



mln CATALOG

August 2017

INTRODUCTION

We are pleased to share the August 2017 Medicare Learning Network® (MLN) Catalog with you. MLN is part of an ongoing effort to be responsive to the educational needs of the health care professional community. We provide free educational materials on CMS programs, policies, and initiatives.

The MLN Catalog contains brief descriptions of offerings from the Medicare Learning Network, organized by product format and topic. These offerings include:

- MLN Matters® Articles
- Publications and Educational Tools
- Web-Based Training Courses*
- Podcasts
- Webinars*
- CMS Continuing Education Program Credits (administered by the MLN)
- Events*
- Videos
- Provider Association Partnerships and
- MLN Connects

**Many offer Continuing Education and Continuing Medical Education Credits*

Use the downloadable hyperlinked product titles to easily view products or get more information as you browse. We hope the MLN will be a source of information and education you turn to time and again.

The MLN's look is changing; we recently redesigned the Catalog to help you quickly find the information you need. [Let us know what you think](#). Specific feedback about the new look and organization of the Catalog will be very helpful.

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PUBLICATIONS & MULTIMEDIA

Articles

MLN Matters® Articles

These articles explain national Medicare policy in an easy-to-understand format. They focus on coverage, billing, and payment rules for specific provider types. Please bookmark <http://go.cms.gov/MLNMattersArticles> so you may visit the webpage often.

Publications

Coding Information

General Equivalence Mappings Frequently Asked Questions

Learn about the conversion of International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. 9 pages (August 2016) (ICN 901743)

How to Use the Medicare National Correct Coding Initiative (NCCI) Tools

Learn about navigating the CMS NCCI webpages; Medicare code pair edits; medically unlikely edits; and avoiding coding and billing errors. 13 pages (June 2016) (ICN 901346)

ICD-10-CM Classification Enhancements

Learn about the International Classification of Diseases, 10th Revision, Clinical Modification; similarities and differences between International Classification of Diseases, 9th Revision, Clinical Modification and ICD-10-CM; and new features and additional changes in ICD-10-CM. 8 pages (August 2016) (ICN 903187)

ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets

Learn about definitions and payment information on these code sets: International Classification of Diseases, Ninth Revision, Clinical Modification; International Classification of Diseases, Tenth Revision, Clinical Modification; International Classification of Diseases, Tenth Revision, Procedure Coding System; Current Procedural Terminology; and HCPCS.

5 pages (November 2016) (ICN 900943)

ICD-10-CM/PCS Myths and Facts

Learn about responses to myths on International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System.

7 pages (August 2016) (ICN 902143)

ICD-10-CM/PCS The Next Generation of Coding

Learn about the improved International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) classification system and structural differences between International Classification of Diseases, 9th Revision, Clinical Modification and ICD-10-CM/PCS. 8 pages (August 2016) (ICN 901044)

Communicating With Patients

Medicare Costs at a Glance: 2017

Learn about the costs beneficiaries pay for Medicare Parts A, B, C, and D in 2017. 1 page (January 2017) (ICN 909005)

Resources for Medicare Beneficiaries

Learn about resources providers can use to answer beneficiaries' questions on Medicare, Medicare supplements, and other insurance; medical expenses and basic needs; long-term care; informed decisions, rights and protections, notices, and forms; fraud, waste, and abuse; and caregiving. 22 pages (February 2017) (ICN 905183)

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

DMEPOS Accreditation

Learn about the accreditation requirement (including the types of exempt providers); the accreditation process; and accreditation resources. 7 pages (June 2016) (ICN 905710)

The DMEPOS Competitive Bidding Program – A Better Way for Medicare to Pay for Medical Equipment

Learn about how the Competitive Bidding Program works; Competitive Bidding Program areas and product categories; and how the program benefits beneficiaries. 7 pages (April 2016) (ICN 903624)

The DMEPOS Competitive Bidding Program Billing Procedures for Upgrades

Learn about rules that apply when a beneficiary wants to obtain an upgrade; which DMEPOS suppliers can provide the item; how the item will be paid; beneficiary liability for upgraded items; and Advance Beneficiary Notice (ABN) requirements. 3 pages (April 2016) (ICN 900983)

The DMEPOS Competitive Bidding Program Enteral Nutrition

Learn about requirements for providing enteral nutrition therapy and rules for enteral nutrition payment. 3 pages (April 2016) (ICN 901005)

The DMEPOS Competitive Bidding Program for Referral Agents

Learn about the role of a referral agent in helping beneficiaries select DMEPOS suppliers; the competitive bidding areas; and the competitive bidding items. 9 pages (April 2016) (ICN 900927)

The DMEPOS Competitive Bidding Program Grandfathering Requirements for Non-Contract Suppliers

Learn about what are grandfathered suppliers; notifications requirements under the grandfathering provisions; and transitioning a beneficiary from a non-contract supplier to a contract supplier. 6 pages (April 2016) (ICN 900923)

The DMEPOS Competitive Bidding Program Hospitals That Are Not Contract Suppliers

Learn about an exception to regular program rules for walkers provided by hospitals that are not contract suppliers; requirements to meet the exception; and payment rules under this exception. 4 pages (April 2016) (ICN 905463)

The DMEPOS Competitive Bidding Program Mail Order Diabetic Supplies

Learn about the requirements related to providing mail-order diabetes supplies to beneficiaries; the beneficiary's options to purchase diabetes testing supplies; and the Anti-Switching Rule. 4 pages (April 2016) (ICN 900924)

The DMEPOS Competitive Bidding Program Non-Contract Supplier

Learn about specific program requirements for non-contract suppliers that furnish rented DME or oxygen and oxygen equipment; enteral nutrition and mail-order diabetes testing supplies; requirements for SNFs that are not contract suppliers; and program exceptions that apply to non-contract suppliers. 5 pages (April 2016) (ICN 900925)

The DMEPOS Competitive Bidding Program Physicians and Other Treating Practitioners Who Are Enrolled Medicare DMEPOS Suppliers

Learn about one exception for physicians and treating practitioners enrolled as Medicare DMEPOS Suppliers; requirements to qualify for the exception; and payment rules under this exception. 3 pages (April 2016) (ICN 900926)

The DMEPOS Competitive Bidding Program Repairs and Replacements

Learn about rules for repair and replacement of beneficiary-owned equipment under the DMEPOS competitive bidding program and which items and services can be provided by contract versus non-contract suppliers. 3 pages (April 2016) (ICN 905283)

