



CMS Medicare FFS Provider e-News

Brought to you by the Medicare Learning Network®

Due to the holidays, the next regular edition of the *e-News* will be released Friday, January 4. Our normal *e-News* schedule will resume Thursday, January 10.

Happy Holidays and Happy New Year!

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National Provider Call: Implementation of Section 3133 of the Affordable Care Act: Improvement to Medicare DSH Payments — Registration Now Open [\[↑\]](#)

Tuesday, January 8; 1:30-3:30pm ET

CMS will host a National Provider Call on “Implementation of Section 3133 of the Affordable Care Act: Improvement to Medicare Disproportionate Share Hospital (DSH) Payments.” This presentation will cover a review of Medicare DSH payment methodology under Section 3133 of the Affordable Care Act, which is effective in fiscal year 2014. CMS commissioned Dobson DaVanzo & Associates, LLC and KNG Health Consulting, LLC to provide technical assistance. They will present findings of their analyses identifying possible data sources and definitions for measuring the change in uninsured and uncompensated care. Participants will also have an opportunity to provide comments.

Agenda:

- Review of Section 3133
- Analytic Methods
- Uninsured Definitions and Data Sources
- Uncompensated Care Definitions and Data Sources
- Conclusions
- Next Steps
- Discussion: Public Comments

Target Audience: All Medicare FFS providers

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification](#) web page to learn more.

National Provider Call: Meaningful Use: Stage 1 and Stage 2 — Save the Date [\[↑\]](#)

Wednesday, January 16; 2-3:30pm ET

CMS will host a National Provider Call on the first 2 stages of Meaningful Use under the Medicare and Medicaid EHR Incentive Programs On January 16. The agenda and registration information will be available soon on the [CMS Upcoming National Provider Calls](#) registration website.

Flu Season is Here [\[↑\]](#)

According to the Centers for Disease Control and Prevention, flu activity is beginning to increase and further increases are expected in the coming weeks and months. Now is the time to protect against flu before activity increases in the community. About 5 to 20 percent of the population gets the flu each

year and more than 200,000 people are hospitalized because of flu-related complications. Make each office visit an opportunity to talk with your patients about the importance of getting an annual flu vaccination and a pneumococcal vaccination according to the recommended schedule. This message also serves as a reminder for you to get your seasonal flu vaccination to protect yourself, your family, and your patients.

Remember – the Influenza and pneumococcal vaccines and their administration fees are covered Part B benefits. Influenza and pneumococcal vaccines are NOT Part D-covered drugs.

For More Information:

- CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list. You may also refer to the [MLN Matters® Article #MM8047](#), “Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season.”
- Please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages for more information on coverage and billing of the flu and pneumococcal vaccines and their administration fees.
- While some providers may offer the flu vaccine, those who don’t can help their patients locate a vaccine provider within their local community. The [HealthMap Vaccine Finder](#) is a free, online service where users can find nearby locations offering flu vaccines.

Provider Enrollment Application Fee Amount for Calendar Year 2013 [\[↑\]](#)

Federal Register Notice, CMS-6044-N, published on November 30, 2012, announced that the new application fee for CY 2013 is \$532.00. Effective January 1, 2013, the new application fee will be imposed on institutional providers that are initially enrolling in Medicare, adding a practice location, or revalidating their enrollment information. This fee is required with any enrollment application submitted on or after January 1, 2013 and on or before December 31, 2013.

For more information on the Federal Register notice please refer to CMS-6044-N, entitled “[Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2013.](#)”

Webinar Available on CMS National Partnership to Improve Dementia Care in Nursing Homes [\[↑\]](#)

A webinar on the CMS National Partnership to Improve Dementia Care in Nursing Homes, formally referred to as the [Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Home Residents](#), is available on the CMS YouTube Channel. On March 29, 2012, CMS launched a new partnership aimed at improving dementia care and safeguarding nursing home residents from unnecessary antipsychotic drug use. As part of this partnership, CMS developed a national action plan that utilizes a multidimensional approach including public reporting, raising public awareness, regulatory oversight, technical assistance/training and research. The action plan is targeted at enhancing individualized, person-centered care approaches for nursing home residents, particularly those with dementia-related behaviors. In this webinar, CMS provides an overview of the national partnership, resources for technical assistance, and plans for upcoming educational offerings.

Health Professional Shortage Area Bonus Payment Reminder [\[↑\]](#)

Physicians furnishing services to Medicare beneficiaries in areas designated as of December 31, 2012 by

the Health Resources and Services Administration (HRSA) as primary care geographic Health Professional Shortage Areas (HPSAs) are eligible for a ten percent bonus payment for services furnished from January 1, 2013, to December 31, 2013. If an area does not have a geographic primary care HPSA designation, but does have a geographic mental health HPSA designation, then only psychiatrists furnishing services to Medicare beneficiaries in the designated area are eligible for the ten percent bonus.

It is the responsibility of the physician to determine if a service is furnished in a geographic HPSA. Eligibility is determined annually based on the status of the designation as of December 31 of the prior year.

- A physician or provider that was eligible for the ten percent bonus in 2012 may not be eligible for the bonus in 2013.
- A physician or provider that was not eligible for the ten percent bonus in 2011 may be eligible for the bonus in 2012. Information on designated areas is available from HRSA.

The following websites may be helpful in determining if an area is a geographic primary care or mental health HPSA:

- [HRSA](#) website (shows if an area is eligible)
- [HRSA](#) website (identifies designations within a state),
- [FIEC](#) website (identifies census tracts by entering an address)

CMS publishes annually a list of ZIP codes for which the ten percent bonus is paid automatically. Only areas where the entire ZIP code falls within the designated area at the time the list is developed are listed.

