



mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, May 17, 2018

News & Announcements

New Medicare Card: MBI Look-up Tool Clarification and RRB Mailing
Enhanced “Drug Dashboards” to Increase Transparency on Drug Prices
CMS Safeguards Patient Access to Certain Medical Equipment and Services in Rural and Other Non-contiguous Communities
Quality Payment Program: Check 2018 MIPS Clinician Eligibility at the Group Level
Medicare Diabetes Prevention Program Resources
Hospital Outpatient Quality Reporting Spring 2018 Newsletter
Talk to Your Patients about Mental Health

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

Upcoming Events

Settlement Conference Facilitation Expansion Call — May 22
Qualified Medicare Beneficiary Program Billing Requirements Call — June 6

Medicare Learning Network® Publications & Multimedia

ICD-10 and Other Coding Revisions to National Coverage Determinations MLN Matters Article — New
Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment MLN Matters Article — New
Updates to Publication 100-04 to Replace RARC MA61 with N382 MLN Matters Article — New
IPPS and LTCH PPS Extensions per the ACCESS Act MLN Matters Article — New
Supervised Exercise Therapy for Symptomatic PAD MLN Matters Article — Revised
Quarterly HCPCS Drug/Biological Code Changes – July 2018 Update MLN Matters Article — Revised
Medicare Preventive Services National Educational Products — Revised
Power Mobility Devices Booklet — Reminder
Advance Beneficiary Notice of Noncoverage Interactive Tutorial Educational Tool — Reminder
Medicare Advance Written Notices of Noncoverage Booklet — Reminder
Long-Term Care Hospital Prospective Payment System Booklet — Reminder
Medicare Disproportionate Share Hospital Fact Sheet — Reminder
Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision Fact Sheet — Reminder

News & Announcements

New Medicare Card: MBI Look-up Tool Clarification and RRB Mailing

Medicare Beneficiary Identifier (MBI) Look-up Tool Clarification:

The Medicare Administrative Contractor (MAC) portal MBI look-up tool will only return an MBI if the new Medicare card has been mailed; this avoids potential confusion if the MBI is used before the beneficiary receives their new Medicare card/MBI:

- Medicare is mailing new cards in [phases by geographic location](#).
- Ask your patients for their new cards when they come for care.

- Use your MAC's secure portal MBI look-up tool: [Learn about](#) and [sign up](#) for the Portal to use the tool when it is available no later than June 2018. If the new Medicare card has been mailed to your patient, you can look up their MBI if they do not have the new card when they come for care
- Check your [Remittance Advice](#) (RA): Starting in October 2018 through the end of the transition period we will return MBIs on RAs when you submit claims with valid and active Health Insurance Claim Numbers.

Railroad Retirement Board (RRB) Mailing:

On June 1, RRB will mail new Medicare cards to their beneficiaries. CMS will return a message on the eligibility transaction response for every RRB patient MBI inquiry that will read, "Railroad Retirement Medicare Beneficiary."

The [new RRB card](#) will still have the RRB logo in the upper left corner and "Railroad Retirement Board" at the bottom, but you cannot tell from looking at the MBIs if these patients are eligible for Medicare because they are railroad retirees.

Enhanced "Drug Dashboards" to Increase Transparency on Drug Prices

On May 15, CMS released a redesigned version of the Drug Spending Dashboards. For the first time, the dashboards include year-over-year information on drug pricing and highlight which manufacturers have been increasing their prices.

"Under President Trump's bold leadership, CMS is committed to putting patients first and increasing transparency," said CMS Administrator Seema Verma. "Publishing how much individual drugs cost from one year to the next will provide much-needed clarity and will empower patients and doctors with the information they need. As Secretary Azar has repeatedly pointed out, for years Medicare incentives have actually encouraged higher list prices for drugs, and this updated and enhanced dashboard is an important step to bringing transparency and accountability to what has been a largely hidden process."

The dashboards are interactive online tools that allow patients, clinicians, researchers, and the public to understand trends in drug spending. Data is reported for both Medicare and Medicaid. The new version of the dashboard reports the percentage change in spending on drugs per dosage unit and includes an expanded list of drugs.

Some of the most commonly used drugs across Medicare Part B, Medicare Part D, and Medicaid saw double-digit annual increases over the last few years. In 2012, Medicare spent 17 percent of its total budget, or \$109 billion, on prescription drugs. Four years later in 2016, spending had increased to 23 percent, or \$174 billion.