The DMEPOS Competitive Bidding Program Traveling Beneficiary

Learn about rules for Medicare beneficiaries who reside in or travel to areas impacted by the DMEPOS Competitive Bidding Program; how to properly bill Medicare for the item; and how Medicare will determine the payment amount. 4 pages (April 2016) (ICN 904484)

DMEPOS Information for Pharmacies

Learn about requirements for pharmacies seeking consideration for exemption from the National Supplier Clearinghouse; pharmacy attestation information; and change of ownership. 5 pages (July 2016) (ICN 905711)

DMEPOS Quality Standards

Learn about Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) quality standards for suppliers; accreditation organizations; business service requirements; and product-specific service requirements. 23 pages (September 2016) (ICN 905709)

Educational Tools

Advance Beneficiary Notice of Noncoverage Interactive Tutorial

Learn about completing the Fee-For-Service Advance Beneficiary Notice of Noncoverage form when Medicare may deny payment for an item or service. 1 page (July 2015) (ICN 909183)

Educator Products

Medicare Learning Network® (MLN) Suite of Products & Resources for Educators & Students

Learn about Federal health care programs and how they work; as well as Medicare program resources. 2 pages (November 2016) (ICN 903763)

Evaluation and Management

Evaluation and Management Services

Learn about medical record documentation; evaluation and management billing and coding considerations; and the 1995 and 1997 documentation guidelines. 90 pages (August 2016) (ICN 006764)

Fraud & Abuse

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians

Learn about the Federal laws that combat fraud and abuse; the “red flags” that could lead to potential liability in law enforcement and administrative actions; and case scenarios depicting actual fraud and abuse cases. 18 pages (August 2016) (ICN 905645)

Fraud & Abuse Educational Products

Learn about recognizing, preventing, and reporting fraud and abuse. 4 pages (November 2016) (ICN 909306)

Medicaid Program Integrity: Preventing Provider Medical Identity Theft

Learn about ways to prevent medical identity theft including information on actions Medicare and Medicaid providers can take to mitigate potential risks to their medical identity. 6 pages (October 2014) (ICN 908265)

Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education (CME)

Learn about ways health care professionals can protect their identity; including a list of websites and other resources related to Medicare and Medicaid medical identity theft. 6 pages (October 2014) (ICN 908266)

Medicaid Program Integrity: Understanding Provider Medical Identity Theft

Learn about the scope and definition of medical identity theft, including information on cases involving stolen provider medical identities and the strategies that Medicare and Medicaid providers can use to protect themselves. 12 pages (October 2014) (ICN 908264)

Medicare Fraud & Abuse: Prevention, Detection, and Reporting

Learn about the fraud and abuse definitions; laws used to fight fraud and abuse; government partnerships engaged in fighting fraud and abuse; and where to report suspected fraud and abuse. 20 pages (October 2016) (ICN 006827)

General Medicare Program Information

Behavioral Health Integration Services

Learn about integrating behavioral health with primary care services; the Psychiatric Collaborative Care Model (CoCM); and how to bill for behavioral health integration services. 8 pages (May 2017) (ICN 909432)

Caring for Medicare Patients is a Partnership

Learn about Medicare coverage criteria; documentation guidelines supporting medical necessity; and helpful resources to keep you current. 4 pages (January 2017) (ICN 909340)

Chronic Care Management (CCM) Services

Learn about separately payable services for non-face-to-face coordinated care for Medicare beneficiaries with multiple chronic conditions; CCM Codes Physician Fee Schedule Billing Requirements; Practitioner and Patient Eligibility; and CCM Service Elements. 8 pages (December 2016) (ICN 909188)

Chronic Care Management (CCM) Services Changes for 2017

Learn about 2017 CCM coding changes; services included in CCM; and key improvements reducing requirements associated with initiating care. 4 pages (December 2016) (ICN 909433)

Clinical Laboratory Improvement Amendments (CLIA) and Medicare Laboratory Services

Learn about test categories; how to enroll; types of certificates; CLIA Proficiency Testing (PT); and the coverage of Medicare laboratory services separate from CLIA. 8 pages (August 2015) (ICN 006270)

Global Surgery

Learn about the components of a global surgery package; billing and payment rules for surgeries; and global surgical packages that are split between two or more physicians. 10 pages (March 2015) (ICN 907166)

Health Care Professional Frequently Used Webpages

Learn about coverage; billing and payment; and Medicare contracting webpages on the CMS website. 10 pages (December 2016) (ICN 908466)

HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules

Learn about who must comply with HIPAA rules; covered entities; and enforcement. 7 pages (August 2016) (ICN 909001)

How to Use the Medicare Coverage Database

Learn about navigating the Medicare Coverage Database; searching indexes and reports; and download features. 16 pages (January 2017) (ICN 901347)

How to Use the Searchable Medicare Physician Fee Schedule

Learn about navigating the Medicare Physician Fee Schedule; searching for payment information, pricing, Relative Value Units; and payment policies. 29 pages (April 2016) (ICN 901344)

Items and Services Not Covered by Medicare

Learn about the four categories of items and services not covered under Medicare and applicable exceptions (items and services that may be covered) and Advance Beneficiary Notices. 224 pages (January 2017) (ICN 906765)

Medical Privacy of Protected Health Information

Learn about the privacy rule; how the rule applies to customary health care practices; tips for securing health information when using a mobile device, and the HHS HIPAA webpage resources. 3 pages (April 2017) (ICN 006942)

Medicare Advance Beneficiary Notices

Learn about types of Advance Beneficiary Notices (ABNs); prohibitions and frequency limits; completing the ABN; collecting payment from the beneficiary; financial liability and the ABN; and claim reporting modifiers. 10 pages (October 2015) (ICN 006266)

Medicare Basics: Commonly Used Acronyms

Learn about acronyms frequently used in Medicare publications; web page references for certain acronyms; and creating a personalized list of the acronyms you use. 30 pages (March 2017) (ICN 908999)

Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority

Learn about Medicare's policy to generally not pay for medical items and services furnished to a beneficiary who is incarcerated or in custody under a penal statute or rule at the time the items and services are furnished. 6 pages (July 2016) (ICN 908084)

Medicare Parts A & B Appeals Process

Learn about Original Medicare's (Part A and Part B) five levels of claim appeals; how the Medicare appeals process applies to providers, participating physicians, and participating suppliers; and the available appeals-related resources. 15 pages (May 2016) (ICN 006562)

Quick Reference Chart: Descriptors of G-codes and Modifiers for Therapy Functional Reporting

