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Official CMS news from the Medicare Learning Network®

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## News

### CMS Sends More Detailed Guidance to Providers about COVID-19

CMS took action to protect the health and safety of our nation's patients and providers in the wake of the 2019 Novel Coronavirus (COVID-19) outbreak. This includes clear, actionable information on the screening, treatment, and transfer procedures to follow when interacting with patients. CMS:

- Issued [guidance for hospice and nursing homes](#) to protect staff and vulnerable patients. See [hospice guidance](#) and [nursing home guidance](#).

- Supplemented its [guidance to Home Health Agencies \(HHAs\) and dialysis facilities](#). We developed Memoranda from FAQs we received about interacting with patients amid COVID-19. See [HHA guidance](#) and [dialysis facility guidance](#).
- Issued a [call to action for hospital emergency departments to screen patients](#). We announced actions to ensure Medicare-participating hospitals continue to implement infection control procedures they are required to maintain under federal regulations. See [hospitals with emergency departments guidance](#).
- Highlighted [telehealth benefits in the Medicare program](#) for use by patients and providers. Expanded use of virtual care are important tools for keeping beneficiaries healthy, while helping to contain the community spread; see the [fact sheet](#) on coverage and payment related to COVID-19.
- Issued [key protective mask guidance for health care workers](#). We sent a [memorandum](#) to State Survey Agencies (SSAs) clarifying the application of our policies that expand the types of facemasks health care workers may use in situations involving COVID-19 and other respiratory infections.
- Issued [guidance to SSAs](#) suspending non-emergency survey inspections. These [FAQs](#) ensure surveyors understand the changes in [guidance](#) suspending non-emergency survey inspections, allowing them to focus on the most current serious health and safety threats.
- Issued [guidance to help Medicare Advantage and Part D plans](#) respond. In the [memorandum](#), CMS outlines the flexibilities plans have to waive certain requirements.

Help the White House Coronavirus Task Force spread the word on keeping workplaces, homes, schools, or commercial establishments safe. Please distribute these documents widely as we work together on this important issue:

- [Workplace, School, and Home Guidance](#)
- [A Framework for Mitigation](#)

Visit the [Coronavirus Disease 2019](#) website for updated information from the Centers for Disease Control and Prevention.

This guidance, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up to date, visit the CMS [Current Emergencies](#) website.

## HHS Finalizes Historic Rules to Provide Patients More Control of Their Health Data

On March 9, HHS finalized two transformative rules that will give patients unprecedented safe, secure access to their health data. The two rules, issued by the HHS Office of the National Coordinator for Health Information Technology (ONC) and CMS, implement interoperability and patient access provisions of the bipartisan 21st Century Cures Act (Cures Act) and support the MyHealthEData initiative. Together, these final rules mark the most extensive health care data sharing policies the federal government has implemented, requiring both public and private entities to share health information between patients and other parties, while keeping that information private and secure.

The ONC Final Rule:

- Identifies and finalizes the reasonable and necessary activities that do not constitute information blocking while establishing new rules to prevent these practices by health care providers, developers of certified health IT, health information exchanges, and health information networks
- Updates certification requirements for health IT developers and establishes new provisions to ensure that providers using certified health IT have the ability to communicate about health IT usability, user experience, interoperability, and security
- Requires electronic health records to provide the clinical data necessary, including core data classes and elements to promote new business models of care
- Establishes secure, standards-based Application Programming Interface (API) requirements to support a patient's access and control of their electronic health information

The CMS Interoperability and Patient Access final rule requires health plans in Medicare Advantage, Medicaid, CHIP, and through the federal Exchanges to share claims data electronically with patients. Beginning January 1, 2021, Medicare Advantage, Medicaid, CHIP, and, for plan years beginning on or after January 1, 2021, plans on the federal Exchanges will be required to share claims and other health information with patients in a safe, secure, understandable, user-friendly electronic format through the Patient Access API.

The CMS final rule also establishes a new Condition of Participation for all Medicare and Medicaid participating hospitals, requiring them to send electronic notifications to another health care facility or community provider or practitioner when a patient is admitted, discharged, or transferred. Additionally, CMS is requiring states to send enrollee data daily beginning April 1, 2022, for beneficiaries enrolled in both Medicare and Medicaid, improving the coordination of care for this population.

For More Information:

- [ONC Cures Act Final Rule](#) website: View the rule
- [CMS Interoperability and Patient Access Final Rule](#) webpage: View the rule
- [CMS Interoperability and Patient Access](#) Fact Sheet
- [Register](#) for Medicare Learning Network call on April 7

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

### Quality Payment Program: MIPS 2019 Data Submission Deadline March 31

The data submission deadline for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program is March 31 at 8 pm ET. Note: The data submission period for accountable care organizations and pre-registered groups and virtual groups also closes on March 31.

