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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Card: New Numbers Are Confidential

CMS is mailing new Medicare cards with new Medicare numbers (known as the Medicare Beneficiary Identifiers (MBIs)) to people newly enrolling in Medicare. People who already have Medicare coverage will receive their cards on a [flow basis](#).

The MBI is protected health information. Protect the MBI and only share it for Medicare-related business, just as you currently do with the Health Insurance Claim Number.

For More Information:

- [New Medicare Card Provider](#) webpage

- [HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules](#) Fact Sheet

Market Saturation and Utilization Data Tool

CMS developed a [Market Saturation and Utilization Data Tool](#) that includes interactive maps and a dataset that shows national-, state-, and county-level provider services and utilization data for selected health service areas. The seventh release of the data tool includes a quarterly update and also includes federally qualified health center and ophthalmology data.

This is one of many tools used to monitor and manage market saturation as a means to help prevent potential fraud, waste, and abuse. The data can also be used to reveal the degree to which use of a service is related to the number of providers servicing a geographic region.

See the full text of this excerpted [CMS Fact Sheet](#) (issued April 13).

MIPS Study on Burdens Associated with Reporting Quality Measures: Apply by April 30

Receive Improvement Activity Credit

CMS is conducting the 2018 Burdens Associated with Reporting Quality Measures Study, as outlined in the Quality Payment Program Year 2 [final rule](#). Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) that participate successfully in the study will receive full credit for the 2018 Improvement Activities performance category. Applications will be accepted through Monday, April 30, 2018; applicants will be notified in spring of 2018 if selected.

CMS is conducting this study to:

- Examine clinical workflows and data collection methods using different submission systems
- Understand the challenges clinicians face when collecting and reporting quality data
- Make recommendations for future changes to eliminate clinician burden, improve quality data collection and reporting, and enhance clinical care

To apply to participate in the study, complete the [application](#). For more information, read the [announcement](#), including who should apply and study requirements.

IMPACT Act Transfer of Health Measures: Public Comment Period Ends May 3

CMS is developing cross-setting post-acute care quality measures on the transfer of health information and care preferences in alignment with the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)). Submit comments on two draft measure specifications by May 3:

- Medication Profile Transferred to Provider
- Medication Profile Transferred to Patient

Visit the [Public Comment](#) webpage for more information.

PEPPERS Available for Hospices, SNFs, IRFs, IPFs, CAHs, LTCHs

Fourth quarter FY 2017 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for hospices, Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Inpatient Psychiatric Facilities (IPFs), Critical Access Hospitals (CAHs), and Long-term Acute Care Hospitals (LTCHs). These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities.

- Hospices, LTCHs, and free-standing SNFs and IRFs: For instructions on obtaining your PEPPER, read the [Secure PEPPER Access Guide](#)

- CAHs, IPFs, and SNF and IRF units of hospitals: Your PEPER was distributed via the QualityNet secure portal

For More Information:

- Visit the [PEPPER Resources](#) website for guides, recorded training sessions, QualityNet account information, [frequently asked questions](#), and examples of how other hospitals are using the report
- Visit the [Help Desk](#) if you have questions or need help obtaining your report
- Send us your [feedback or suggestions](#)

National Minority Health Month: Partnering for Health Equity

April is National Minority Health Month—a time to highlight the health disparities that persist among racial and ethnic minority populations and the ways we can continue the path towards equity. Many minorities experience a disproportionate burden of preventable disease, including diabetes, heart disease, kidney failure, and obesity. Talk to your patients about the importance of preventive care and recommend appropriate Medicare-covered preventive services.

This year, the CMS Office of Minority Health joins with colleagues to highlight the role of partnerships in reducing health disparities. Learn how individuals, organizations, and communities can work together to improve the health of minority communities across the country.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Office of Minority Health](#) website
- [C2C Prevention Resources](#) webpage
- [Connected Care: The Chronic Care Management Resource](#) webpage
- [HHS National Minority Health Month](#) website
- HealthEquityTA@cms.hhs.gov Health Equity Technical assistance mailbox

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Provider Compliance

Ophthalmology Services: Questionable Billing and Improper Payments

The Office of the Inspector General (OIG) reports that Medicare is vulnerable to fraud, waste, and abuse for wet Age-related Macular Degeneration (wet AMD) and cataracts:

- Administration of Lucentis injections for wet AMD more than once every 28 days (based on local coverage determinations)
- Billing for a second cataract surgery on the same eye
- Submitting disproportionately more claims for complex than standard cataract surgery

Review the following resources for proper claims coding, billing, and payment:

- [Questionable Billing for Medicare Ophthalmology Services](#) OIG Report, September 2015
- [Medicare Paid \\$22 Million in 2012 for Potentially Inappropriate Ophthalmology Claims](#) OIG Report, December 2014
- [Cataract Removal, Part B](#) MLN Matters® Special Edition Article
- [Implementation of CMS Ruling Regarding Presbyopia-Correcting Intraocular Lenses for Medicare Beneficiaries](#) MLN Matters Article
- [Multiple Procedure Payment Reduction on the Technical Component of Diagnostic Cardiovascular and Ophthalmology Procedures](#) MLN Matters Article
- [Medicare Vision Services](#) Fact Sheet
- [NCCI Policy Manual for Medicare Services, Chapter 8 Section D: Ophthalmology](#)

- [Medicare National Coverage Determinations Manual, Part 1 - Section 10.1: Use of Visual Tests Prior to and General Anesthesia During Cataract Surgery](#)
- [Medicare Benefit Policy Manual, Chapter 15, Section 120: Prosthetic Devices and Section 260.2: Ambulatory Surgical Center Services](#)

Claims, Pricers & Codes

April 2018 OPSS Pricer File

The [Outpatient Prospective Payment System \(OPSS\) Pricer](#) webpage is updated with the outpatient provider data for April 2018 under “2nd Quarter 2018 Files.”