Learn about short & long descriptors for each of the 42 non-payable functional G-codes. 4 pages (September 2016) (ICN 908924)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

Learn about SBIRT under Medicare; SBIRT under Medicaid; and how to bill for dual eligibles. 7 pages (October 2015) (ICN 904084)

Transitional Care Management Services

Learn about Transitional Care Management (TCM) services; health care professionals who may furnish TCM services and supervision; TCM services settings, components, and billing; and frequently asked questions on billing TCM services. 8 pages (December 2016) (ICN 908628)

Home Health

Home Health Prospective Payment System

Learn about Home Health Prospective Payment System (HH PPS) background; consolidated billing requirements; criteria that must be met to qualify for home health services; therapy services; elements of and updates to the HH PPS; physician billing and payment for home health services; and Home Health Quality Reporting Program. 18 pages (March 2017) (ICN 006816)

Medicare Home Health Benefit

Learn about qualifying for home health services; consolidated billing; therapy services; and physician billing and payment. 11 pages (March 2017) (ICN 908143)

Medicare/Medicaid

Dual Eligible Beneficiaries Under Medicare and Medicaid

Learn about Medicare and Medicaid Programs; dual eligible beneficiaries; and prohibited billing of Qualified Medicare Beneficiary individuals and Medicare assignment. 9 pages (February 2017) (ICN 006977)

Medicare and Medicaid Basics

Learn about dual eligible beneficiaries; covered services; and other common types of coverage. 8 pages (July 2016) (ICN 909330)

Medicare Payment Policy

Acute Care Hospital Inpatient Prospective Payment System

Learn about Acute Care Hospital Inpatient Prospective Payment System (IPPS) background; basis for IPPS payment, payment rates, how payment rates are set, and payment updates; and Hospital Inpatient Quality Reporting and Electronic Health Record Meaningful User Incentive Programs. 17 pages (December 2016) (ICN 006815)

Ambulance Fee Schedule

Learn about background; Medicare Part B ambulance transport benefit; ambulance providers and suppliers; Advance Beneficiary Notice of Noncoverage; and payments, how payment rates are set, and updates to the Ambulance Fee Schedule. 6 pages (December 2016) (ICN 006835)

Ambulatory Surgical Center Fee Schedule

Learn about definition of an Ambulatory Surgical Center (ASC); ASC payment and payment rates; updates to the ASC Fee Schedule; and ASC Quality Reporting Program. 8 pages (December 2016) (ICN 006819)

Clinical Laboratory Fee Schedule

Learn about background; types of examination of materials; coverage of clinical laboratory services; how payment rates are set; and updates to the Clinical Laboratory Fee Schedule. 6 pages (August 2016) (ICN 006818)

Health Professional Shortage Area Physician Bonus Program

Learn about the definition of a Health Professional Shortage Area (HPSA) and the HPSA bonus payment. 5 pages (January 2017) (ICN 903196)

Hospice Payment System

Learn about the Medicare hospice benefit; hospice payments; hospice option for Medicare Advantage enrollees; and Hospice Quality Reporting Program. 10 pages (September 2016) (ICN 006817)

Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision

Learn about the Hospital-Acquired Conditions and Present on Admission Indicator Reporting provision and exempt hospitals. 6 pages (October 2016) (ICN 901046)

Hospital Outpatient Prospective Payment System

Learn about background; ambulatory payment classifications; how payment rates are set and payment rates; and Hospital Outpatient Quality Reporting Program. 7 pages (January 2016) (ICN 006820)

Hospital Value-Based Purchasing Program

Learn about how the VBP Program Measures Hospital Performance; Hospital VBP Program Measures; and how the Hospital VBP Program is funded. 13 pages (September 2015) (ICN 907664)

Inpatient Psychiatric Facility Prospective Payment System

Learn about background; coverage requirements; how payment rates are set and fiscal year 2017 update to the Inpatient Psychiatric Facility (IPF) Prospective Payment System; and IPF Quality Reporting Program. 7 pages (August 2016) (ICN 006839)

Inpatient Rehabilitation Facility Prospective Payment System

Learn about background; elements of the Inpatient Rehabilitation Facility (IRF) Prospective Payment System; payment updates; and IRF Quality Reporting Program. 8 pages (January 2017) (ICN 006847)

Long Term Care Hospital Prospective Payment System

Learn about Long Term Care Hospital (LTCH) certification; Medicare Severity Long Term Care Diagnosis-Related Groups patient classification; site neutral payment rate, payment policy adjustments, and payment updates; and LTCH Quality Reporting Program. 16 pages (October 2016) (ICN 006956)

Medicare Billing: 837I and Form CMS-1450

Learn about Medicare institutional claims submission and coding; when Medicare will accept a hard copy claim form; and timely filing. 8 pages (April 2016) (ICN 006926)

Medicare Billing: 837P and Form CMS-1500

Learn about Medicare professional claims submission and coding; when Medicare will accept a hard copy claim form; and timely filing. 8 pages (October 2016) (ICN 006976)

Medicare Physician Fee Schedule

Learn about physician services; Medicare Physician Fee Schedule payment rates; and Quality Payment Program. 4 pages (February 2017) (ICN 006814)

Medicare-Required SNF PPS Assessments

Learn about assessment overviews; factors affecting the assessment schedule; and assessment results reporting. 15 pages (February 2016) (ICN 909067)

Medicare Secondary Payer for Providers, Physicians, Other Suppliers, and Billing Staff

Learn about the common situations when Medicare may pay first or second; Medicare conditional payments; the Coordination of Benefits rules; and the role of the Benefits Coordination & Recovery Center. 16 pages (June 2016) (ICN 006903)

SNF Billing Reference

Learn about Medicare-covered SNF stays and SNF payment and billing requirements. 19 pages (May 2017) (ICN 006846)

Skilled Nursing Facility Prospective Payment System

Learn about background; elements of the Skilled Nursing Facility (SNF) Prospective Payment System; SNF Quality Reporting Program; and SNF Value-Based Purchasing Program. 11 pages (November 2016) (ICN 006821)

Medicare Preventive Services

The ABCs of the Annual Wellness Visit

Learn about the minimum elements of the Health Risk Assessment; step 1 – acquire beneficiary information; step 2 – begin assessment; and step 3 – counsel beneficiary. 8 pages (April 2017) (ICN 905706)

The ABCs of the Initial Preventive Physical Examinations (IPPE)