For More Information:

- [Resource Library](#) webpage
- [Access User Guide](#)
- [Introduction and Overview of 2019 Data Submission](#) Video
- [File Upload and Quality Scoring](#) Video
- [Manual Attestation of Improvement Activities Measures](#) Video
- [Manual Attestation of Promoting Interoperability Measures](#) Video
- [Support for Small, Underserved, and Rural Practices](#) webpage
- Contact [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

### Hospital Quality Reporting: Comment on Draft QRDA I Implementation Guide by April 1

CMS posted the draft 2021 Quality Reporting Document Architecture (QRDA) Category I Implementation Guide and Schematron. Visit the [QRDA Issue Tracker](#) website to submit comments by April 1 at 5 pm ET; a JIRA account is required.

The Implementation Guide outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures for the CY 2021 reporting period. To learn more, visit the [Electronic Clinical Quality Improvement Resource Center](#) website.

### Inclusion of Lower Limb Prosthetics in DMEPOS Prior Authorization

A [Federal Register Notice](#) (6080-N3) added six Lower Limb Prosthetics codes to the Required Prior Authorization (PA) List. PA of these items is being implemented in two phases. Phase 1 is effective as of May 11, 2020, for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers in California, Michigan, Pennsylvania, and Texas. Phase 2 is effective as of October 8, 2020, for DMEPOS suppliers in all remaining US states and territories.

Prior authorization is required as a condition of payment for these items:

- L5856 - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type.

- L5857 - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type.
- L5858 - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type.
- L5973 - Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source.
- L5980 - All lower extremity prostheses, flex foot system.
- L5987 - All lower extremity prosthesis, shank foot system with vertical loading pylon.

Visit the [Prior Authorization Process for Certain DMEPOS Items](#) webpage for more information.

## Clean Hands Count: Prevent and Control Infections

CMS, State Survey Agencies, and Accrediting Organizations (AOs) require health care entities to have Hand Hygiene (HH) procedures, based on national standards or professional organizational guidelines, which decrease the spread of infection. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) recommend the preferential use of Alcohol-Based Hand Rub (ABHR) over soap and water in most clinical situations.

When hands are not visibly soiled, and the facility is not experiencing an outbreak of norovirus or C. diff, ABHR is the preferred method to clean your hands:

- More effective at killing potentially deadly germs
- Faster
- More accessible than hand washing sinks
- Reduces bacterial counts on hands
- Improves skin condition with less irritation and dryness

In support of the CDC's [Clean Hands Count](#) campaign and other CMS initiatives, CMS and AO surveyors will observe health care staff HH practices and use of ABHR. They may:

- Observe HH practices
- Review HH procedures (we recommend procedures promoting the preferential use of ABHR)
- Observe whether ABHR is readily available for staff
- Document non-compliance related to infection control and prevention, including HH

For More Information:

- [Quality, Safety & Oversight Spotlight](#) webpage: Initiative overview and FAQs
- CDC [Hand Hygiene in Health Care Settings](#) webpage
- WHO [Guidelines On Hand Hygiene In Health Care](#) webpage
- [Quality, Safety and Oversight memorandum 20-03-NH](#)
- [Quality, Safety and Oversight memorandum 20-11-NH](#)

## March is National Colorectal Cancer Awareness Month

Colorectal cancer is a common cancer in men and women. Screening can help find this cancer early, when treatment is most effective, but about one-third of adults 50 years or older have not been screened as recommended. Help protect your Medicare patients.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Colorectal Cancer](#) website - Centers for Disease Control and Prevention (CDC)
- [Screen for Life: National Colorectal Cancer Action Campaign](#) webpage - CDC

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

## Compliance

### **Incorrect Billing of HCPCS L8679 - Implantable Neurostimulator, Pulse Generator, Any Type**

A new MLN Matters Special Edition Article SE20001 on [Incorrect Billing of HCPCS L8679 - Implantable Neurostimulator, Pulse Generator, Any Type](#) is available. Reminder that HCPCS L8679 describes implantable neurostimulator pulse generators.

## Events

### **Open Payments: Your Role in Health Care Transparency Call — March 19**

Thursday, March 19 from 2 to 3 pm ET

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

Did you know that [reporting entities](#) annually submit records to CMS of payments or transfers of value they made to physicians and teaching hospitals? Beginning in April, you have 45 days to review and dispute Program Year 2019 records. CMS will publish this data and updates to previous program years' data by June 30. Topics:

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

A question and answer session follows the presentation.

Target Audience: Physicians, teaching hospitals, and physician office staff.

### **Medicare Promoting Interoperability Program Call for Measures Webinar — March 19**

Thursday, March 19 from 1 to 2 pm ET

[Register](#) for this webinar.

