MLN EDUCATIONAL WEB GUIDES

FAST FACT ARCHIVE

Medicare Learning Network® (MLN) Educational Web Guides monthly fast facts are designed to highlight relevant tips and corrective actions in an effort to help health care professionals understand and comply with Medicare policy.

The fast facts listed on this page were posted on the MLN Educational Web Guides web page during the months indicated below. This list will be updated as new fast facts are added.

Fast Fact	Date
New Condition Code Beginning July 5, 2016, Medicare will implement revisions to the billing instructions for home health claims to allow the use of a new condition code. Condition code -54 indicates that the Home Health Agency (HHA) provided no skilled services during the billing period, but the HHA has documentation on file of an allowable circumstance. For more information, review the MLN Matters® article #MM9474, on the CMS website.	June 2016
National HIV Testing Day June 27th is National Human Immunodeficiency Virus (HIV) Testing Day, an annual campaign to encourage people of all ages to be tested. More than 1.2 million people in the United States are living with HIV infection, and 14 percent are unaware of their infection. Medicare provides coverage of both standard and Food and Drug Administration (FDA)-approved rapid HIV screening tests for eligible beneficiaries. For more information about coverage and coding, review MLN Matters® Article #MM6786 on the Centers for Medicare & Medicaid Services (CMS) website.	May 2016

Fast Fact	Date
Comprehensive Care for Joint Replacement (CJR) On April 4, 2016, the Centers for Medicare & Medicaid Services (CMS) will implement the Comprehensive Care for Joint Replacement (CJR) 5-year payment model. The CJR model is intended to promote quality and financial accountability for episodes of care surrounding a Lower-Extremity Joint Replacement (LEJR) or reattachment of a lower extremity procedure. CJR will test whether bundled payments to certain acute care hospitals for LEJR episodes of care will reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. For more information, review MLN Matters® Article #MM9533 on the CMS website.	April 2016
Home Health Episodes with No Skilled Visits Effective July 1, 2016, the Centers for Medicare & Medicaid Services (CMS) will implement new condition code 54 for Home Health care. The code indicates that a Home Health Agency (HHA) provided no skilled services during the billing period, but the HHA has documentation on file of an allowable circumstance. Allowable circumstances that constitute a HH visit are: • Intermittent Skilled Nursing Services; • Physical Therapy; • Speech Language Pathology; and • Continuous Occupational Therapy. For more information, review MLN Matters Article #MM9474, and for general billing and payment information, review the fact sheet titled “Home Health Benefit” on the CMS website.	March 2016
March is Colorectal Cancer Screening Awareness Month Each year, more than 136,000 people are diagnosed with colorectal cancer and more than 50,000 die of the disease. With certain types of screening, this cancer can be detected early. Medicare offers coverage for: • Flexible Sigmoidoscopy; • Colonoscopy; and • Fecal Occult Blood Test. For more information on this topic, review the “Preventive Services” educational tool on the Centers for Medicare & Medicaid Services (CMS) website.	February 2016

Fast Fact	Date
New Preventive Benefit - Advance Care Planning (ACP) Effective January 1, 2016, the Advance Care Planning (ACP) may be included as a preventive service when provided with the Annual Wellness Visit (AWV). Voluntary advance care planning means the face-to-face service between a physician (or other qualified health care professional) and the patient discussing advance directives, with or without completing relevant legal forms. When voluntary ACP services are furnished as a part of an AWV, the coinsurance and deductible do not apply for ACP. For more information, including billing and coding information, review the MLN Matters® Article #MM9271 on the Centers for Medicare & Medicaid Services (CMS) website. To learn more about the Annual Wellness Visit, download the Medicare Learning Network® "The ABCs of the Annual Wellness Visit" educational tool.	January 2016
Announcing 2016 Therapy Caps Effective January 1, 2016, the physical therapy and speech language pathology cap (combined) will be $1,960. The occupational therapy cap will be $1,960. An exceptions process to the therapy caps for reasonable and medically necessary services was required by section 5107 of the Deficit Reduction Act of 2005. The exceptions process for the therapy caps has been continuously extended several times through subsequent legislation. Most recently, section 202 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) extended the therapy cap exceptions process through December 31, 2017. For more information, review MLN Matters® Article #MM9448 on the Centers for Medicare & Medicaid Services (CMS) website.	December 2015
ICD-10 Revisions for National Coverage Determinations (NCDs) On January 4, 2016, the third maintenance update of the International Classification of Diseases, 10th Edition (ICD-10) conversions specific to National Coverage Determinations (NCDs) will be implemented. The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD Change Requests (CRs) and some are the result of revisions required to other NCD-related CRs released separately that included ICD-10 coding. For more information, review MLN Matters® Article #MM9252 on the Centers for Medicare & Medicaid Services (CMS) website.	November 2015
Difficulties Submitting ICD-10 Claims? Did you know alternatives are available for submitting International Classification of Diseases, 10th Edition (ICD-10) claims on and after October 1, 2015? If you are unable to complete the required systems changes or have issues with your billing software, vendor or clearinghouse, the following options are available for submitting ICD-10 compliant claims: Free billing software; Provider Internet portals; Direct Data Entry (DDE); and Paper claims. For more information, review MLN Matters® Special Edition Article #SE1522 on the CMS website.	October 2015