Learn about health promotion, disease prevention and detection; step 1 – acquire beneficiary information; step 2 – begin assessment; and step 3 – counsel beneficiary. 9 pages (April 2017) (ICN 006904)

Advance Care Planning

Learn about beneficiary eligibility; provider and location eligibility; as well as diagnostic requirements. 6 pages (August 2016) (ICN 909289)

Mass Immunizers and Roster Billing

Learn about requirements for mass immunizers; roster billing; and centralized billing. 14 pages (October 2016) (ICN 907275)

Medicare Part B Immunization Billing

Learn about administration and diagnosis codes; vaccine codes & descriptors; and FAQs. 7 pages (December 2016) (ICN 006799)

Medicare Preventive Services National Educational Products

Learn about preventive services coding; preventive services billing; and more. 3 pages (May 2017) (ICN 909305)

Preventive Services

Learn about codes; who is covered; frequency; and what the beneficiary pays. 1 page (October 2016) (ICN 006559)

Screening Pap Tests and Pelvic Examination

Learn about frequency for Medicare-covered services; HCPCS codes; and diagnostic codes. 17 pages (December 2015) (ICN 909032)

Vaccine and Vaccine Administration Payments Under Medicare Part D

Learn about the difference between Part B and Part D vaccine coverage; what Part D covers; and elements of vaccine administration. 8 pages (March 2016) (ICN 908764)

Medicare Shared Savings Program

Accountable Care Organizations: What Providers Need to Know

Learn about how to participate in an Accountable Care Organization (ACO); how shared savings will work; how ACOs help doctors coordinate care; and how ACOs align with other quality initiatives. 8 pages (March 2016) (ICN 907406)

Improving Quality of Care for Medicare Patients: Accountable Care Organizations

Learn about the Accountable Care Organization quality measures; quality performance scoring; and incorporating PQRS and value modifier into the Shared Savings Program. 12 pages (March 2016) (ICN 907407)

Medicare Shared Savings Program and Rural Providers

Learn about the impact of the Medicare Shared Savings Program on Federally Qualified Health Centers; Rural Health Clinics; and Critical Access Hospitals. 5 pages (March 2016) (ICN 907408)

Summary of the June 2015 Final Rule Provisions for Accountable Care Organizations Under the Medicare Shared Savings Program

Learn about the 2015 final rules implementing Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program; background information on how ACOs impact beneficiaries; the eligibility requirements to form an ACO; and how ACOs tie payment to improved care at lower costs. 7 pages (March 2016) (ICN 907404)

Office Management Information

Medicare Learning Network® Electronic Mailing Lists: Keeping Health Care Professionals Informed

Learn about the various CMS electronic mailing lists available to health care professionals; how to register; and receive the latest news regarding important initiatives in the Medicare program. 2 pages (June 2016) (ICN 006785)

Medicare Learning Network® (MLN) Suite of Products & Resources for Billers & Coders

Learn about claims submission; Federal initiatives and incentive programs; and more. 1 page (November 2016) (ICN 904183)

Medicare Overpayments

Learn about the definition of an overpayment; an overview of the overpayment collection process; and the timeframes for the debt collection process. 8 pages (October 2016) (ICN 006379)

NPI: What You Need to Know

Learn about National Provider Identifier (NPI), National Plan and Provider Enumeration System, health care provider categories, how to apply for an NPI and steps health care providers should take when applying for an employee's NPI. 7 pages (December 2016) (ICN 909434)

The Medicare Learning Network (MLN) Learning Management System (LMS) FAQs

Learn about the MLN Learning Management System (LMS); answers to the most frequently asked questions; and step by step instructions on how to use the MLN LMS. 37 pages (February 2017) (ICN 909182)

Provider Compliance

Complying with Documentation Requirements for Laboratory Services

Learn about documentation requirements for Laboratory services; tips to remember for signature requirements; and ordering/referring services to help avoid errors in claims submission. 5 pages (January 2017) (ICN 909221)

Complying with Medical Record Documentation Requirements

Learn about proper medical record documentation requirements; how to provide accurate and supportive medical record documentation. 7 pages (April 2017) (ICN 909160)

Complying with Medicare Signature Requirements

Learn about Comprehensive Error Rate Testing (CERT) Program errors related to signature requirements; and documentation needed to support a Medicare claim. 5 pages (March 2016) (ICN 905364)

Medicare Claim Review Programs

Learn about different CMS claim review programs; coverage and coding errors; and how to assist providers in reducing payment errors. 15 pages (September 2016) (ICN 006973)

Medicare Learning Network® (MLN) Suite of Products & Resources for Compliance Officers

Learn about general compliance guidelines; the claims submission process; as well as initiatives and incentives. 1 page (November 2016) (ICN 908525)

Medicare Quarterly Provider Compliance Newsletter

Learn about how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program and how to address and avoid the top issues of the particular quarter. 4 pages

Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements

Learn about Comprehensive Error Rate Testing Program errors for billing positive airway pressure devices; a checklist of the documentation requirements; and coding information needed to support a Medicare claim. 5 pages (October 2016) (ICN 905064)

Power Mobility Devices

Learn about basic coverage criteria; documentation requirements; and detailed coverage guidelines for specific types of PMDs. 10 pages (September 2016) (ICN 905063)

Provider Compliance National Education Products

Learn about how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program; provider-specific compliance tips; and more. 6 pages (April 2017) (ICN 909307)

Provider Compliance Tips for Ambulance Services (Emergent and Non-Emergent)

Learn about reasons for claim denials; how to prevent denials; and coverage guidelines. 5 pages (September 2016) (ICN 909409)

Provider Compliance Tips for Clinic End-Stage Renal Disease (ESRD) Services (Part A non-DRG)

Learn about improper payment rates for Clinic ESRD Services (Part A non-DRG); common reasons for claim denials; how to prevent claim denials; and documentation needed to submit a claim. 3 pages (September 2016) (ICN 909408)

Provider Compliance Tips for Computer Tomography (CT) Scans

Learn about CT Scans; how to prevent claim denials; and documentation needed to submit a claim. 4 pages (September 2016) (ICN 907793)

Provider Compliance Tips for Diabetic Test Strips

Learn about Diabetic test strips; how to prevent claim denials; and documentation needed to submit a claim. 4 pages (September 2016) (ICN 909185)

Provider Compliance Tips for Enteral Nutrition Pumps

Learn about Enteral Nutrition Pumps; how to prevent claim denials; and what documentation is needed to submit a claim. 4 pages (September 2016) (ICN 909186)

