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Official CMS news from the Medicare Learning Network

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News & Announcements

SNF PPS: New Patient Driven Payment Model Webpage

On October 1, 2019, the new Patient Driven Payment Model (PDPM) is replacing Resource Utilization Group, Version IV (RUG-IV) for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). Visit the new [PDPM](#) webpage to prepare for this change:

- FAQs
- Fact sheets
- Presentation
- Implementation tools

Open Payments: Review Program Year 2017 Data through December 31

On June 29, CMS published Program Year 2017 Open Payments data, along with updated and newly submitted data from previous program years (2013-2016). Physicians and teaching hospitals: This data is available for review and dispute through December 31. Review of the data is voluntary, but strongly encouraged.

For More Information:

- [Review and Dispute for Physicians and Teaching Hospitals](#) webpage
- [Resources for Physicians and Teaching Hospitals](#) webpage
- [Review the data](#)
- Submit questions to openpayments@cms.hhs.gov or by call 855-326-8366

Hospice Item Set Manual: New Version

The [Hospice Item Set \(HIS\) Manual V2.01](#) is updated with refined guidance to clarify HIS coding instructions. Note: No updates were made to HIS items. Visit the [HIS](#) webpage for more information.

Hospice Comprehensive Assessment Quality Measure Fact Sheet

A [fact sheet](#) on the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235) is now available. Learn about this measure:

- Background
- Calculations
- How to use Quality Measure reports to understand your performance

Visit the [Current Measures](#) webpage for more information.

Provider Enrollment Application Fee Amount for CY 2019

On November 16, CMS issued a [notice](#): Provider Enrollment Application Fee Amount for CY 2019. Effective January 1, 2019, the CY 2019 application fee is \$586 for institutional providers that are:

- Initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP)
- Revalidating their Medicare, Medicaid, or CHIP enrollment
- Adding a new Medicare practice location

This fee is required with any enrollment application submitted from January 1 through December 31, 2019.

National Rural Health Day, Improving Rural Health

Despite many barriers, rural communities are devising innovative ways to address their unique challenges. Through partnerships, new business models, and technology they are improving the health of their communities and providing patients with a high level of care.

Last spring, CMS released the agency's first [Rural Health Strategy](#). Some results:

- We recently finalized separate payment under the Medicare Physician Fee Schedule for brief communication technology-based services, often referred to as virtual check-ins
- Medicare will now pay separately for remote evaluation of recorded video and/or images submitted by the patient

- Because end-stage renal disease and stroke patients often have difficulty getting to a clinician's office, particularly in rural areas, we expanded telehealth options for more accessible care
- We have recently provided [information to Congress](#) about current use of Medicare telehealth services and additional opportunities for telehealth to improve care for people in rural and other communities
- For CY 2019, CMS finalized separate payment for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for communication technology-based services and remote evaluations that are furnished by an RHC or FQHC practitioner when there is no associated billable visit
- Within the Quality Payment Program, we implemented several options to help clinicians in both small and rural practices successfully participate in the Merit-based Incentive Payment System

On November 15, the Office of Minority Health released a [report](#) that compares the quality of care delivered to rural and urban beneficiaries overall. The report also looks at how these differences vary by race and ethnicity.

See the full text of this excerpted [CMS Blog](#) (issued January 2).

Recommend Influenza Vaccination: Each Office Visit is an Opportunity

People 65 years and older are at greater risk for serious influenza-related complications. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. Your strong vaccine recommendation is a critical factor that affects whether your patients get an influenza vaccine. Take time to recommend and vaccinate your patients, your staff, and yourself.

Medicare Part B covers the influenza virus vaccine once per influenza season. Medicare covers additional influenza vaccines if medically necessary.

You may also want to recommend the [pneumococcal vaccine](#) during the same visit. Medicare covers:

- An initial pneumococcal vaccine for Medicare beneficiaries who never received the vaccine under Medicare Part B
- A different, second pneumococcal vaccine 1 year after the first vaccine was administered

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters® Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Information for Health Professionals](#) webpage
- [CDC Tools to Prepare Your Practice for Flu Season](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

Provider Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services — Reminder

In a recent report, the Office of Inspector General (OIG) determined that payments for outpatient Intensity-Modulated Radiation Therapy (IMRT) did not comply with Medicare billing requirements. Specifically, hospitals billed separately for complex stimulations when they were performed as part of IMRT planning. Overpayments occurred because hospitals are unfamiliar with or misinterpreted CMS guidance.

Use the following resources to bill correctly:

- [IMRT Planning Services Editing](#) MLN Matters® Article
- [Medicare Improperly Paid Hospitals Millions of Dollars for IMRT Planning Services](#) OIG Report, August 2018
- [Medicare Claims Processing Manual, Chapter 4, Section 200.3.1](#)

- [July 2016 Update of the Hospital Outpatient Prospective Payment System](#) MLN Matters Article

Claims, Pricers & Codes

Medicare Diabetes Prevention Program: Valid Claims

For a claim to be valid under the Medicare Diabetes Prevention Program (MDPP), you must have both:

- Centers for Disease Control and Prevention (CDC) preliminary or full recognition; see the [Supplier Fact Sheet](#) and [CDC](#) website for more information
- Separate Medicare enrollment as an MDPP supplier (Specialty D1); see the [Enrollment Fact Sheet](#) and [Checklist](#)

Important:

If you do not have a separate Medicare enrollment as a MDPP supplier and you submit a claim for MDPP services, your claim will be rejected.