Fast Fact	Date
Think Pink! Did you know breast cancer is the second leading cause of death among women? October is National Breast Cancer awareness month. Medicare covers screening mammograms once for women between the ages of 35 and 39 and annually for women ages 40 years and older. For detailed coverage information, refer to the Medicare Learning Network® (MLN) educational tool "Preventive Services" on the CMS website.	September 2015
Chronic Care Management (CCM) Services The Centers for Medicare & Medicaid Services (CMS) has provided answers to Frequently Asked Questions (FAQs) about Chronic Care Management (CCM) services. CMS also clarified Medicare's requirement for 24/7 access by individuals furnishing CCM services to the electronic care plan rather than the entire medical record. For more information, review MLN Matters® Special Edition Article #SE1516 and the Medicare Learning Network® (MLN) fact sheet "Chronic Care Management Services" on the CMS website.	June 2015
Federal Payment Levy Program (FPLP) **Tax Withholding Increasing to 30 Percent** In July 2000, the Internal Revenue Service (IRS) started the Federal Payment Levy Program (FPLP). Through the FPLP, authority was given to the Centers for Medicare & Medicaid Services (CMS) to collect overdue taxes from Medicare providers through a levy on certain federal payments. If you owe back taxes to the IRS and those taxes are eligible to be withheld from payments due to you from Medicare, the withhold rate will increase from 15 percent to 30 percent effective June 19, 2015. For more information, review MLN Matters® Article #MM9154 on the CMS website.	May 2015
New ICD-10 Web-Based Training (WBT) Course Are you ready for the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) implementation? The new "Diagnosis Coding: Using the ICD-10-CM" web-based training (WBT) course includes ICD-10-CM/PCS implementation guidance, information on the new ICD-10-CM classification system, and coding examples. Continuing education credits are available for learners who successfully complete this course. To access the WBT, go to MLN Products and click on Web-Based Training (WBT) Courses under the Related Links heading at the bottom of the web page.	April 2015

Fast Fact	Date
Medicare Basics for New Providers Webinar: Registration now Open Tuesday, March 31, 2-4 p.m. EST New to the Medicare Program or interested in becoming a Medicare Provider or Supplier? Need a refresher on the basics of Medicare? Then register now for our upcoming "Medicare Basics for New Providers" Webinar. This multi-media webinar will review the history and parts of the Medicare Program (A, B, C, and D). You will also get an overview of the process for becoming a Medicare provider, including enrollment requirements and systems. Please visit https://engage.vevent.com/rt/mln~medicarebasics_033115 to register for this webinar. This webinar will offer both continuing education units (CEU) and continuing medical education (CME) credit.	March 2015
Continued Use of Modifier 59 after January 1, 2015 Providers may continue to use the -59 modifier after January 1, 2015, in any instance in which it was correctly used prior to January 1, 2015. Change Request (CR) 8863 established four new Healthcare Common Procedure Coding System (HCPCS) modifiers (XE, XP, XS, and XU) to define specific subsets of the -59 modifier, a modifier used to define a "Distinct Procedural Service." Providers who want to use the new modifiers may use them according to the published definitions. For more information, review MLN Matters® Special Edition Article #SE1503 on the CMS website.	February 2015
ICD-10 End-to-End Testing The Centers for Medicare & Medicaid Services (CMS) has provided answers to frequently asked questions (FAQs) about International Classification of Diseases, 10th Edition (ICD-10) end-to-end testing. The FAQs answers can help physicians, providers, suppliers, clearinghouses, and billing agencies participating in end-to-end testing understand the guidelines and requirements. For more information about end-to-end testing and ICD-10, review MLN Matters® Special Edition Article #SE1435, as well as the Medicare Learning Network® (MLN) publications "ICD-10-CM/PCS Myths and Facts," and "ICD-10-CM/PCS The Next Generation of Coding" on the CMS website.	January 2015
Medicare Appeals Process Podcast The Medicare Learning Network® (MLN) Multimedia web page recently posted a podcast explaining the Medicare appeals process. The podcast provides information about the five levels of claim appeals in Original Medicare (Part A and Part B) and how the appeals process applies to Medicare providers. To access the podcast, visit the MLN Multimedia web page on the CMS website and search for "Medicare Appeals Process" in the Filter On field.	December 2014