Provider Compliance Tips for Evaluation and Management (E/M) Services

Learn about improper payment rates for E&M services; common reasons for claim denials; factors to consider when selecting codes to bill; and Physician/NPP signature requirements. 4 pages (September 2016) (ICN 909411)

Provider Compliance Tips for Home Health Services (Part A non-DRG)

Learn about reasons for claim denials; how to prevent denials; and plan of care requirements. 5 pages (September 2016) (ICN 909413)

Provider Compliance Tips for Hyperbaric Oxygen Therapy

Learn about reasons for claim denials; how to prevent denials; and a list of helpful resources on how to submit claims. 3 pages (September 2016) (ICN 909404)

Provider Compliance Tips for Inpatient Rehabilitation Facility (IRF) - Inpatient Rehabilitation Hospitals and Inpatient Rehabilitation Units

Learn about improper payments rates; reasons for claims denials; and documentation requirements for an IRF claim. 3 pages (September 2016) (ICN 909406)

Provider Compliance Tips for Laboratory Tests - Other

Learn about laboratory tests as well as other tests (urine drug screening, medication assays, genetic tests, tissues examination, blood tests and others) common reasons for claim denials; how to prevent claim denials; and documentation needed to submit a claim. 3 pages (September 2016) (ICN 909407)

Provider Compliance Tips for Laboratory Tests – Other – Urine Drug Screening

Learn about improper payments rates, reasons for claim denials, and how to prevent claim denials. 4 pages (September 2016) (ICN 909412)

Provider Compliance Tips for Ordering Hospital Outpatient Services

Learn about reasons for claim denials; how to prevent denials; and Physician/Non-Physician requirements. 3 pages (September 2016) (ICN 909405)

Provider Compliance Tips for Ordering Oxygen Supplies and Equipment

Learn about improper payments rates; documentation that is most often missing from records submitted; how to prevent claim denials; and qualifying criteria for oxygen saturation results. 4 pages (September 2016) (ICN 909410)

Provider Compliance Tips for Skilled Nursing Facility (SNF) Inpatient Services

Learn about improper payments rates; what is covered under the SNF benefit; reasons for claim denials; and how to prevent claim denials. 3 pages (September 2016) (ICN 909414)

Provider Compliance Tips for Spinal Orthoses

Learn about improper payment rates for Spinal Orthoses, how to prevent claim denials, and documentation needed to submit a claim. 5 pages (June 2016) (ICN 909187)

Provider-Specific Information

Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants

Learn about required qualifications, coverage criteria, billing, and payment for services furnished by advanced practice registered nurses, anesthesiologist assistants, and physician assistants. 18 pages (October 2016) (ICN 901623)

Guidelines for Teaching Physicians, Interns, and Residents

Learn about payment for physician services in teaching settings; general documentation guidelines; evaluation and management (E/M) documentation guidelines; and exception for E/M services furnished in certain primary care centers. 12 pages (March 2017) (ICN 006347)

Home Oxygen Therapy

Learn about covered oxygen items and equipment for home use; coverage requirements; criteria you must meet to furnish oxygen items and equipment for home use; Advance Beneficiary Notice of Noncoverage; oxygen equipment, items, and services that are not covered; and payments for oxygen items and equipment and billing and coding guidelines. 33 pages (October 2016) (ICN 908804)

Independent Diagnostic Testing Facility (IDTF)

Learn about requirements for the Independent Diagnostic Testing Facility (IDTF); enrollment, billing issues, ordering of tests; place of service issues, and requirements for multi-state IDTFs, physicians, and technicians. 8 pages (August 2016) (ICN 909060)

Medicare Ambulance Transports

Learn about the ambulance transport benefit; ambulance transports; ground and air ambulance providers and suppliers, vehicles, and personnel requirements; documentation requirements; coverage, billing, and payments; and Advance Beneficiary Notice of Noncoverage. 36 pages (February 2017) (ICN 903194)

MLN Guided Pathways to Medicare Resources Provider Specific

Learn about the type of resources available for the health care community; including webpages; training materials and guides available for multiple specialty pathways designed for Medicare FFS Physicians, Other Enrolled Health Care Professionals, Suppliers, Providers, and Hospitals; resources on enrollment; accreditation standards/survey and certification; coverage; billing; claims processing and reimbursement; beneficiary notices; and quality. 319 pages (July 2016) (ICN 903543)

Medicare Learning Network® (MLN) Suite of Products & Resources for Inpatient Hospitals

Learn about claims processing; payment systems and fee schedules; and more. 1 page (November 2016) (ICN 905704)

Medicare Podiatry Services: Information for Medicare Fee-For-Service Health Care Professionals

Learn about Medicare coverage of Podiatry services; conditions that might justify coverage; and foot care for patients with chronic disease. 6 pages (April 2016) (ICN 006948)

Medicare Vision Services

Learn about billing for cataract removal of intraocular lenses; glaucoma screening; and other eye-related Medicare-covered services. 11 pages (January 2017) (ICN 907165)

Mental Health Services

Learn about covered and non-covered mental health services; eligible professionals; required qualifications and coverage and payment criteria for suppliers; assignment; outpatient and inpatient psychiatric services; same day billing guidelines; and National Correct Coding Initiative. 23 pages (January 2015) (ICN 903195)

Provider-Supplier Enrollment

Medicare Enrollment for Institutional Providers

Learn about who are institutional providers; enrolling in the Medicare program; and Medicare resources. 13 pages (June 2016) (ICN 903783)

Medicare Enrollment for Physicians and Other Part B Suppliers

Learn about who are part B suppliers; enrolling in the Medicare program; and determining if you want to be a participating provider. 15 pages (June 2016) (ICN 903768)

Medicare Enrollment Guidelines for Ordering/Referring Providers

Learn about the three basic requirements for ordering and referring; and how to enroll in Medicare as an ordering/referring provider. 14 pages (November 2016) (ICN 906223)

Medicare Enrollment Resources

Learn about how to enroll in the Medicare Program; what to do if you run into problems; and where to locate enrollment forms. 1 page (December 2016) (ICN 909341)

Medicare Provider-Supplier Enrollment National Educational Products

Learn about provider-supplier enrollment; requirements; and more. 3 pages (May 2017) (ICN 909304)

PECOS FAQs

Learn about information you need before you begin the enrollment via PECOS; enrollment application issues; and revalidations. 13 pages (June 2016) (ICN 909015)

