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Official CMS news from the Medicare Learning Network®

Thursday, April 18, 2019

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News

CMS Proposes Expanding Coverage of Ambulatory Blood Pressure Monitoring

On April 9, CMS proposed to update its national coverage policy for Ambulatory Blood Pressure Monitoring (ABPM). ABPM is a non-invasive diagnostic test that uses a device to track blood pressure over 24-hour cycles. Ambulatory monitoring allows blood pressure to be measured over entire days rather than at a single moment in time. ABPM may measure blood pressure more accurately and lead to the diagnosis of high blood pressure (hypertension) in patients who would not otherwise have been identified as having the condition.

The current national coverage determination for ABPM, issued in 2001, covers the diagnostic test only for those patients with suspected "white coat hypertension" who are not currently being treated for high blood pressure under specific conditions. CMS received a request from stakeholders to reconsider this national coverage determination. Consistent with multi-society professional guidelines, CMS is proposing to update the current national coverage determination to expand access to ABPM to include coverage for cases of suspected "masked hypertension."

CMS is seeking comments on the <u>proposed national coverage determination</u>. A final decision will be issued no later than 60 days after the conclusion of the 30-day public comment period.

See the full text of this excerpted CMS Press Release (issued April 9).

Vitamin D Testing: Comparative Billing Report in April

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

CBRs are not publicly available. Look for an email from <u>cbrpepper.noreply@religroupinc.com</u> with your report. Update your contact email address in the National Plan and Provider Enumeration System to ensure accurate delivery. Visit the <u>CBR</u> website for more information.

Air Ambulance Transports: Comparative Billing Report in April

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

CBRs are not publicly available. Look for an email from <u>cbrpepper.noreply@religroupinc.com</u> with your report. Update your contact email address in the National Plan and Provider Enumeration System to ensure accurate delivery. Visit the <u>CBR</u> website for more information.

Physician Compare: Supplemental Preview Period Open until April 27

A Physician Compare supplemental preview period is open through April 27 with the latest 2017 performance information. Eligible clinicians and groups: Check your information by logging into the <u>Quality Payment</u> <u>Program</u> website.

For More Information:

- Preview Period User Guide
- Materials from the October Medicare Learning Network webcast
- <u>Physician Compare Initiative</u> website
- <u>Clinician Information: Performance Year 2017 Preview Period</u>
- Group Information: Performance Year 2017 Preview Period
- For assistance accessing the Quality Payment Program website or obtaining your user role, contact <u>QPP@cms.hhs.gov</u>
- For questions about Physician Compare, public reporting, or the preview period, contact <u>PhysicianCompare@Westat.com</u>

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; see the <u>Supplier Fact Sheet</u> and <u>CDC</u> website for more information
- Prepare for Medicare enrollment; see the Enrollment Fact Sheet and Checklist
- <u>Apply</u> to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll), See the <u>Enrollment Webinar Recording</u>

- Furnish MDPP services; see the <u>Session Journey Map</u>
- Submit claims to Medicare; see the <u>Billing and Claims Fact Sheet</u> and <u>Billing and Payment Quick</u> <u>Reference Guide</u>

Separate NPI for MDPP Enrollment:

We strongly encourage you to obtain a separate National Provider Identifier (NPI) for MDPP enrollment; claim rejections and denials may occur if multiple enrollments are associated with a single NPI. If you are a currently enrolled MDPP supplier that elects to obtain a separate NPI, update your enrollment in the Provider Enrollment, Chain and Ownership System (PECOS) with the new NPI. Contact your Medicare Administrative Contractor for assistance if:

- Your organization is unable to obtain a separate NPI
- You continue to encounter claims submission and processing issues after you update your enrollment with the new NPI

For More Information:

- MDPP Expanded Model Booklet
- <u>Materials</u> from Medicare Learning Network call on June 20
- <u>MDPP</u> webpage
- <u>CDC CMS Roles Fact Sheet</u>
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

