



**mlnconnects**

Official CMS news from the Medicare Learning Network®

**Thursday, December 19, 2019**

## News

- DMEPOS: Changes to Conditions of Payment Reduce Burden
- DMEPOS Competitive Bidding Surveys: Comment by December 20
- Mohs Microsurgery: Comparative Billing Report in December
- Hospice Provider Preview Reports: Review Your Data by January 15
- Hospice Providers: Volunteer for Alpha Testing of HOPE Assessment Instrument
- LTCH Compare Refresh
- IRF Compare Refresh
- 2020 Eligible Clinician Electronic Clinical Quality Measure Flows
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

## Compliance

- Provider Minute Video: The Importance of Proper Documentation

## Claims, Pricers & Codes

- Payment for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments: Updated

## Events

- Mohs Microsurgery: Comparative Billing Report Webinar — January 7
- ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call — January 14
- Listening Sessions on MAC Opportunities to Enhance Provider Experience — January 15, 22, or 29

## MLN Matters® Articles

- Calendar Year (CY) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2020
- Update Inpatient Prospective Payment System (IPPS) Pricer and Related Claims Reprocessing
- Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS — Revised
- Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment — Revised
- Looking for an MLN Matters Article?

## Publications

- Hospital Quality Reporting: QRDA I Conformance Statement Resource

## Multimedia

- Ambulance Services Call: Audio Recording and Transcript

## News

**DMEPOS: Changes to Conditions of Payment Reduce Burden**

The [Final Payment Rule](#) (Section VI, beginning on p. 60742) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) included several provisions to reduce burden. Effective January 1:

- Standard order/prescription requirements for all DMEPOS items
- One Master List of DMEPOS items, which may be selected to require a face-to-face encounter and written order prior to delivery and/or prior authorization
- Items require face-to-face encounter and written order prior to delivery only after selection announced in Federal Register notice
- Prior authorization submission process for DMEPOS is unchanged

### **DMEPOS Competitive Bidding Surveys: Comment by December 20**

CMS is soliciting comments on:

- Questions to ask in surveys of key stakeholders (e.g., beneficiaries, contract suppliers, and referral agents) to help us further strengthen the monitoring, outreach, and enforcement of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program
- Effective methods for contacting referral agents, as they play a critical role in helping beneficiaries obtain competitively bid DMEPOS items

We will accept comments through December 20. For more information, see the [Public Comments on Competitive Bidding Surveys](#) webpage.

### **Mohs Microsurgery: Comparative Billing Report in December**

In late December, CMS will issue a Comparative Billing Report (CBR) on Mohs Microsurgery, focusing on providers who submit Medicare Part B claims. These reports contain data-driven tables with an explanation that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Look for an email from [cbrpepper.noreply@religroupinc.com](mailto:cbrpepper.noreply@religroupinc.com) to access your report. Update your contact email address in the Provider Enrollment, Chain, and Ownership System to ensure accurate delivery. Visit the [CBR](#) website for more information.

### **Hospice Provider Preview Reports: Review Your Data by January 15**

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:

- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the second quarter of 2018 to the first quarter of 2019
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) provider preview report: Review facility-level CAHPS survey results from the second quarter of 2017 to the first quarter of 2019

Review your results by January 15. If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a CMS review.

For More Information:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

### **Hospice Providers: Volunteer for Alpha Testing of HOPE Assessment Instrument**

Abt Associates is recruiting hospices to participate in alpha testing for the new Hospice Outcomes and Patient Evaluation (HOPE) patient assessment instrument. We expect to begin collecting data in late spring 2020.

Recruitment ends February 21. We will notify you by March 5 if you are selected.

For More Information:

- [Recruitment Announcement](#)
- [Provider Engagement Opportunities](#) webpage

### LTCH Compare Refresh

The December 2019 quarterly Long-term Care Hospital (LTCH) Compare refresh is available, including updated quality measure results and the annual update to the Discharge to Community quality measure. Visit the [LTCH Compare](#) website to view the data. For more information, visit the [LTCH Quality Public Reporting](#) webpage.