PECOS for DMEPOS Suppliers

Learn about Medicare enrollment application submission options; as well as individual and organizational DMEPOS suppliers. 15 pages (December 2016) (ICN 904283)

PECOS for Physicians and Non-Physician Practitioners

Learn about Medicare enrollment application submission options; completing an enrollment application using PECOS; and PECOS user ID and password helpful hints. 14 pages (August 2016) (ICN 903764)

PECOS for Provider and Supplier Organizations

Learn about provider and supplier organizations; disregarded entities; and Medicare enrollment application submission options. 12 pages (November 2016) (ICN 903767)

PECOS Technical Assistance Contact Information

Learn about common problems and who to contact; and PECOS resources. 4 pages (June 2016) (ICN 903766)

Safeguard Your Identity and Privacy Using PECOS

Learn about keeping your enrollment information up to date; protecting your enrollment information; and privacy tips. 10 pages (July 2016) (ICN 909017)

Remittance Advice

Remittance Advice Information: An Overview

Learn about what types of remittance advice (RA) are available; what information is included in an RA; and how to view an RA. 12 pages (April 2017) (ICN 908325)

Remittance Advice Resources and FAQs

Learn about Standard Paper Remittance (SPR) vs Electronic Remittance Advice (ERA); enrolling in ERA; free Medicare ERA software; and commercial ERA software. 6 pages (March 2017) (ICN 905367)

Rural Health

Critical Access Hospital

Learn about background; Critical Access Hospital designation; payments (including hospital inpatient admission certification requirements) and additional Medicare payments; and grants to States under the Medicare Rural Hospital Flexibility Program. 11 pages (November 2016) (ICN 006400)

Federally Qualified Health Center

Learn about Federally Qualified Health Center background; certification; services; visits; payment; and cost reports. 7 pages (January 2017) (ICN 006397)

Medicare Billing Information for Rural Providers and Suppliers

Learn about Medicare rural billing for Critical Access Hospitals, Federally Qualified Health Centers, Home Health Agencies, Rural Health Clinics, Skilled Nursing Facilities, and Swing Beds. 29 pages (August 2014) (ICN 006762)

Medicare Disproportionate Share Hospital

Learn about background; methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Affordable Care Act provision that impacts Medicare DSHs; Medicare Prescription Drug, Improvement, and Modernization Act provisions that impact Medicare DSHs; counting the number of beds and patient days in hospital; and Medicare DSH payment adjustment formulas. 7 pages (August 2016) (ICN 006741)

MLN Suite of Products & Resources for Rural Health Providers

Learn about publications and resources available for the unique information needs of the rural health community. 4 pages (January 2017) (ICN 908465)

Rural Health Clinic

Learn about Rural Health Clinic background; services; Medicare certification; visits; payments; cost reports; and annual reconciliation. 6 pages (January 2017) (ICN 006398)

Swing Bed Services

Learn about background; requirements that apply to hospitals and Critical Access Hospitals; and payments. 5 pages (November 2016) (ICN 006951)

Telehealth Services

Learn about originating sites; distant site practitioners; telehealth services; and billing and payment for professional services furnished via telehealth and the originating site facility fee. 8 pages (November 2016) (ICN 901705)

Multimedia

Podcasts

Ambulance Fee Schedule

Learn about the Medicare ambulance transport benefit; Advance Beneficiary Notice of Noncoverage (ABN); how payment rates are set; updates to the ambulance fee schedule and available resources. 7 minutes (December 2015) (ICN 006835P)

Anesthesiologist Services with a Modifier GC in a Method II Critical Access Hospital

Learn about how to bill claims to Medicare Administrative Contactors (MACs) for anesthesiologist services provided to beneficiaries; key information about a revised payment methodology for anesthesiology claims submitted with Modifier GC (Resident/teaching physician service) for CAH Method II providers. 5 minutes (May 2015) (ICN 909212)

Caring for Medicare Patients as a Partnership

Learn about coverage criteria; documentation guidelines; supporting medical necessity; and helpful resources to keep you current. 7 minutes (January 2017) (ICN 909340P)

Clarification of the Use of Modifiers When Billing Wrong Surgery on a Patient

Learn about the correct use of certain Healthcare Common Procedure Coding System modifiers when billing wrong surgery on a patient. This includes information based on MLN Matters Article® SE0927. 3 minutes (May 2015) (ICN 909189)

Complying with Documentation Requirements for Laboratory Services

Learn about documentation requirements for Laboratory Services; tips to remember for signature requirements; and ordering/referring services to help avoid errors in claim submission. 7 minutes (January 2017) (ICN 909221P)

Co-Surgery Not Billed with Modifier 62

Learn about the existing policy regarding significant payment errors because of failing to apply properly the co-surgeon modifier. This includes information based on MLN Matters Article SE 1322, which provided clarification; when two or more surgeons of different specialties participate in one operative session and each separately submit claims to Medicare. 7 minutes (May 2015) (ICN 909209)

Independent Diagnostic Testing Facilities

Learn about the requirements for an Independent Testing facility to be enrolled in the Medicare program. 18 minutes (April 2015) (ICN 909204)

Medically Unlikely Edits (MUE) and Bilateral Procedures

Learn about bilateral surgical procedures for Medicare beneficiaries; clarification that while claims filed using noncompliant coding for bilateral surgical procedures may have been paid in the past, Medically Unlikely Edits (MUE) changes may now render those claims unpayable. 8 minutes (May 2015) (ICN 909210)

Revised & Clarified Place of Service (POS) Coding Instructions

Learn about services paid under the Medicare Physician Fee Schedule; and key information about revised and clarified national policy for place of service or POS, code assignment. 16 minutes (June 2015) (ICN 909207)

Telehealth Services

Learn about originating sites; distant site practitioners; Telehealth services; and billing and payment information. 5 minutes (December 2015) (ICN 901705P)

Videos

CMS Provider Minute

A [series](#) of Medicare Compliance Videos for Medicare providers to improve in areas identified with a high degree of noncompliance in various Medicare policies.

Medicare Basics: Parts A and B Claims Overview

Learn about Medicare Parts A and B claims, what you need to know before filing a claim, and how to submit a claim. (November 2016) (ICN 909224)
To View the Video: Access the video on the CMS YouTube Channel.
Run Time: 3 Minutes 45 Seconds

What is Medicare?