See the full text of this excerpted [CMS Press Release](#) (issued May 15), including a list of drugs that accounted for \$39 billion in total spending by Medicare and Medicaid in 2016.

CMS Safeguards Patient Access to Certain Medical Equipment and Services in Rural and Other Non-contiguous Communities

CMS issued an [interim final rule with comment period](#) to increase the fee schedule rates from June 1 through December 31, 2018, for certain durable medical equipment items and services and enteral nutrition furnished in rural and non-contiguous areas of the country not subject to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program (CBP). "This action will help Medicare beneficiaries in rural areas continue to access life-sustaining durable medical equipment, like oxygen equipment," said CMS Administrator Seema Verma.

We continue to engage with stakeholders regarding the CBP, including the national mail-order program and payment for items and services furnished in non-bid areas for 2019 and beyond.

See the full text of this excerpted [CMS Press Release](#) (issued May 9).

Quality Payment Program: Check 2018 MIPS Clinician Eligibility at the Group Level

You can now log in to the [Quality Payment Program](#) website to check your group's 2018 eligibility for the Merit-based Incentive Payment System (MIPS):

- Log in to the feature using your Enterprise Identity Management (EIDM) credentials
- Browse to the taxpayer identification number affiliated with your group
- Click into a details screen to see the eligibility status of every clinician based on their national provider identifier
- Find out whether they need to participate during the 2018 performance year for MIPS

Reminder: you can also use the [MIPS Participation Lookup Tool](#) to find out whether individual clinicians are eligible for the 2018 performance year.

For More Information:

- [EIDM User Guide](#)
- Contact gpp@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Medicare Diabetes Prevention Program Resources

New resources are available for Medicare Diabetes Prevention Program (MDPP):

- [Billing and Payment Quick Reference Guide](#): Snapshot of the payment structure and corresponding HCPCS G-codes.
- [Sessions Journey Map](#): Overview of the different types and sequence of sessions
- [MDPP FAQs](#) webpage: Answers commonly-asked questions about the expanded model

For More Information:

- [MDPP](#) webpage
- Email MDPP@cms.hhs.gov, or call the Help Desk at 877-906-4940

Hospital Outpatient Quality Reporting Spring 2018 Newsletter

Read the Hospital Outpatient Quality Reporting [Spring 2018](#) newsletter. Topics include:

- Program tools and resources
- Sampling methods
- Educational events
- Availability of facility-specific reports
- Program support documents

Talk to Your Patients about Mental Health

Mental Health Month raises awareness about mental health conditions. Recommend appropriate preventive services, including the Initial Preventive Physical Examination, Annual Wellness Visit, and Depression Screening.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Initial Preventive Physical Examination](#) Educational Tool
- [Annual Wellness Visit](#) Educational Tool

- [Centers for Disease Control and Prevention Mental Health](#) website

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

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

In November 2016, the Office of the Inspector General (OIG) reported that hospitals did not always comply with Medicare requirements for reporting cochlear devices replaced without cost to the hospital or beneficiary. In 116 of 149 claims reviewed, hospitals did not report the appropriate modifiers and charges or a combination of the appropriate value code and condition codes. Medicare Administrative Contractors use this information to adjust payment; incorrect billing led to Medicare overpayments of \$2.7 million.

- Services furnished on or after January 1, 2014: outpatient hospitals should report value code “FD” along with condition code 49 or 50
- Services furnished prior to January 1, 2014: outpatient hospitals should report the modifier “FB” on the same line as the procedure code (not the Cochlear Device code)

Use the following resources to bill correctly and avoid overpayment recoveries:

- [Hospitals Did Not Always Comply With Medicare Requirements for Reporting Cochlear Devices Replaced Without Cost](#). OIG Report, November 2016
- [List of CMS resources](#)

Upcoming Events

Settlement Conference Facilitation Expansion Call — May 22

An Alternative Dispute Resolution Initiative
Tuesday, May 22 from 1:30 to 3 pm ET

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

As part of the broader commitment by HHS to improving the Medicare claims appeals process, the Office of Medicare Hearings and Appeals (OMHA) is expanding the current Settlement Conference Facilitation (SCF) program to reach additional providers and suppliers. SCF is an alternative dispute resolution process that gives certain providers and suppliers an opportunity to resolve their eligible Part A and Part B appeals pending at OMHA and the Medicare Appeals Council (Council).