- Physicians and providers furnishing services in eligible areas that are not on the CMS list of ZIP codes for automatic payment of the bonus must use the AQ modifier to receive the bonus. Only physicians furnishing services in areas designated as of December 31, 2012 as a geographic primary care HPSA whose ZIP code is not on the list should use the modifier.
- Only psychiatrists furnishing services in areas that are not designated as a primary care HPSA as of December 31, 2012 but are designated as a geographic mental health HPSA should use the modifier if the ZIP code is not on the list for automatic payment.

Information on the Medicare Physician bonus program, including the list of ZIP codes eligible for automatic payment of the bonus, can be found on the [Physician Bonuses](#) website.

CMS Correcting Error in Processing of Claims by Pathologists and Independent Laboratories for Professional Component of Certain Physician Pathology Services [\[↑\]](#)

CMS is taking immediate action to correct an error in processing claims submitted by certain pathologists and independent clinical laboratories for the professional component (PC) of physician pathology services. Under previous law, including, most recently, Section 3006 of the Middle Class Tax Relief and Job Creation Act of 2012, a statutory moratorium, which expired on June 30, 2012, allowed certain practitioners and suppliers to bill a carrier or an A/B MAC for the technical component (TC) of physician pathology services furnished to hospital patients. In the file furnished to contractors used to implement the expiration of this claims payment policy, CMS erroneously included several Health Care Procedure Code System (HCPCS) codes for the PC of a physician pathology service in the list of TC HCPCS codes. As a result, some claims for the PC of a physician pathology service, when submitted by a pathologist or by an independent clinical laboratory, are being improperly denied on the basis of the expiration of this moratorium. In the case of an independent clinical laboratory, the laboratory may only be paid if a physician employed by the laboratory performed the PC of such service.

As an interim measure, CMS is instructing contractors to override the edit which is causing the improper denials of PC of physician pathology services for claims with a date of service (DOS) between July 1, 2012 and January 1, 2013. CMS is also instructing each contractor to reprocess all claims billed by pathologists or independent clinical laboratories for the PC of a physician pathology service with a DOS on and after July 1, 2012, to and through the date that the contractor begins to use the override for the edit. No further action on the part of pathologists or independent clinical laboratories will be necessary at this time.

Adjustments for ESRD Claims with Outlier Payments [\[↑\]](#)

End Stage Renal Disease (ESRD) facilities may begin to see some of their claims with outlier payments in 2012 being adjusted after January 7, 2013. In January 2012, the application of the erythropoietin stimulating agents (ESA) payment reductions were incorrectly discontinued for the Medicare Allowed Payment (MAP) for outlier. The ESA policy continues to require a payment reduction be applied to the Medicare allowed payment (MAP) amount for outlier consideration when applicable. This problem is scheduled to be corrected on January 7, 2013. Once this correction is implemented, contractors will begin adjusting any ESRD claims with dates of service in 2012 that paid an outlier payment and were subject to an ESA payment reduction.

“Prescription Drug Monitoring Programs: A Resource to Help Address Prescription Drug Abuse and Diversion” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1250](#), “Prescription Drug Monitoring Programs: A Resource to Help Address Prescription Drug Abuse and Diversion” was released and is now available in downloadable format. This article is designed to provide education on Prescription Drug Monitoring Programs (PDMPs), which are designed to collect data on prescriptions of controlled substances in an effort to reduce prescription drug abuse and diversion. It includes background information about the Program and resources providers can use to help address and prevent prescription drug abuse.

From the MLN: “Sole Community Hospital” Fact Sheet — Revised [\[↑\]](#)

The [“Sole Community Hospital”](#) Fact Sheet (ICN 006399) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Sole Community Hospitals (SCH). It includes the following information: SCH classification criteria, SCH payments, expiration of the Medicare Dependent Hospital Program, and urban to rural hospital reclassifications.

From the MLN: “Rural Health Clinic” Fact Sheet — Revised [\[↑\]](#)

The [“Rural Health Clinic”](#) Fact Sheet (ICN 006398) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Rural Health Clinics (RHC). It includes the following information: background, RHC services, Medicare certification as a RHC, RHC visits, RHC payments, cost reports, and annual reconciliation.

From the MLN: “Discharge Planning” Booklet — Released [\[↑\]](#)

The “[Discharge Planning](#)” Booklet (ICN 908184) was released and is now available in downloadable format. This booklet is designed to provide education on Medicare discharge planning. It includes discharge planning information for Home Health Agencies, Hospices, Hospitals, Inpatient Psychiatric Facilities, Long-Term Care Facilities, and Swing Beds.

From the MLN: “Skilled Nursing Facility Prospective Payment System” Fact Sheet — Revised [[↑](#)]

The “[Skilled Nursing Facility Prospective Payment System](#)” Fact Sheet (ICN 006821) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Skilled Nursing Facility Prospective Payment System (SNF PPS). It includes the following information: background and elements of the SNF PPS.

New MLN Provider Compliance Fast Fact [[↑](#)]

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides information on the latest [MLN Educational Products](#) and [MLN Matters® Articles](#) designed to help Medicare FFS providers understand and avoid common billing errors and improper payments. Please bookmark this page and check back often as a new fast fact is added each month.



CMS asks that you share this important information with interested colleagues and recommends they [subscribe](#) to receive the *e-News* directly.

Previous issues are available in the [archive](#).