### IRF Compare Refresh

The December 2019 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available, including updated quality measure results and the annual update to the Discharge to Community quality measure. Visit the [IRF Compare](#) website to view the data. For more information, visit the [IRF Quality Public Reporting](#) webpage.

### 2020 Eligible Clinician Electronic Clinical Quality Measure Flows

CMS published the 2020 performance period electronic Clinical Quality Measure ([eCQM](#)) flows for eligible clinicians and eligible professionals, which provide:

- Additional resource to help you interpret the logic and calculation methodology for performance rates when implementing eCQMs
- Overview of each population criteria components and associated data elements that lead to inclusion or exclusion into the eCQM's quality action (numerator)

eCQM flows supplement eCQM specifications for the following programs; do not use them in place of the eCQM specification or for reporting purposes:

- Quality Payment Program: The Merit-based Incentive Payment System and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Comprehensive Primary Care Plus
- Medicaid Promoting Interoperability Program for Eligible Professionals

For More Information:

- [eCQI Resource Center](#) website
- Direct questions to the [eCQM Issue Tracker](#)

### 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 eligible 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 [CDC](#) website
- 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): See the [Enrollment Webinar Recording](#) and [Enrollment Tutorial Video](#)
- Furnish MDPP service: See the [Session Journey Map](#)
- Submit claims to Medicare: See the [Billing and Claims Webinar Recording](#), [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, 2018
- [MDPP](#) webpage
- [CDC - CMS Roles](#) Fact Sheet
- Contact [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov)

## Compliance

### Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the [Provider Minute: The Importance of Proper Documentation](#) video.

Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

## Claims, Pricers & Codes

### Payment for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments: Updated

On background, the American Hospital Association challenged CMS's use of its authority under Section 1833(t)(2)(F) of the Medicare statute to pay for certain outpatient clinic visit services provided at excepted off-campus Provider-Based Departments (PBDs) at the same rate that CMS uses to pay non-excepted off-campus PBDs for those services under the separate Physician Fee Schedule (PFS) as finalized in the Final Rule, Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting, 83 Fed. Reg. 58,818 (Nov. 21, 2018) (Rule).

The United States District Court for the District of Columbia issued instructions for CMS to immediately cease paying the reduced amount for clinic visits furnished at excepted off-campus PBDs for CY 2019 implemented in the Rule.

CMS installed a revised Hospital Outpatient Prospective Payment System (OPPS) Pricer to update the rates being applied to claim lines. The revised Pricer went into production on November 4, 2019, and applies to claims with a line item date of service of January 1, 2019, and after. Starting January 1, 2020, and over the next few months, the Medicare Administrative Contactors will automatically reprocess 2019 claims paid at the reduced rate; no provider action needed.

In the 2020 OPPS final rule, CMS is completing the two-year phase-in to apply the full amount of the reduction in payment for clinic visits furnished in off-campus provider-based departments to the same amount paid under the PFS. This policy was adopted as a method to control unnecessary increases in the volume of clinic visit services furnished in off-campus provider-based departments paid under the OPPS and will help reduce out-of-pocket costs for Medicare beneficiaries. From the final 2020 OPPS rule: "We acknowledge that the district court vacated the volume control policy for CY 2019 and we are working to ensure affected 2019 claims for clinic visits are paid consistent with the court's order. We do not believe it is appropriate at this time to make a change to the second year of the two year phase-in of the clinic visit policy." (84 FR 61145) In the final rule,

CMS stated that the government was evaluating its appeal rights and considering whether to appeal from the court's final judgment. On December 12, 2019, the Department filed its notices of appeal in the three consolidated cases in the United States District Court for the District of Columbia Circuit.

## Events

### **Mohs Microsurgery: Comparative Billing Report Webinar — January 7**

Tuesday January 7 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Mohs Microsurgery Comparative Billing Report (CBR), an educational tool for providers who submit Medicare Part B claims. Visit the [CBR website](#) for more information.