Fast Fact	Date
Infection Control: Hand Hygiene The "Infection Control: Hand Hygiene" web-based training (WBT) course is designed to provide education on proper hand hygiene in patient care zones and nearby administrative areas. It includes appropriate methods for maintaining good hand hygiene and how to recognize opportunities for hand hygiene in a health care setting. Continuing education credits are available for learners who successfully complete this course. To access the WBT, go to MLN Products and click on Web-Based Training (WBT) Courses under the Related Links heading at the bottom of the web page.	November 2014
Medicare Billing Certificate Program Did you know Medicare offers a Medicare billing certificate program for Part A and Part B providers? The programs are designed to provide education on the Medicare program, including required web-based training courses, related readings, and a list of helpful resources. Learners who successfully complete the program will receive a certificate in Medicare billing from the Centers for Medicare & Medicaid Services (CMS). To learn more about the courses, visit the "MLN Catalog of Products." To access the courses, visit the MLN Products web page on the CMS website and click the Web-Based Training (WBT) Courses link in the Related Links section.	October 2014
Hospice Principal Diagnosis Reporting Hospices must report diagnosis coding on the hospice claim, as required by International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Coding Guidelines. The principal diagnosis reported on the claim should be the diagnosis most contributory to the terminal prognosis. The coding guidelines state that when the provider has established, or confirmed, a related definitive diagnosis, codes listed under the classification of Symptoms, Signs, and Ill-defined Conditions are not to be used as principal diagnoses. For additional information, review MLN Matters® Article #MM8877 on the CMS website.	September 2014
Medicare Learning Network® (MLN) Guided Pathways (GPs) The Medicare Learning Network® (MLN) Guided Pathways (GPs) helps health care professionals gain knowledge from resources and products related to Medicare and the Centers for Medicare & Medicaid Services (CMS) website. The curricula contain brief descriptions and links to many CMS resources. These products are designed to allow users to quickly and easily scan or search the resources and click on topics of interest. All of the MLN GPs booklets can be located on the Medicare Learning Network® (MLN) Guided Pathways (GPs) web page on the CMS website.	August 2014

Fast Fact	Date
Electronic Health Record (EHR) and Physician Quality Reporting System (PQRS) Negative Adjustments Beginning January 1, 2015, eligible professionals (EPs) that are not meaningful Electronic Health Record (EHR) users will be subject to the EHR negative adjustment. Additionally, EPs who do not satisfactorily report data on quality measures for covered professional services for the quality reporting period of the year will be subject to the Physician Quality Reporting System (PQRS) negative adjustment. For more information, review MLN Matters® Article #MM8667 on the CMS website.	July 2014
Permanent Cardiac Pacemakers Medicare's revised National Coverage Determination (NCD) 20.8.3 allows coverage of implanted permanent cardiac pacemakers, single- or dual-chamber, for the treatment of documented non-reversible symptomatic bradycardia due to sinus node dysfunction and second- and/or third-degree atrioventricular block. For more information, please refer to MLN Matters® Article #MM8525 on the CMS website.	June 2014
ACA Provider Compliance Programs: Getting Started The Medicare Learning Network® (MLN) will present a webinar to assist providers seeking to develop compliance programs as required under the Affordable Care Act (ACA). Subject-matter experts will explain the policies and procedures, including internal auditing and enforcement, stipulated in the ACA, and a health care professional operating a successful program will offer information on best practices. The webinar will be offered twice, once at 11 a.m. EST on June 17 and again at 2 p.m. EST on June 26. Please watch the MLN Provider Compliance web page for registration information beginning in late May.	May 2014
Home Health Services and Documentation of the Physician Face-to-Face Encounter A face-to-face encounter is required for initial certification of patient eligibility for the Medicare home health benefit. The certifying physician must document that the physician, an allowed non-physician practitioner (NPP), or a physician caring for the patient in an acute or post-acute facility who has privileges at the facility had a face-to-face encounter with the patient. The face-to-face encounter must be clearly documented and include a brief narrative that describes how the patient's clinical condition supports a homebound status and need for skilled services. For more information, please refer to MLN Matters® Special Edition Article #SE1219 and the MLN fact sheet "Home Health Prospective Payment System" on the CMS website.	April 2014