Learn about basic Medicare provider information; the different parts of Medicare; and the Medicare coverage options. (January 2014) (ICN 908653)
To View the Video: Access the video on the CMS YouTube Channel.
Run Time: 5 Minutes 21 Seconds

EVENTS & TRAINING

Medicare Billing Certificate Program

Medicare Billing Certificate Program for Part A Providers

Learn about Part A of the Medicare Program; Medicare claims; and billing requirements. 15.0 hours (July 2016) (WBT-07072016A)

Medicare Billing Certificate Program for Part B Providers

Learn about Part B of the Medicare Program; Medicare claims; and billing requirements. 16.5 hours (July 2016) (WBT-07072016B)

MLN Events

MLN National Provider Conference Calls and webcast presentations by CMS experts cover changes to the Medicare program and include question and answer sessions. Events are free but registration is required. Search for upcoming events at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/CE-Associations.html>.

Web-Based Training

Access web-based training courses through the MLN Web-based Training page <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html>.

★ Continuing Education Credits are available for these courses.

837P and Form CMS-1500 ★

Learn about professional Medicare claims requirements; the essential aspects of paper and electronic claims submission; and Medicare claims processing actions. 90 minutes (August 2015)

2017 Medicare Part C and Part D Reporting Requirements and Data Validation ★

Learn about planning, performing, and completing data validation activities. 90 minutes (March 2017)

Acute Care and the IPPS ★

Learn about coverage and payment under the IPPS; inpatient hospital coverage, billing, and payment; for beneficiaries enrolled in Original Medicare. 70 minutes (February 2017)

Affordable Care Act Compliance Programs: Getting Started ★

Learn about the development of compliance programs; policies and procedures, internal auditing and enforcement; as required under the Affordable Care Act. 60 minutes (November 2015)

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians ★

Learn about how to comply with fraud and abuse laws; real cases of fraud and abuse, and a list of Medicare fraud and abuse resources. 30 minutes (August 2016)

Basics of Medicare: Part One ★

Learn about the purpose and history of the Medicare Program; guidance on enrollment processes; and resources pertaining to compliance with laws, regulations, and Medicare policy. 60 minutes (March 2016)

Basics of Medicare: Part Two ★

Learn about Medicare billing; reimbursement; and appeals. 60 minutes (March 2016)

Basics of Medicare: Part Three ★

Learn about Medicare Claim Review Programs; protecting the Medicare Trust Fund; laws related to Medicare fraud and abuse; and what providers can do to protect themselves and their identities. 60 minutes (March 2016)

Catching Everyone in America's Safety Net: Collecting Data on Sexual Orientation (SO) and Gender Identity (GI) in Health Care Settings ★

Learn about the basic terminology for lesbian, gay, bisexual and transgender people; why it is important to ask people about their sexual orientation and gender identity in clinical settings; LGBT health needs and disparities; and why SOGI data should be collected now. It includes different ways to collect SOGI data in the clinical setting and recommends different ways to start implementing sexual orientation and gender identity questions into work flows with and without electronic health records. 60 minutes (February 2017)

Certificate of Medical Necessity (CMN) ★

Learn about the Certificate of Medical Necessity (CMN); Information on submission; maintenance of documentation; and verification of a CMN. 60 minutes (December 2015)

Combating Medicare Parts C and D Fraud, Waste, and Abuse

Learn about major laws and regulations pertaining to fraud, waste, and abuse; how to recognize fraud, waste, and abuse; potential consequences and penalties associated with fraud, waste, and abuse violations; and preventing, reporting and correcting fraud, waste, and abuse. 30 minutes (January 2017)

Diagnosis Coding: Using the ICD-10-CM ★

Learn about International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS) coding tips, information, and resources; ICD-10-CM structure, format, and features; and how to find correct ICD-10-CM codes. 60 minutes (February 2017)

Drug Diversion: Schemes, Auditing, and Referrals ★

Learn about common types of drug diversion activities, drug classes that are the targets of drug diversion, common drug diversion behaviors to look for in pharmacy practices, and actions that can be taken to prevent drug diversion activity. 45 minutes (December 2015)

Health Insurance Portability and Accountability Act (HIPAA) EDI Standards ★

Learn about standards and code sets mandated under HIPAA; information regarding electronic billing and other health care transactions; and the steps involved in the Medicare electronic data interchange process. 60 minutes (March 2016)

Home Health Change of Care Notice (HHCCN) and Advance Beneficiary Notice of Noncoverage (ABN)

Learn about guidance on the issuance of beneficiary protection notice to beneficiaries receiving home health care; the legal basis governing the HHCCN; the ABN; and home health care situations that require issuance of these notices. 60 minutes (May 2015)

Infection Control: Environmental Safety ★

Learn about proper cleaning practices in health care facilities; categories of environmental surfaces; and turnover cleaning versus terminal cleaning. 60 minutes (July 2015)

Infection Control: Hand Hygiene ★

Learn about hand hygiene in patient care zones and nearby administrative areas; appropriate methods for maintaining good hand hygiene; and how to recognize opportunities for hand hygiene in a health care setting. 60 minutes (January 2016)

Infection Control: Injection Safety ★

Learn about proper injection practices in health care facilities, safe injection practices, and single-dose/ single-use versus multi-dose medications. 60 minutes (March 2016)

Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT ★

Learn about the basic elements of the Comprehensive Error Rate Testing (CERT) Program and Inpatient Rehabilitation Facility (IRF) services; and documentation requirements for IRF services. 60 minutes (July 2016)

Medicare Billing: 837I and Form CMS-1450 ★

Learn about billing in institutional settings; how to recognize institutional provider Medicare claim requirements; how to identify essential aspects of paper and electronic claims submission; and how to identify Medicare claims processing actions. 90 minutes (January 2017)

Medicare Fraud & Abuse: Prevention, Detection, and Reporting ★

Learn about the fraud and abuse definitions; laws used to fight fraud and abuse; government partnerships engaged in fighting fraud and abuse; and where to report suspected fraud and abuse. 80 minutes (March 2017)

Medicare Home Health Benefit ★

Learn about qualifying for home health services, consolidated billing, therapy services, and physician billing and payment. Medicare Home Health Benefit. 30 minutes (March 2017)

Medicare Parts C and D General Compliance Training

Learn about Medicare Parts C and D compliance, how compliance programs operate, and reporting compliance program violations. 20 minutes (January 2017)

Medicare Secondary Payer Provisions ★

Learn about the Medicare Secondary Payer (MSP) provisions; recognize when Medicare is a primary or secondary payer; and how to find CMS MSP resources. 66 minutes (November 2015)