Upcoming Events

Medicare Cost Report e-Filing System Webcast — May 1

Tuesday, May 1 from 1 to 2:30 pm ET

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

During this webcast, learn how to use the Medicare Cost Report e-Filing (MCR eF) system. Beginning May 1, Medicare Part A providers can use MCR eF to submit cost reports with fiscal years ending on or after December 31, 2017. You will have the option to electronically transmit your cost report through MCR eF or mail or hand deliver it to your Medicare Administrative Contractor. Starting July 2, you must use MCR eF if you choose electronic submission of your cost report. Access to MCR eF will be controlled by the CMS Enterprise Identity Management (EIDM) system. Security Officials (SOs) and Backup SOs registered in EIDM for access to the Provider Statistical and Reimbursement (PS&R) system will have access to MCR eF through their existing account. Providers that are not registered in EIDM as PS&R users must [register and assign](#) an SO for their organization.

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

LTCH Quality Reporting Program In-Person Training Event — May 8 and 9

Tuesday, May 8 and Wednesday, May 9 in Baltimore, MD

[Register](#) for this training.

CMS is hosting a 2-day Long-Term Care Hospital (LTCH) Quality Reporting Program Train the Trainer event. Visit the [LTCH Quality Reporting Training](#) webpage for details.

IRF Quality Reporting Program In-Person Training Event — May 9 and 10

Wednesday, May 9 and Thursday, May 10 in Baltimore, MD

[Register](#) for this training.

CMS is hosting a 2-day Inpatient Rehabilitation Facility (IRF) Quality Reporting Program Train the Trainer event. Visit the [IRF Quality Reporting Training](#) webpage for details.

Medicare Learning Network® Publications & Multimedia

Quarterly Update to the NCCI PTP Edits, Version 24.2 MLN Matters Article — New

A new MLN Matters Article on [Quarterly Update to the National Correct Coding Initiative \(NCCI\) Procedure-to-Procedure \(PTP\) Edits, Version 24.2 Effective July 1, 2018](#) is available. Learn about an update to Chapter 23, Section 20.9 of the Medicare Claims Processing Manual.

Change in Type of Service for CPT Code 77067 MLN Matters Article — New

A new MLN Matters Article on [Change in Type of Service \(TOS\) for Current Procedural Terminology \(CPT\) Code 77067](#) is available. Learn about updated TOS indicator to allow for proper claim submission and adjudication.

Ambulance Transportation for SNF Resident in Stay Not Covered by Part A MLN Matters Article — New

A new MLN Matters Article on [Ambulance Transportation for a SNF Resident in a Stay Not Covered by Part A – Medicare Benefit Policy Manual, Chapter 10, and Medicare Claims Processing Manual, Chapter 15](#) is available. Learn about coverage of an ambulance transport for a Skilled Nursing Facility (SNF) resident in a stay not covered by Part A, who has Part B benefits.

Supervised Exercise Therapy for Symptomatic PAD MLN Matters Article — Revised

A revised MLN Matters Article on [Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)](#) is available. Learn about the National Coverage Determination issued to cover SET for beneficiaries with intermittent claudication for the treatment of PAD.

Guidelines for Teaching Physicians, Interns, and Residents Booklet — Revised

A revised [Guidelines for Teaching Physicians, Interns, and Residents](#) Booklet is available. Learn about:

- Payment for physician services in teaching settings
- Evaluation and Management (E/M) documentation
- Exception for E/M services furnished in certain primary care centers

Billing Information for Rural Providers and Suppliers Booklet — Revised

A revised [Billing Information for Rural Providers and Suppliers](#) Booklet is available. Learn about:

- Critical access hospitals, federally qualified health centers, home health agencies, rural health clinics, skilled nursing facilities, and swing beds
- Regional Office Rural Health Coordinators

ICD-10-CM/PCS: The Next Generation of Coding Booklet — Reminder

The [ICD-10-CM/PCS: The Next Generation of Coding](#) Booklet is available. Learn about:

- Use of external cause and unspecified codes in ICD-10-CM
- CPT and HCPCS codes

- Similarities and differences between ICD-9-CM and ICD-10-CM
- New features and additional changes in ICD-10-CM

General Equivalence Mappings FAQs Booklet — Reminder

The [General Equivalence Mappings FAQs](#) Booklet is available. Learn about:

- Use of external cause and unspecified codes in ICD-10-CM
- Conversion of ICD-9-CM codes to ICD-10-CM/PCS and ICD-10-CM/PCS codes back to ICD-9-CM

Critical Access Hospital Booklet — Reminder

The [Critical Access Hospital](#) Booklet is available. Learn about:

- Critical access hospital designation
- Payments
- Grants to states under the Medicare Rural Hospital Flexibility Program

Learn About Medicare Policy

Visit the [MLN Matters Articles](#) webpage, and search for articles that explain national Medicare policy in an easy-to-understand format. Learn about coverage, billing, and payment rules for specific provider types.

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