### **ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call — January 14**

Tuesday, January 14 from 2 to 3 pm ET

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

During this call, learn about the finalized proposals for the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in the CY 2020 ESRD Prospective Payment System (PPS) [Final Rule](#). Topics include:

- ESRD QIP legislative framework
- Overview of the final rule

A question and answer session follows the presentation.

Target Audience: Dialysis clinics and organizations; nephrologists; hospitals with dialysis units; billers/coders; quality improvement experts; and other stakeholders.

### **Listening Sessions on MAC Opportunities to Enhance Provider Experience — January 15, 22, or 29**

Wednesday, January 15, 22, or 29 from 2 to 3 pm ET

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

As part of our 2020 priorities, we are holding a series of listening sessions to gather feedback and improve your experience with the Medicare Fee-For-Service (FFS) program. Through competitive cost-plus award-fee contract procurements, CMS encourages Medicare Administrative Contractors (MACs) to innovate and respond to provider, practitioner, and supplier expectations in their jurisdictions.

We invite you to participate in one of three MAC listening sessions. CMS wants to hear your feedback to improve processes and enhance interactions with your MAC related to operations, technology, and business functions. We are particularly interested in hearing provider, practitioner, and supplier ideas about actions we could take to improve the overall beneficiary quality of care and customer service experience they may have with the MACs.

You can email comments or questions in advance of the listening session to [CMSListens@cms.hhs.gov](mailto:CMSListens@cms.hhs.gov) with "MAC Provider Experience" in the subject line. We may address them during the listening session or use them to develop other resources following the session.

Target Audience: Medicare FFS providers, practitioners, suppliers, their representative associations, and any interested stakeholders.

## MLN Matters® Articles

### Calendar Year (CY) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

A new MLN Matters Article MM11598 on [Calendar Year \(CY\) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#) is available. Learn about mapping for new clinical laboratory test codes and updates for laboratory costs subject to the reasonable charge payment.

### Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2020

A new MLN Matters Article MM11593 on [Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for April 2020](#) is available. Learn about coding updates.

### Update Inpatient Prospective Payment System (IPPS) Pricer and Related Claims Reprocessing

A new MLN Matters Article MM11583 on [Update Inpatient Prospective Payment System \(IPPS\) Pricer and Related Claims Reprocessing](#) is available. Learn about the corrected wage index table and directions for claims reprocessing.

### Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS — Revised

A revised MLN Matters Article MM11335 on [Add Dates of Service \(DOS\) for Pneumococcal Pneumonia Vaccination \(PPV\) Health Care Procedure Code System \(HCPCS\) Codes \(90670, 90732\), and Remove Next Eligible Dates for PPV HCPCS](#) is available. Learn about contractor integration testing.

### Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment — Revised

A revised MLN Matters Article SE19029 on [Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment](#) is available. Learn about a correction to footnote five on page seven.

### Looking for an MLN Matters Article?

The URLs for some MLN Matters Articles have changed. If you get an error when you click on a bookmarked link, go to the [MLN Matters Articles](#) webpage, and search for the article by number.

## Publications

### Hospital Quality Reporting: QRDA I Conformance Statement Resource

CMS updated the Quality Reporting Document Architecture (QRDA) Category I [Conformance Statement Resource](#) to support CY 2019 electronic clinical quality measure reporting for:

- Hospital inpatient quality reporting
- Promoting Interoperability Program for eligible hospitals and critical access hospitals

For More Information:

- [eCQI Resource Center](#) website



- For questions about the QRDA Implementation Guides and Schematrons, visit the [QRDA Project Tracking System](#)
- For questions about the QualityNet Secure Portal, contact the [QualityNet Help Desk](#) or call 866-288-8912

## Multimedia

### Ambulance Services Call: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [December 5](#) Medicare Learning Network call on Ground Ambulance Organizations: Data Collection System. Learn about the new system, including selection of organizations and the Data Collection Instrument.

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