Part C Appeals: Organization Determinations, Appeals, and Grievances ★

Learn about Medicare Part C Appeals; basic definitions of terms related to Part C organization determinations, appeals & grievances; requirements for organization determinations; and common problems encountered by plans. 60 minutes (April 2016)

Part D Coverage Determinations, Appeals, and Grievances ★

Learn about Medicare Part D Appeals; basic definitions of terms related to Part D coverage determinations, appeals & grievances; and requirements for appeals, effectuation and grievances. 60 minutes (April 2016)

Power Mobility Pearls for the Practicing Physician ★

Learn about the fundamentals of a Power Mobility Device and the Compliance Program. 20 minutes (May 2015)

Safeguarding Your Medical Identity ★

Learn about medical identity theft; how to recognize risks; and resources you can use to protect your medical identity. 60 minutes (October 2014)

SNF Consolidated Billing ★

Learn about SNF coverage and payment guidelines; bundled prospective payments; and services that are excluded from SNF CB. 60 minutes (August 2016)

Quality Payment Program in 2017: Pick Your Pace Web-Based Training Course

Learn about if your medical practice needs to participate in the Quality Payment Program in 2017; identify the basic steps to take to participate in the program; and select factors to consider when deciding how to pick a pace in the program. 25 minutes (March 2017)

World of Medicare ★

Learn about the fundamentals of the Medicare Program; Parts A, B, C, and D; beneficiary health insurance options; eligibility and enrollment; and how Medigap and Medicaid work with the Medicare Program. 60 minutes (June 2015)

Your Institution in the World of Medicare ★

Learn about how Federal law, regulations and Medicare policies impact institutional providers; and information, forms and resources to assist providers with Medicare requirements. 90 minutes (June 2015)

Your Office in the World of Medicare ★

Learn about how Federal Law; regulations; and Medicare policies impact office practices, non-physician practitioners, and suppliers; and applicable forms and resources used for specific office functions. 92 minutes (June 2015)



CONTINUING EDUCATION

Earn Continuing Education Credits

Web-Based Training Courses Available for Continuing Education Credit

The Centers for Medicare & Medicaid Services (CMS) is accredited by:

- The International Association of Continuing Education and Training (IACET) to provide Continuing Education Units (CEUs); and
- The Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education (CME) credit which is offered in the *AMA PRA Category 1 Credit™*

For more information on the types of credit offered for these courses, please visit the [CMSCE accreditations page](#).

The following web-based training (WBT) courses are available for continuing education (CE) credit on the [Medicare Learning Network® \(MLN\) learning Management System \(LMS\)](#).

The following web-based training (WBT) courses are available for continuing education (CE) credit on the [Medicare Learning Network® \(MLN\) Learning Management System \(LMS\)](#).

LM Course Title	IACET CEUs Available	AMA PRA Category 1 Credit™ Available	CE Expiration Date
837P and Form CMS-1500	0.2	1.5	8/20/2018
Acute Care and the IPPS	0.1	1	2/24/2020
Affordable Care Act Provider Compliance Programs: Getting Started	0.1	1	11/13/2017
Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians	0	0.5	1/7/2018
Catching Everyone in America's Safety Net: Collecting Data on Sexual Orientation (SO) and Gender Identity (GI) in Health Care Settings	0.1	1	2/23/2020
Certificate of Medical Necessity	0.1	1	11/13/2018
Diagnosis Coding: Using the ICD-10-CM	0.1	1	2/19/2018
Drug Diversion: Schemes, Auditing and Referrals	0.75	0	12/16/2018
Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Standards	0.1	0	7/22/2019
Infection Control: Environmental Safety	0.1	1	10/13/2018
Infection Control: Hand Hygiene	0.1	1	7/7/2017
Infection Control: Injection Safety	0.1	1	10/13/2018
Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT	0.1	1	7/14/2019
Medicare Basics: Part One	0.1	1	3/23/2019
Medicare Basics: Part Two	0.1	1	3/23/2019
Medicare Basics: Part Three	0.1	1	3/23/2019
Medicare Billing: 837I and Form CMS-1450	0.2	1.5	1/10/2020
Medicare Fraud & Abuse: Prevention, Detection, and Reporting	0.1	1	3/24/2020
The Medicare Home Health Benefit	0	0.5	4/18/2018
2017 Medicare Part C and Part D Reporting Requirements and Data Validation	0.2	n/a	2/9/2019
Medicare Secondary Payer Provisions	0.1	0	2/24/2019

Continuing Education Credits Table (cont.)

LM Course Title	IACET CEUs Available	AMA PRA Category 1 Credit™ Available	CE Expiration Date
Part C Appeals: Organization Determinations, Appeals & Grievances	0.1	1	4/7/2020
Part D Coverage Determinations, Appeals & Grievances	0.1	1	4/7/2020
Power Mobility Pearls for the Practicing Physician	0	0.25	5/14/2018
Quality Payment Program in 2017: Pick Your Pace	.5	.5	5/30/2020
Safeguarding Your Medical Identity	0.1	1	3/31/2018
SNF Consolidated Billing	0.1	0	8/14/2018
11-07-16 Using the Million Hearts® Model Data Registry in Practice for Control Group Participants	0.1	1	11/7/2019
11-07-16 Using the Million Hearts® Model Data Registry in Practice for Intervention Group Participants	0.1	1	11/7/2019
World of Medicare	0.1	1	1/10/2019
Your Institution in the World of Medicare	0.1	1.5	11/21/2018
Your Office in the World of Medicare	0.2	1.5	1/11/2019

NOTES:

ABMS Credit

All MLN WBT courses approved for CME (*AMA PRA Category 1 Credit™*) are approved for American Board of Medical Specialties (ABMS) Certification. Please check the course title in the above chart to determine which specialties accept credit.

Association Credit

Many organizations offer credit for our [National Provider Calls & Events](#) and [Web-Based Training](#) courses. Search [Associations Offering Credit for MLN Events & Training webpage](#) for your organization for additional information and instructions.

Additional CMS activities for Credit

<https://www.cms.gov/Outreach-and-Education/Learn/Earn-Credit/Earn-credit-page.html>

NEWSLETTERS & SOCIAL MEDIA

MLN Connects®

Our weekly email newsletter for health care professionals. We compile news from across the Agency into your single source for:

- CMS program and policy details
- Updates and announcements
- Press releases
- Upcoming events
- Claim, pricer, and code information
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Access past editions or subscribe at <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>.

Electronic Mailing Lists

MLN Educational Products Update

MLN Education Products Update

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