Medicare enrolled MDPP suppliers: See the [Quick Reference Guide to Payment and Billing](#) and the [Billing and Claims Fact Sheet](#) for information on valid claims:

- Submit claims when a performance goal is met, and report codes only once per eligible beneficiary (except G9890 and G9891)
- List each HCPCS code with the corresponding session date of service and the coach's National Provider Identifier
- List all HCPCS codes associated with a performance payment (including non-payable codes) on the same claim
- Include Demo code 82 in block 19 to identify MDPP services
- Do not include codes for other, non-MDPP services

For More Information:

- [MDPP Expanded Model](#) Booklet
- [MDPP](#) webpage

Upcoming Events

SNF PPS: New Patient Driven Payment Model Call — December 11

Tuesday, December 11, 2018, from 1:30 to 3 pm ET

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

On October 1, 2019, the new Patient Driven Payment Model (PDPM) is replacing Resource Utilization Group, Version IV (RUG-IV) for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). Topics:

- Overview of PDPM, a new case-mix classification system for SNF Part A beneficiaries
- Changeover from RUG-IV to PDPM

For more information, review the FY 2019 SNF PPS [final rule](#), and visit the [PDPM](#) webpage. A question and answer session follows the presentation; however, attendees may email questions in advance to PDPM@cms.hhs.gov with "December 11 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: SNF facilities, administrators, and clinicians.

National Provider Enrollment Conference — March 12

Tuesday, March 12 from 8 am to 5 pm and Wednesday, March 13 from 8:30 am to 5 pm CT

Nashville, TN

[Register](#) for the CMS National Provider Enrollment Conference at the Nashville Music City Center. Take advantage of this opportunity to interact directly with CMS and Medicare Administrative Contractor provider enrollment experts.

Medicare Learning Network® Publications & Multimedia

FISS: Implementation of the MoIDX MLN Matters Article — New

A new MLN Matters Article MM10760 on [User CR: Fiscal Intermediary Shared System \(FISS\) - Implementation of the Molecular Diagnostic Services \(MoIDX\)](#) is available. Learn about inputting a unique test ID into claims at the detail line level.

CWF Provider Queries NPI and Submitter ID MLN Matters Article — New

A new MLN Matters Article MM10983 on [Common Working File \(CWF\) Provider Queries National Provider Identifier \(NPI\) and Submitter Identification \(ID\) Verification](#) is available. Learn about modifying each Part A eligibility inquiry and establishing verification processes.

ESRD PPS: CY 2019 Payment for Dialysis Furnished for AKI MLN Matters Article — New

A new MLN Matters Article MM11021 on [Implementation of Changes in the End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\) and Payment for Dialysis Furnished for Acute Kidney Injury \(AKI\) in ESRD Facilities for Calendar Year \(CY\) 2019](#) is available. Learn about rate updates, payment updates, and changes to Chapter 11, Section 60 of the Medicare Benefit Policy Manual.

Home Health Rural Add-on Payments MLN Matters Article — New

A new MLN Matters Article MM10782 on [Home Health Rural Add-on Payments Based on County of Residence](#) is available. Learn about changes to add-on payments.

RHC AIR Payment Limit: CY 2019 Update MLN Matters Article — New

A new MLN Matters Article MM10989 on [Update to Rural Health Clinic \(RHC\) All-Inclusive Rate \(AIR\) Payment Limit for Calendar Year \(CY\) 2019](#) is available. Learn about updates to the payment limit per visit.

HH PPS Rate: CY 2019 Update MLN Matters Article — New

A new MLN Matters Article MM10992 on [Home Health Prospective Payment System \(HH PPS\) Rate Update for Calendar Year \(CY\) 2019](#) is available. Learn about changes to outlier payments.

IVIG Demonstration: 2019 Payment Update MLN Matters Article — New

A new MLN Matters Article MM10896 on [Intravenous Immune Globulin \(IVIG\) Demonstration: Payment Update for 2019](#) is available. Learn about payment rate changes for demonstration services.

RARC, CARC, MREP and PC Print Update MLN Matters Article — New

A new MLN Matters Article MM11038 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#) is available. Learn about code list changes and software updates.

Uniform Use of CARC, RARC, and CAGC Rule Update MLN Matters Article — New

A new MLN Matters Article MM11039 on [Implement Operating Rules - Phase III Electronic Remittance Advice \(ERA\) Electronic Funds Transfer \(EFT\): Committee on Operating Rules for Information Exchange \(CORE\) 360 Uniform Use of Claim Adjustment Reason Codes \(CARC\), Remittance Advice Remark Codes \(RARC\) and Claim Adjustment Group Code \(CAGC\) Rule - Update from Council](#) is available. Learn about system updates based on CORE publications.

HCPCS Code Updates for Home Health Consolidated Billing Enforcement MLN Matters Article — New

A new MLN Matters Article MM11040 on [Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement](#) is available. Learn about updates to the therapy code list.

Physician Compare Webcast: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [October 30](#) webcast on Physician Compare: Preview Period and Public Reporting. Learn about the 2017 Quality Payment Program performance information targeted for public reporting and upcoming 30-day preview period.

New Waived Tests MLN Matters Article — Revised

A revised MLN Matters Article MM10958 on [New Waived Tests](#) is available. Learn about the latest tests approved by the Food and Drug Administration under the Clinical Laboratory Improvement Amendments.

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