Fast Fact	Date
Electronic Funds Transfer (EFT) and Remittance Advice Transactions Effective July 1, 2014, providers receiving health care payments via Electronic Funds Transfer (EFT) will receive a trace number that allows providers to re-associate the EFT health care payment with its associated electronic Remittance Advice (RA). Medicare Administrative Contractors (MACs) will modify or change data elements currently inputted into payment information that is transmitted through the Automated Clearing House (ACH) EFT Network with electronic health care payments. Consequently, the payment information a provider receives or that is transmitted from a provider's financial institution regarding the health care EFT payment may change. For additional information, please refer to MLN Matters® Article #MM8619 on the CMS website.	March 2014
New CMS-1500 Claim Form Medicare providers who are exempt from submitting claims electronically may use either the new CMS-1500 (02/12) form or the old CMS-1500 (08/05) form until April 1, 2014, when the new version will be required. The new version of the form includes indicators to differentiate between International Classification of Diseases, 9th Edition (ICD-9) and International Classification of Diseases, 10th Edition (ICD-10) codes on a claim. For additional information, please refer to MLN Matters® Article #MM8509 and the MLN fact sheet "Medicare Billing: 837P and Form CMS-1500" on the CMS website.	February 2014
End-Stage Renal Disease Prospective Payment System (ESRD PPS) Effective January 1, 2014, all End-Stage Renal Disease (ESRD) facilities will be paid 100 percent of the ESRD Prospective Payment System (PPS) amount. A blended rate of the basic case-mix composite rate payment system and the ESRD PPS will no longer be provided, and a transition budget neutrality adjustment factor will no longer be applied to the payment. For more information, please refer to MLN Matters® Special Edition Article #MM8472 and the MLN fact sheet "End-Stage Renal Disease Prospective Payment System" on the CMS website.	December 2013
Home Health Agency Advance Beneficiary Notice Changes The Centers for Medicare & Medicaid Services (CMS) is expanding use of the Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, to include issuance by home health agency (HHA) providers for Part A and Part B items and services. The ABN will replace the Home Health Advance Beneficiary Notice (HHABN), Form CMS-R-296, Option Box 1, currently used by HHAs. For items and services provided on or after December 9, 2013, the HHABN will no longer be valid. Refer to MLN Matters® Special Edition Article #MM8404 for more information.	October 2013

Fast Fact	Date
Quality Reporting for Ambulatory Surgical Centers (ASCs) Beginning with January 1, 2014, services, ASCs that do not meet Ambulatory Surgical Center Quality Reporting (ASCQR) Program requirements will be subject to a payment reduction. For purposes of the CY 2014 payment determination, ASCs must report Quality Data Codes (QDCs) on Medicare Part B claims submitted for reimbursement and meet data completeness requirements. Refer to MLN Matters® Article #MM8349 for more information.	September 2013
Opting Out of Medicare Physicians and non-physician practitioners who want to opt out of the Medicare program must file an affidavit with Medicare in which they agree to opt out for two years. During that 2-year period, physicians and non-physician practitioners must sign private contracts with all Medicare beneficiaries to whom they furnish services that would otherwise be covered by Medicare, except those who need emergency or urgent care. Refer to MLN Matters® Special Edition Article #SE1311 for more information.	August 2013
Outpatient Therapy Functional Reporting Effective July 1, 2013, outpatient therapy claims will be returned or rejected when providers do not report a beneficiary's functional status on claims for Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) services. Functional status is reported using Healthcare Common Procedure Coding System (HCPCS) G-codes and severity/complexity modifiers. Refer to MLN Matters® Article #MM8005 for more information.	July 2013
Use of Rubber Stamps for Signatures For medical review purposes, the Centers for Medicare & Medicaid Services (CMS) requires that services ordered/provided to Medicare beneficiaries be authenticated by a handwritten or electronic signature. With few exceptions, stamped signatures are not acceptable. Effective June 18, 2013, stamped signatures will be allowed if an author can provide proof of an inability to sign orders because of a physical disability. Please refer to MLN Matters® Article #MM8219 for more information about signature requirements.	June 2013
New JE Modifier for Reporting Certain End-Stage Renal Disease (ESRD) Drugs For dates of service on or after July 1, 2013, modifier JE must be applied to End-Stage Renal Disease (ESRD) claim line items reporting drugs and biologicals furnished to ESRD beneficiaries via the dialysate solution. ESRD facilities can continue to append the AY modifier for items or services furnished to an ESRD patient that are not for the treatment of ESRD. Please refer to MLN Matters® Article #MM8256 for more information.	May 2013

