CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, November 15, 2018

News & Announcements

Patients Over Paperwork November Newsletter
Quality Payment Program Year 1 Performance Results
Quality Payment Program: Participation Status Tool Updated
Hospice Quality Reporting Program: Quarterly Update Document
Hospices: 4.5 Month Data Correction Deadline for Public Reporting
Hospice Item Set Freeze Date: November 15
CMS Health Equity Awards: Submit Nominations by December 7
Physicians: Documentation of Artificial Limbs and Braces
Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
Recognizing Lung Cancer Awareness Month and the Great American Smokeout

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

Claims, Pricers & Codes

DME: Denial of Serial Claims

Upcoming Events

Physician Fee Schedule Final Rule: Understanding 3 Key Topics Call — November 19

Medicare Learning Network® Publications & Multimedia

Implementation of HCPCS Code J3591 and Changes for ESRD Claims MLN Matters Article — New
DMEPOS Update MLN Matters Article — New
Medicare Deductible, Coinsurance and Premium Rates: 2019 Update MLN Matters Article — New
MCReF MLN Matters Article — Revised
ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — Revised
Certifying Patients for the Medicare Home Health Benefit MLN Matters Article — Revised
Certificate of Medical Necessity Web-Based Training Course — Revised
Medicare Part B Immunization Billing Educational Tool — Revised

News & Announcements

Patients Over Paperwork November Newsletter

Read the CMS Patients Over Paperwork November newsletter, part of our ongoing effort to reduce administrative burden and improve the customer experience, while putting patients first. The main article provides an update on how CMS is reducing burden experienced by Medicare beneficiaries during care transitions. In this edition, learn how we are simplifying documentation requirements:

- Physicians acting as suppliers do not need to write orders to themselves
- Physicians do not need to reference page numbers in their certification or recertification statements
- A signature and date is acceptable verification of a medical student's documentation of an evaluation and management visit performed by a physician

The newsletter also discusses:

- Where we are meeting with stakeholders to talk about burden
- How to provide feedback through Requests for Information and proposed rules

For More Information:
- Patients Over Paperwork website
- Past Newsletters

Quality Payment Program Year 1 Performance Results

CMS released 2017 performance data for the Quality Payment Program. We announced the preliminary data earlier this year, and now we released additional data elements that show significant success and participation in both the Merit-based Incentive Payment System and Advanced Alternative Payment Model tracks. For a complete breakdown of the 2017 performance data, see the blog and infographic.

For More Information:
- Visit the Quality Payment Program website
- Find your local support organization for no-cost technical assistance
- Contact qpp@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program: Participation Status Tool Updated

CMS updated the Quality Payment Program Participation Status Tool based on calculations from the second snapshot of Medicare Part B claims data to calculate the Alternative Payment Model (APM) entities threshold scores. The second snapshot is for dates of participation between January 1 and June 30, 2018. The tool includes 2018 Qualifying APM Participant (QP) and Merit-based Incentive Payment System APM status.

For More Information:
- Quality Payment Program website
- Resource Library webpage
- QP Methodology Fact Sheet.
- List of APMs
- Contact qpp@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Hospice Quality Reporting Program: Quarterly Update Document

The Hospice Quality Reporting Program (HQRP) Quarterly Update document is available for the third quarter of 2018, including:
- Frequently asked questions received by the Hospice Quality Help Desk
- Updates and events from the third quarter
- Upcoming events in the fourth quarter

Visit the HQRP Requirements and Best Practices webpage for more information.

Hospices: 4.5 Month Data Correction Deadline for Public Reporting

CMS instituted a 4.5 month data correction deadline for hospice public reporting beginning January 1, 2019. See the Fact Sheet and Public Reporting: Key Dates webpage for information on this new policy.

Hospice Item Set Freeze Date: November 15

The freeze date for Hospice Item Set (HIS) data that will be included in quality measure calculations for the February 2019 Hospice Compare refresh is November 15. The February refresh will include HIS data from the second quarter of 2017 to the first quarter of 2018. All HIS records, including modifications/corrections and inactivations, need to be submitted and accepted by the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system by 11:59 pm on November 15 to be reflected in the Hospice Provider Preview Report that will be available on December 3.

It is your responsibility to ensure that records are complete and accurate prior to submission to the QIES ASAP system. Review quality measure data often using your quality measure reports and submit any necessary HIS corrections.

For More Information:

- Public Reporting: Key Dates for Providers webpage
- Requirements and Best Practices webpage
- Quality Measure Reports Fact Sheet

CMS Health Equity Awards: Submit Nominations by December 7

Submit nominations for the CMS Health Equity Award by December 7. We look forward to recognizing another organization that is closing gaps in health care quality, access, or outcomes for our priority populations. Read about last year's awardees and how to apply.

Physicians: Documentation of Artificial Limbs and Braces

Your Durable Medical Equipment Medicare Administrative Contractor posted a letter about Documentation of Artificial Limbs and Braces (Orthotics & Prosthetics); see example.

