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Official CMS news from the Medicare Learning Network ®

Thursday, February 20, 2020

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News

CMS Develops New Code for Coronavirus Lab Test

On February 13, CMS took further action to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the 2019-Novel Coronavirus (COVID-19). Specifically, CMS developed a new HCPCS code for providers and laboratories to test patients for SARS-CoV-2. This code will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code, which means better tracking of the public health response for this particular strain of the coronavirus to help protect people from the spread of this infectious disease.

Health care providers who need to test patients for Coronavirus using the Centers for Disease Control and Prevention 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001). The Medicare claims processing system will be able to accept this code on April 1, 2020, for dates of service on or after February 4, 2020. HCPCS is a standardized coding system that Medicare and other health insurers use to submit claims for services provided to patients.

For More Information:

- Memo: Critical steps for health care facilities to prepare
- Memo: Information for CLIA-certified laboratories on how to test

See the full text of this excerpted CMS News Alert (issued February 13).

CMS Program Statistics: 2018 Data

CMS updated Program Statistics with data for 2018. These statistics present a detailed summary of Medicare populations, utilization, and expenditures, as well as counts for Medicare-certified institutional and non-institutional providers. This release includes several enhancements:
- New tables presenting Medicare Outpatient Prospective Payment System hospital and Medicare outpatient critical access hospital emergency room visits and observation stays
- New table showing utilization and expenditure data for special-category hospitals
- The addition of the count of hospital discharges that began with an emergency room visit to the existing Inpatient Prospective Payment System short-stay hospital tables

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 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
- 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 service: 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 mdpp@cms.hhs.gov

Compliance

Bill Correctly for Medicare Telehealth Services

In a recent report, the Office of Inspector General (OIG) determined that the Centers for Medicare & Medicaid Services (CMS) improperly paid practitioners for some telehealth claims associated with services that did not meet Medicare requirements. CMS released the Medicare Telehealth Services video to help you bill correctly. Additional resources:
- Telehealth Services Medicare Learning Network Booklet
- Medicare Claims Processing Manual, Chapter 12, Section 190
- Medicare Telehealth Payment Eligibility Analyzer

- [List of Covered Telehealth Services](#) webpage
- [CMS Paid Practitioners for Telehealth Services That Did Not Meet Medicare Requirements](#) OIG Report

Events

Dementia Care: CMS Toolkits Call — March 3
National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, March 3 from 1:30 to 3 pm ET

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

During this call, learn about new CMS toolkits for nursing homes:
- Head-to-Toe Infection Prevention: Easy to access best practices for direct care staff to prevent infections before they occur
- Developing a Restful Environment Action Manual: Non-pharmacological approach to improve the quality of life and quality of care for residents living with dementia
- Staffing Toolkits: Staff Competency Assessment, Employee Satisfaction Survey, and Guide to Improving Employee Satisfaction

Additionally, CMS provides updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers: Cathleen Lawrence, Michele Laughman, Sheila Hanns, and Dara Graham from CMS.

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Part A Providers: QIC Appeals Demonstration Call — March 5
Thursday, March 5 from 1 to 2 pm ET

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

During this call, learn about the May 2019 expansion of the Qualified Independent Contractor (QIC) Telephone Discussion and Reopening Process Demonstration. It now includes Part A providers that submit second level claim appeals (reconsiderations) to C2C Innovative Solutions Inc., the Part A East QIC. Topics:
- Benefits
- Who can participate
- How to participate

A question and answer session follows the presentation; however attendees may email questions in advance to MedicareFFSappeals@cms.hhs.gov with "Appeals Demonstration" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, visit the [Original Medicare Appeals](#) webpage.

Target Audience: Part A providers located in these [areas](#) may participate in the demonstration; however, any Part A provider may attend.

Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call — March 12
Thursday, March 12 from 1 to 2 pm ET

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

During this call, ground ambulance organizations that also provide fire, police, and other public safety services learn how to collect information for reporting to the new Ground Ambulance Data Collection System.

A question and answer session follows the presentation; however, you may email questions in advance to AmbulanceDataCollection@cms.hhs.gov with "March 12 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, including ground ambulance organizations selected for the first round of reporting, see the Ambulances Services Center webpage, CY 2020 Physician Fee Schedule final rule, and Bipartisan Budget Act of 2018.

Target Audience: Ground ambulance organizations that also provide fire, police, or other public safety services.

Open Payments: Your Role in Health Care Transparency Call — March 19
Thursday, March 19 from 2 to 3 pm ET

Register for Medicare Learning Network events.

Did you know that reporting entities annually submit records to CMS of payments or transfers of value they made to physicians and teaching hospitals? Beginning in April, you have 45 days to review and dispute Program Year 2019 records. CMS will publish this data and updates to previous program years' data by June 30. Topics:
- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

A question and answer session follows the presentation.

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

MLN Matters® Articles

The Role of Therapy under the Home Health Patient-Driven Groupings Model (PDGM)

A new MLN Matters Special Edition Article SE20005 on The Role of Therapy under the Home Health Patient-Driven Groupings Model (PDGM) is available. Learn about eligibility criteria and coverage, including therapy services.

Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

A new MLN Matters Article MM11632 on Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) is available. Learn about corrected edits that allow proper claims processing for interrupted stays.

New Medicare Beneficiary Identifier (MBI) Get It, Use It — Revised

A revised MLN Matters Special Edition Article SE18006 on New Medicare Beneficiary Identifier (MBI) Get It, Use It is available. Learn what happens in the MBI look-up tool if the beneficiary record has a date of death.

What New Home Health Agencies (HHAs) Need to Know about Being Placed in a Provisional Period of Enhanced Oversight — Revised

A revised MLN Matters Special Edition Article SE19005 on What New Home Health Agencies (HHAs) Need to Know About Being Placed in a Provisional Period of Enhanced Oversight is available. Learn about the impact of the final rule with comment.

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) - April 2020 Update — Revised

A revised MLN Matters Article MM11491 on International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2020 Update is available. Learn about amendments to the spreadsheet for NCD 110.4.

Publications

Administrative Simplification: EFT and ERA Transactions

The Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) fact sheet provides information on the adopted standards and operating rules for these transactions. This fact sheet is part of a series of fact sheets on Administrative Simplification. Visit the Transactions Overview and Code Sets Overview webpages for more information.

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