CMS hosts an overview webinar on the [Annual Call for Measures](#), which allows stakeholders to submit measure proposals for consideration in the Medicare Promoting Interoperability Program. Topics:

- Considerations for proposed measures
- Proposal submission process
- Deadlines and additional resources

### **Ground Ambulance Organizations: Data Collection for Medicare Providers Call — April 2**

Thursday, April 2 from 2 to 3 pm ET

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

During this call, learn how to allocate costs, collect data, and report data for the new Ground Ambulance Data Collection System.

A question and answer session follows the presentation; however, you may email questions in advance to [AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov) with "April 2 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, including ground ambulance organizations selected for the first round of reporting, see the [Ambulances Services Center](#) webpage, CY 2020 Physician Fee Schedule [final rule](#), and [Bipartisan Budget Act of 2018](#).

Target Audience: Ground ambulance organizations that are Medicare providers, including hospitals, critical access hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities, and hospices.

### **Interoperability and Patient Access Final Rule Call — April 7**

Tuesday, April 7 from 2 to 3:30 pm ET

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

On March 9, 2020, CMS released the [Interoperability and Patient Access](#) final rule, outlining opportunities to put patients first by giving them better access to their health information. CMS and the Office of the National Coordinator for Health Information Technology (ONC) identified technical standards to support data exchange through secure Application Programming Interfaces (APIs). This secure, standards-based approach will help unleash innovation in health care, empower patients to be informed decision makers, and reduce burden on payers and providers. CMS Administrator Seema Verma opens this call, followed by an overview by CMS experts.

Learn about the provisions that impact you and get answers to your questions. Topics:

- Patient access API
- Provider directory API
- Payer-to-payer data exchange
- Improving the dual eligible experience
- Public reporting and information blocking
- Provider digital contact information
- Revisions to the conditions of participation for hospitals and critical access hospitals

We encourage you to review the [final rule](#) prior to the call.

Target Audience: All Medicare fee-for-service providers and industry-wide stakeholders.

### **LTCH and IRF Quality Reporting Programs: SPADEs Webinar — April 14**

Tuesday, April 14 from 2 to 3:30 pm ET

[Register](#) for this webinar.

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) providers: Join CMS for an overview of the Standardized Patient Assessment Data Elements (SPADEs). For more information, visit the [LTCH Quality Reporting Training](#) and [IRF Quality Reporting Training](#) webpages.

## **MLN Matters® Articles**

### **NCD 20.4 Implantable Cardiac Defibrillators (ICDs)**

A new MLN Matters Special Edition Article SE20006 on [NCD 20.4 Implantable Cardiac Defibrillators \(ICDs\)](#) is available. Learn about coverage rules, policies, and coding requirements.

### **Section 1876 and 1833 Cost Plan Enrollee Access to Care through Original Medicare**

A new MLN Matters Special Edition Article SE20009 on [Section 1876 and 1833 Cost Plan Enrollee Access to Care through Original Medicare](#) is available. Learn about payment for services provided to beneficiaries who are enrolled in Health Maintenance Organization Medicare Non-Risk plans.

## April 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.1

A new MLN Matters Article MM11680 on [April 2020 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 21.1](#) is available. Learn about modifications and effective dates.

## Proper Use of Modifier 59 — Revised

A revised MLN Matters Special Edition Article SE1418 on [Proper Use of Modifier 59](#) is available. Learn about the inclusion of modifier -X{EPSU}.

## Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update — Revised

A revised MLN Matters Article MM11661 on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2020 Update](#) is available. Learn about changes to code G2013 in Table 2.

## Publications

### Evacuating and Receiving Patients in the Midst of a Wildfire

In June 2018, Colorado experienced the third largest wildfire in state history. Spanish Peaks Regional Health Center evacuated more than 100 patients and residents; and Prowers Medical Center received 14 of those residents. The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) developed an [article](#) highlighting their experiences and how they applied lessons learned from training and past incidents to the success of patient evacuation and return. See more in the [ASPR TRACIE Exchange Issue 10: Preparing for and Responding to Wildfires and Planned Outages](#).

### Administrative Simplification: Eligibility and Benefits Transaction Basics

The [Eligibility and Benefits Transaction Basics](#) fact sheet provides information on the adopted standards and operating rules for these transactions. This fact sheet is part of a [series of fact sheets](#) on Administrative Simplification.

## Multimedia

### Dementia Care Call: Audio Recording and Transcript

An [audio recording](#), [transcript](#), [revised presentation](#), and [clarification](#) are available for the [March 3](#) Medicare Learning Network call Dementia Care: CMS Toolkits. Learn about new CMS toolkits for nursing homes:

- Head-to-Toe Infection Prevention
- Developing a Restful Environment Action Manual
- Staffing Toolkits

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