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; see the Supplier Fact Sheet and visit the CDC website for more information
- Prepare for Medicare enrollment; see the Enrollment Fact Sheet and Checklist
- Apply to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll)
- Furnish MDPP services; see the Session Journey Map
- Submit claims to Medicare; see the Billing and Claims Fact Sheet and Billing and Payment Quick Reference Guide

For More Information:

- MDPP Expanded Model Booklet
- Materials from Medicare Learning Network call on June 20
- MDPP webpage
- CDC - CMS Roles Fact Sheet
- Contact mdpp@cms.hhs.gov

Recognizing Lung Cancer Awareness Month and the Great American Smokeout

November is Lung Cancer Awareness Month, and November 16 is the Great American Smokeout. Tobacco use is the leading cause of preventable illness and death in the United States. Many smokers want to quit but have difficulty succeeding.

- Talk to your patients about quitting
- Recommend appropriate Medicare-covered preventative services, including counseling to prevent tobacco use, lung cancer screening counseling, and annual screening for lung cancer with low dose computed tomography

For More Information:

- Preventive Services Educational Tool
- Lung Cancer Awareness website, Centers for Disease Control and Prevention
- Great American Smokeout webpage, American Cancer Society

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

Claims, Pricers & Codes

DME: Denial of Serial Claims

CMS identified Durable Medical Equipment (DME) items that are serial in nature. For these items, we generally review the first claim in the series and:

- Pay subsequent claims in the series after passing existing validation edits, or
- Deny subsequent claims in the series unless you submit additional documentation with the subsequent claim line

If a serial claim is denied after a complex medical review, subsequent claims in the series will be denied unless additional documentation is submitted to demonstrate that the services are reasonable and medically necessary.

- If a paper claim is submitted, attach any additional documentation to the claim form
- If an electronic claim is submitted, follow the existing PWK process and include the word “serial” in the NTE02 segment of the claim; refer to MLN Matters® Article MM7041

Check your Medicare Administrative Contractor's website for additional information, including a list of impacted HCPCS codes.

Upcoming Events

Physician Fee Schedule Final Rule: Understanding 3 Key Topics Call — November 19
Monday, November 19 from 2 to 3:30 pm ET

Register for Medicare Learning Network events.

The CY 2019 Physician Fee Schedule final rule is estimated to increase the amount of time doctors and other clinicians spend with their patients by reducing the burden of Medicare paperwork. During this call, CMS experts briefly cover three provisions and address your questions:

- Streamlining Evaluation and Management (E/M) payment and reducing clinician burden
- Advancing virtual care
- Continuing to improve the Quality Payment Program to reduce burden and offer flexibilities to help clinicians successfully participate

We encourage you to review the final rule prior to the call and the following materials:

- Physician Fee Schedule: Press release, fact sheet, and E/M payment chart
- Quality Payment Program: Year 3 overview fact sheet and quick start guide for MIPS 2019 participation

Target Audience: Medicare Part B fee-for-service clinicians; office managers and administrators; state and national associations that represent healthcare providers; and other stakeholders.

Medicare Learning Network® Publications & Multimedia

Implementation of HCPCS Code J3591 and Changes for ESRD Claims MLN Matters Article — New

A new MLN Matters Article MM10851 on Implementation of Healthcare Common Procedure Coding System (HCPCS) Code J3591 and Additional Changes for End-Stage Renal Disease (ESRD) Claims is available. Learn about implementation of a new unclassified drug or biological for ESRD.

DMEPOS Update MLN Matters Article — New

A new MLN Matters Article MM10838 on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Update is available. Learn about updating the ViPS Medicare System to process claims.

Medicare Deductible, Coinsurance and Premium Rates: 2019 Update MLN Matters Article — New

A new MLN Matters Article MM11025 on Update to Medicare Deductible, Coinsurance and Premium Rates for 2019 is available. Learn about updating the claims processing system with the new deductible, coinsurance, and premium rates.

MCReF MLN Matters Article — Revised

A revised MLN Matters Article MM10611 on Medicare Cost Report E-Filing (MCReF) is available. Learn about streamlining of the filing process.

ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — Revised

A revised MLN Matters Article MM10859 on International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) is available. Learn about coding updates.

Certifying Patients for the Medicare Home Health Benefit MLN Matters Article — Revised

A revised MLN Matters Article SE1436 on Certifying Patients for the Medicare Home Health Benefit is available. Learn about patient eligibility and certification/recertification requirements.

Certificate of Medical Necessity Web-Based Training Course — Revised

With Continuing Education Credit

A revised Certificate of Medical Necessity (CMN) Web-Based Training Course is available through the Learning Management System. Learn:

- How to submit and verify a CMN
- Documentation guidelines

Medicare Part B Immunization Billing Educational Tool — Revised

A revised Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool is available. Learn about:

- Administration and diagnosis codes
- Vaccine codes and descriptors
- Frequency of administration

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).