Fast Fact	Date
Competitive Bidding for Diabetic Testing Supplies Did you know Medicare's Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) saved Original Medicare more than $202 million in its first year of operation? CMS is now implementing competitive bidding for a national mail order program for diabetic testing supplies that will include all parts of the United States, including the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. The target date for implementation of the new prices and contracts is July 1, 2013. Refer to the Medicare Learning Network® (MLN) fact sheet "The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program" for more information.	April 2013
World of Medicare New to Medicare or need a refresher on the basics of the Medicare Program? The Medicare Learning Network® (MLN) offers a three-part series of web-based training (WBT) courses to teach health care professionals and administrative staff the fundamentals of the Medicare Program. The "World of Medicare" WBT offers a basic introduction to Medicare, including Parts A, B, C, and D. The "Your Office in the World of Medicare" WBT focuses on knowledge required by health care professionals and office personnel enrolling in Medicare by completing Forms CMS-855B, I, O, or S. The "Your Institution in the World of Medicare" WBT is designed for providers enrolling in Medicare by completing Form CMS-855A. Continuing education credits are available for each course. To access the WBTs, go to MLN Products and click "Web-Based Training Courses" under "Related Links" at the bottom of the web page.	March 2013
Place of Service (POS) Clarification for Practitioners, Providers, and Suppliers Are you reporting the correct Place of Service (POS) on claims? Physicians, providers, and suppliers are required to report the setting in which a face-to-face service is provided to a beneficiary by selecting an appropriate POS code. Exceptions to this face-to-face provision apply when the beneficiary is receiving care as a registered inpatient or an outpatient of a hospital. In these instances, the POS code for inpatient hospital (POS code 21) or outpatient hospital (POS code 22) should be used. Refer to MLN Matters® Article #MM7631 for more information on the face-to-face rule and POS requirements in additional settings.	February 2013
New Data Collection Requirement for Outpatient Therapy Services A new outpatient therapy services requirement effective January 1, 2013, requires the reporting of a beneficiary's **functional status** on selected claims for Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) services. The new requirement applies to outpatient therapy services provided by most institutional providers, as well as therapy services furnished personally by and incident to the service of a physician and certain Non-Physician Practitioners (NPPs). Refer to MLN Matters® Article #MM8005 to learn more about new non-payable G-codes and modifiers.	January 2013

Fast Fact	Date
Provider Enrollment Application Fee The Medicare Provider Enrollment application fee of $532 must be submitted by all providers, except physicians, non-physician practitioners, physician group practices and non-physician group practices. Providers and suppliers who initially enroll in Medicare, add a practice location, or revalidate their enrollment information, must submit the Medicare Provider Enrollment application fee. This fee applies to applications **submitted January 1, 2013, through December 31, 2013**. Refer to MLN Matters® Article #MM7350 to learn more about Medicare's Provider Enrollment requirements and hardship exception requests to the application fee.	December 2012
Hurricane Sandy and Medicare Disaster-Related Claims Providers and suppliers who submit claims for services provided to Medicare beneficiaries in New York and New Jersey are encouraged to read the MLN Matters® Special Edition Article #SE1247 to review policies and procedures applicable to the Hurricane Sandy disaster. This MLN Matters® Special Edition Article includes information specific to various types of providers and provides links to helpful resources, including frequently asked questions and the Federal Emergency Management Agency (FEMA) website. To learn more about how CMS assists providers and beneficiaries in disaster situations, please visit the CMS Emergency web page at http://www.cms.gov/Emergency. It includes important information to ensure continuity of health care services for those affected by natural disasters, extreme weather, and emergencies.	November 2012