During this call, learn about the newly expanded SCF Initiative, which appeals are eligible for SCF, and the SCF process. Visit the [OMHA SCF](#) website for more information.

A question and answer session follows the presentation; however, attendees may email questions in advance to OMHA.SCF@hhs.gov with “SCF May 22 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: Medicare Part A and Part B providers and suppliers with a total of 500 or more appeals pending at OMHA and the Council combined; or Medicare Part A and Part B providers and suppliers with any number of appeals pending at OMHA and the Council that each have more than \$9,000 in billed charges.

Qualified Medicare Beneficiary Program Billing Requirements Call — June 6

Wednesday, June 6 from 1:30 to 3 pm ET

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

During this call, CMS experts discuss the Qualified Medicare Beneficiary (QMB) billing requirements and their implications. Find out about the July 2018 re-launch of changes to the remittance advice and November 2017 changes to the HIPAA Eligibility Transaction System (HETS) to identify the QMB status of your patients and exemption from cost-sharing. Also, learn key steps to promote compliance.

Medicare providers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays. Visit the [QMB Program](#) webpage for more information.

Target Audience: Medicare Part A and B providers, medical billing specialists, practice administrators, IT vendors, health care industry professionals, and other interested stakeholders.

Medicare Learning Network® Publications & Multimedia

ICD-10 and Other Coding Revisions to National Coverage Determinations MLN Matters Article — New

A new MLN Matters Article on [International Classification of Diseases, Tenth Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#) is available. Learn about NCD coding changes, revisions, and feedback.

Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment MLN Matters Article — New

A new MLN Matters Article on [Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#) is available. Learn about access to data file, pricing information, and new codes.

Updates to Publication 100-04 to Replace RARC MA61 with N382 MLN Matters Article — New

A new MLN Matters Article on [Updates to Publication 100-04, Chapters 1 and 27, to Replace Remittance Advice Remark Code \(RARC\) MA61 with N382](#) is available. Learn about Medicare manual changes and operational changes related to the New Medicare Card.

IPPS and LTCH PPS Extensions per the ACCESS Act MLN Matters Article — New

A new MLN Matters Article on [Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospital \(LTCH\) PPS Extensions per the Advancing Chronic Care, Extenders, and Social Services \(ACCESS\) Act Included in the Bipartisan Budget Act of 2018](#) is available. Learn about implementation instructions for the ACCESS Act of 2018 for Sections 50204, 50205, and 51005.

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.

Quarterly HCPCS Drug/Biological Code Changes – July 2018 Update MLN Matters Article — Revised

A revised MLN Matters Article on [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes – July 2018 Update](#) is available. Learn about four new HCPCS codes effective for claims with dates of service on or after July 1, 2018.

Medicare Preventive Services National Educational Products — Revised

The [Medicare Preventive Services National Educational Products](#) Listing is available. Learn about:

- Coverage
- Coding
- Billing

Power Mobility Devices Booklet — Reminder

The [Power Mobility Devices](#) Booklet is available. Learn about:

- Coverage criteria
- Provider and supplier requirements
- Programs that may affect reimbursement

Advance Beneficiary Notice of Noncoverage Interactive Tutorial Educational Tool — Reminder

The [Advance Beneficiary Notice \(ABN\) of Noncoverage Interactive Tutorial](#) Educational Tool is available. Learn about:

- Completing the ABN
- Form CMS-R-131

Medicare Advance Written Notices of Noncoverage Booklet — Reminder

The [Medicare Advance Written Notices of Noncoverage](#) Booklet is available. Learn about:

- Prohibitions and frequency limits
- Collecting payment / financial liability
- Claim reporting modifiers
- When you should not use the notice

Long-Term Care Hospital Prospective Payment System Booklet — Reminder

The [Long-Term Care \(LTC\) Hospital Prospective Payment System](#) Booklet is available. Learn about:

- Certification
- Patient classification
- Site neutral payment rate, payment policy adjustments, and payment updates
- Quality Reporting Program

Medicare Disproportionate Share Hospital Fact Sheet — Reminder

The [Medicare Disproportionate Share Hospital \(DSH\)](#) Fact Sheet is available. Learn about:

- Methods to qualify for the adjustment
- Provisions that impact Medicare DSHs
- Counting the number of beds and patient days in hospital
- Payment adjustment formulas

Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision Fact Sheet — Reminder

The [Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision](#) Fact Sheet is available. Learn about:

- Reporting requirements
- Billing and coding
- Exempt hospitals

[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).

