequently Asked Question on Use of 1995 and 1997 Guidelines](#)
- [Provider Compliance Tips for Evaluation and Management \(E/M\) Services](#)
- Evaluation and Management Services Web-Based Training course available through the [MLN LMS](#)

## Upcoming Events

### Quality Payment Program Year 2 Proposed Rule Listening Session — July 5

Wednesday July 5 from 2 to 3:30 pm ET

[Register](#) for Medicare Learning Network events.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula and established the Quality Payment Program, improving Medicare by helping doctors and other clinicians focus on care quality and making patients healthier. If you participate in Medicare Part B, the Quality Payment Program provides new tools and resources to help you give your patients the best possible care.

This listening session is an opportunity for stakeholders to learn about proposed policy for the Quality Payment Program. Participants are encouraged to review the [proposed rule](#) prior to the listening session.

If time allows, we will open the lines for feedback. Note: feedback received during the listening session will not be considered formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on August 21, 2017.

Target Audience: Part B Fee-For-Service clinicians and practice managers; state and national associations that represent healthcare providers; and other stakeholders.

## **DMEPOS Prior Authorization Special Open Door Forum – July 6**

Thursday, July 6 from 2-3pm ET

As announced in the December 21, 2016 [Federal Register](#) the first two items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) will be subject to prior authorization, nationwide, beginning July 17:

- K0856: Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
- K0861: Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

Medicare Administrative Contractors (MACs) will begin accepting prior authorization requests for this expansion beginning July 3.

See the [Special Open Door Forum](#) webpage for more information about this call. Visit the [Prior Authorization for Certain DMEPOS](#) webpage for the presentation, frequently asked questions, fact sheet, and operational guide.

## **ESRD QIP: Reviewing Your Facility's PY 2018 Performance Data — July 10**

Monday, July 10 from 1– 2:30pm ET

[Register](#) now.

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? Preview Payment Year (PY) Performance Score Reports (PSRs) will be available on July 17. Learn more about how to access, review, and submit clarification questions and/or a formal inquiry about your estimated performance scores by the August 18 deadline. A question and answer session will follow the presentation.

Agenda:

- Access and review your Preview PSR
- Scores calculated using quality data
- Impact of Facility Total Performance score on your 2018 payment rates
- Formal inquiry into your facility's estimated scores
- Making performance data transparent to patients
- Assistance and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts

## **Creating and Verifying Your National Provider Identifier Call — July 12**

Wednesday, July 12 from 2 to 3:30 pm ET

[Register](#) for Medicare Learning Network events.

It is now easier to create, verify, or look up your National Provider identifier (NPI) using the National Plan and Provider Enumeration System (NPPES). During this call, CMS experts provide details on the improved NPPES process. A question and answer session follows the presentation.

Target Audience: All providers/suppliers

## Medicare Learning Network Publications & Multimedia

### Behavioral Health Integration Services Fact Sheet — New

A new [Behavioral Health Integration Services](#) Fact Sheet is available. Learn about:

- Integrating behavioral health with primary care services
- Psychiatric collaborative care services
- How to bill

### Evaluation and Management Services Web-Based Training Course — New

With Continuing Education Credit

A new Evaluation and Management Services Web-Based Training course is available through the [MLN LMS](#). Learn about:

- Medical record documentation
- Billing and coding considerations
- 1995 and 1997 documentation guidelines

### Dementia Care Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [June 15](#) call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders.

### Medical Privacy of Protected Health Information Fact Sheet — Revised

A revised [Medical Privacy of Protected Health Information](#) Fact Sheet is available. Learn about:

- How the Privacy rule applies to customary health care practices
- Tips for securing health information when using a mobile device
- HHS HIPAA webpage resources

### Medicare Basics: Commonly Used Acronyms Educational Tool — Revised

A revised [Medicare Basics: Commonly Used Acronyms](#) Educational Tool is available. Learn about:

- Acronyms frequently used in Medicare publications
- Webpage references for certain acronyms
- Creating a personalized list

---

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

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#). This newsletter is current as of the issue date. View the complete [disclaimer](#).

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).

