mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, November 21, 2019

News

- Promoting Interoperability Programs: Updated list of eCQMs
- MIPS Improvement Activities Technical Expert Panel: Nominations due November 29
- DMEPOS Competitive Bidding Surveys: Comment by December 20
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Modernizing CMS: Organizational Changes Announced

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- Hospital Price Transparency Final Rule Call — December 3
- Hospice Quality Reporting Program Forum Webinar — December 4
- Ground Ambulance Organizations: Data Collection System Call — December 5

MLN Matters® Articles

- 2020 Annual Update to the Therapy Code List
- 2020 Annual Update of Per-Beneficiary Threshold Amounts
- Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2020
- Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions
- Medicare Physician Fee Schedule Database (MPFSDB) Update to Status Indicators
- Positron Emission Tomography (PET) Scan - Allow Tracer Codes Q9982 and Q9983 in the Fiscal Intermediary Shared System (FISS)
- Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2020

Publications

- Medical Privacy of Protected Health Information — Revised
- Remittance Advice Resources and FAQs — Revised

Multimedia

- Part A Cost Report Webcast: Audio Recording and Transcript
- Improving Health Care Quality for LGBTQ People Web-Based Training Course — Updated

News

Promoting Interoperability Programs: Updated list of eCQMs

CMS updated the list of electronic Clinical Quality Measures (eCQMs), which were finalized in the Medicare Physician Fee Schedule final rule. Visit the eCQI Resource Center website for an updated list and supporting documents for the following programs:

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

MIPS Improvement Activities Technical Expert Panel: Nominations due November 29

Nominations for the 2020 Merit-based Incentive Payment System (MIPS) Improvement Activities Validation Criteria Technical Expert Panel (TEP) are due by 5 pm PT on November 29. Visit the TEP webpage for more information. For questions or assistance, please email ImprovementActivityTEP@comagine.org.

DMEPOS Competitive Bidding Surveys: Comment by December 20

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

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

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

November is National Diabetes Awareness Month. Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk eligible Medicare beneficiaries:
- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:
- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; see the Supplier Fact Sheet and CDC website for more information
- Prepare for Medicare enrollment; see the Enrollment Fact Sheet and Checklist
- Apply to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll), See the Enrollment Webinar Recording and Enrollment Tutorial Video
- Furnish MDPP services; see the Session Journey Map
- Submit claims to Medicare; see the Billing and Claims Webinar Recording, Billing and Claims Fact Sheet, and Billing and Payment Quick Reference Guide

For More Information:
- MDPP Expanded Model Booklet
- Materials from Medicare Learning Network call on June 20, 2018
- MDPP webpage
- CDC - CMS Roles Fact Sheet
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

Modernizing CMS: Organizational Changes Announced

A year ago, CMS Administrator Seema Verma asked a group of CMS leaders to evaluate CMS's functions and structure to identify opportunities to leverage the expertise and experience of regional office staff across the

breadth of our work, particularly as it relates to program policy development and implementation. This work took place under the [Modernizing CMS strategic initiative](#).

As a result of that work, today CMS announced a reorganization that:
- Improves integration of regional office staff into policy development and implementation;
- Puts similar activities together to make the work easier and more efficient;
- Helps ensure we are consistent in how we handle issues across the country;
- Brings together all staff, regardless of location, who work on quality improvement and who survey facility quality and safety. This will ensure consistency across the country on quality and safety;
- Combines the regionally-based Medicare operations work, the local oversight of Federally-facilitated Exchange plans, and external affairs into a single office that reports directly into OA through the creation of the Office of Program Operations and Local Engagement (OPOLE); and
- Positions our Medicaid program to better serve our stakeholders by creating centers of excellence.

For additional information, see the [Federal Register Notice](#).

Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

In a recent report, the Office of Inspector General (OIG) determined that payments for outpatient Intensity Modulated Radiation Therapy (IMRT) did not comply with Medicare billing requirements. Specifically, hospitals billed separately for complex stimulations when they were performed as part of IMRT planning. Overpayments occurred because hospitals are unfamiliar with or misinterpreted CMS guidance.

Use the following resources to bill correctly:
- [IMRT Planning Services Editing](#) MLN Matters Article
- [July 2016 Update of the Hospital Outpatient Prospective Payment System](#) MLN Matters Article
- [Medicare Claims Processing Manual, Chapter 4](#), Section 200.3.1
- [Medicare Improperly Paid Hospitals Millions of Dollars for IMRT Planning Services](#) OIG Report

Claims, Pricers & Codes

Medicare Diabetes Prevention Program: Valid Claims

For a claim to be valid under the Medicare Diabetes Prevention Program (MDPP), you must have both:
- Centers for Disease Control and Prevention (CDC) preliminary or full recognition; see the [Supplier Fact Sheet](#) and [CDC](#) website for more information
- Separate Medicare enrollment as an MDPP supplier (Specialty D1); see the [Enrollment Fact Sheet](#) and [Checklist](#)

Important:
If you do not have a separate Medicare enrollment as an MDPP supplier and you submit a claim for MDPP services, your claim will be rejected.