STD Awareness Month: Talk, Test, Treat

Take three simple actions to protect your patients: Talk about sexual health, test for Sexually Transmitted Diseases (STDs) as recommended, and treat patients following approved guidelines. Recommend appropriate <u>Medicare-covered preventive services</u>, including:

- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs
- Hepatitis B Virus (HBV) Screening
- HBV Vaccine and Administration
- Human Immunodeficiency Virus (HIV) Screening

For More Information:

- <u>Medicare Preventive Services</u> Educational Tool
- Medicare Part B Immunization Billing Educational Tool
- <u>Centers for Disease Control and Prevention</u> webpage
- <u>STD Awareness Month</u> webpage

Visit the <u>Preventive Services</u> website to learn more about Medicare-covered services.

Compliance

Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

In a recent report, the Office of Inspector General (OIG) determined that payments for Inpatient Rehabilitation Facility (IRF) services did not comply with Medicare billing requirements. Medical record documentation did not support that IRF care was reasonable and necessary.

Use the following resources to bill correctly:

- IRF Prospective Payment System (PPS) Booklet
- Medicare Benefit Policy Manual Chapter 1, Section 110
- FY 2019 IRF PPS Final Rule
- IRF Quality Reporting Program website

 <u>Many IRF Stays Did Not Meet Medicare Coverage and Documentation Requirements</u> OIG Report, September 2018

Events

MIPS APMs Scoring Standard Webinar — April 24

Wednesday, April 24 from 2 to 3 pm ET

Register for this webinar.

This webinar provides an overview of the Merit-based Incentive Payment System (MIPS) Alternative Payment Models (APMs) in the Quality Payment Program (QPP), including:

- MIPS APMs in 2019
- APM scoring standard and MIPS performance category requirements
- APM information in the QPP Participation Status Tool
- Additional resources and how to learn more

MLN Matters® Articles

Temporary Gap Period of the DMEPOS CBP: July 2019 Update

A new MLN Matters Article MM11233 on <u>Quarterly Update for the Temporary Gap Period of the Durable</u> <u>Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July</u> <u>2019</u> is available. Learn about coding updates.

Publications

Medicare Enrollment for Providers Who Solely Order or Certify — Revised

A revised <u>Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe</u> Medicare Learning Network Booklet is available. Learn:

- Who is an eligible or certifying provider
- How to enroll in Medicare

Medicare Overpayments — Revised

A revised <u>Medicare Overpayments</u> Medicare Learning Network Fact Sheet is available. Learn about:

- Definition of an overpayment
- Collection tools and processes
- Payment options

PECOS for DMEPOS Suppliers — Revised

A revised <u>Provider Enrollment, Chain, and Ownership System (PECOS) for Durable Medical Equipment,</u> <u>Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers</u> Medicare Learning Network Booklet is available. Learn about:

- Supplier standards, accreditation, and surety bond information
- How to enroll in Medicare

PECOS for Physicians and NPPs — Revised

A revised The <u>Provider Enrollment, Chain, and Ownership System (PECOS) for Physicians and Non-Physician</u> <u>Practitioners (NPPs)</u> Medicare Learning Network Booklet is available. Learn how to:

- Register in the system
- Obtain a National Provider Identifier
- Enter enrollment information
- Respond to Medicare Administrative Contractor requests

PECOS for Provider and Supplier Organizations — Revised

A revised <u>Provider Enrollment, Chain, and Ownership System (PECOS) for Provider and Supplier</u> Organizations Medicare Learning Network Booklet is available. Learn how to:

- Authenticate credentials
- Register a surrogate
- Respond to Medicare Administrative Contractor requests

Annual Wellness Visit — Reminder

The Annual Wellness Visit Medicare Learning Network Booklet is available. Learn about:

- Health risk assessment
- Initial and subsequent components
- Advance care planning as an optional element

Initial Preventive Physical Examination — Reminder

The Initial Preventive Physical Examination Medicare Learning Network Booklet is available. Learn about:

- Components
- Coding, diagnosis, and billing

Like the newsletter? Have suggestions? Please let us know!

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