Medicare enrolled MDPP suppliers: See the [Quick Reference Guide to Payment and Billing](#) and the [Billing and Claims Fact Sheet](#) for information on valid claims:
- MDPP Medicare beneficiary eligibility data is returned via the [HIPAA Eligibility Transaction System (HETS)](#) on the 271 response; use this data to determine if a beneficiary meets the criteria to receive MDPP services
- Submit claims when a performance goal is met, and report codes only once per eligible beneficiary (except G9890 and G9891)
- List each HCPCS code with the corresponding session date of service and the coach's National Provider Identifier

- List all HCPCS codes associated with a performance payment (including non-payable codes) on the same claim
- Include Demo code 82 in block 19 (Loop 2300 segment REF01 (P4) and segment REF02 (82)) to identify MDPP services
- Do not include codes for other, non-MDPP services on the same claim

For More Information:
- [MDPP Expanded Model](#) Booklet
- [MDPP](#) webpage
- For trouble with MDPP billing and claims, [contact your Medicare Administrative Contractor](#)

Events

Hospital Price Transparency Final Rule Call — December 3
Tuesday, December 3 from 1:30 to 3 pm ET

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

CMS finalized policies that lay the foundation for a patient-driven health care system by making standard charges for items and services provided by all hospitals in the United States more transparent. During this call, learn about provisions in the final rule effective January 1, 2021, including:
- Requirements for making public all standard charges for all items and services in a machine-readable format
- Requirements for displaying shoppable services in a consumer-friendly manner
- Monitoring and enforcement

A question and answer session follows the presentation. We encourage you to review the [final rule](#), [press release](#), and [fact sheet](#) prior to the call.

Please note: This call will not cover the proposed rule on Transparency in Coverage.

Target Audience: All hospitals operating in the United States and other stakeholders.

Hospice Quality Reporting Program Forum Webinar — December 4
Wednesday, December 4 from 2 to 3 pm ET

[Register](#) for this webinar.

Learn about updates on the development of the Hospice Outcomes & Patient Evaluation (HOPE) Tool, including findings from focus group and electronic health record vendor listening sessions.

Target Audience: Medicare-certified hospice providers.

Ground Ambulance Organizations: Data Collection System Call — December 5
Thursday, December 5 from 1:30 to 3 pm ET

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

During this call, get an overview of the new Ground Ambulance Data Collection system, including:
- Background
- Selection of organizations required to report
- Detailed discussion of the Data Collection Instrument

A question and answer session follows the presentation; however, you may email questions in advance to AmbulanceDataCollection@cms.hhs.gov with "December 5 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more Information, including providers selected for the first round of reporting, see the Ambulance Services Center webpage, CY 2020 Physician Fee Schedule final rule, and Bipartisan Budget Act of 2018.

Target Audience: Ground ambulance organizations and ambulance stakeholders.

MLN Matters® Articles

2020 Annual Update to the Therapy Code List

A new MLN Matters Article MM11501 on 2020 Annual Update to the Therapy Code List is available. Learn about updates to the list of codes that describe therapy services.

2020 Annual Update of Per-Beneficiary Threshold Amounts

A new MLN Matters Article MM11532 on 2020 Annual Update of Per-Beneficiary Threshold Amounts is available. Learn about updates to the KX modifier thresholds and related policy.

Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2020

A new MLN Matters Article MM11536 on Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2020 is available. Learn about rates for home health services beginning on or after January 1.

Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions

A new MLN Matters Article MM11527 on Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions is available. Learn about inpatient stays spanning the end of a 30-day period and periods of care with no visits expected.

Medicare Physician Fee Schedule Database (MPFSDB) Update to Status Indicators

A new MLN Matters Article MM11453 on Medicare Physician Fee Schedule Database (MPFSDB) Update to Status Indicators is available. Learn about Status Indicator Q (therapy functional information code).

Positron Emission Tomography (PET) Scan - Allow Tracer Codes Q9982 and Q9983 in the Fiscal Intermediary Shared System (FISS)

A new MLN Matters Article MM11537 on Positron Emission Tomography (PET) Scan - Allow Tracer Codes Q9982 and Q9983 in the Fiscal Intermediary Shared System (FISS) is available. Learn about additional tracer HCPCS codes.

Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2020

A new MLN Matters Article MM11498 on Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2020 is available. Learn about updates to the CY 2019 payment limit.

Publications

Medical Privacy of Protected Health Information — Revised

A revised [Medical Privacy of Protected Health Information](#) Medicare Learning Network Fact Sheet is available. Learn about:
- Critical access hospitals, federally qualified health centers, home health agencies, rural health clinics, skilled nursing facilities, and swing beds
- Regional Office Rural Health Coordinators

Remittance Advice Resources and FAQs — Revised

A revised [Remittance Advice Resources and FAQs](#) Medicare Learning Network Booklet is available. Learn about:
- How to read institutional or professional Remittance Advice (RA)
- Assigned and unassigned claims
- Balancing an RA

Multimedia

Part A Cost Report Webcast: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [November 5](#) Medicare Learning Network webcast on Submitting Your Medicare Part A Cost Report Electronically. Learn how to use the new Medicare Cost Report e-Filing system.

Improving Health Care Quality for LGBTQ People Web-Based Training Course — Updated
With Continuing Education Credit

An updated Improving Health Care Quality for LGBTQ People Web-Based Training (WBT) course is available through the Medicare Learning Network [Learning Management System](#). Learn about:
- Terminology on sexual orientation, gender identity, and gender expression
- Evidence-based ways to include sexual orientation and gender identity data in electronic health records
- Delivering culturally competent care and improving health care quality for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people

---

[Like the newsletter? Have suggestions? Please let us know!](#)

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#).
This newsletter is current as of the issue date. View the complete [disclaimer](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).