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Official CMS news from the Medicare Learning Network®

Thursday, January 21, 2021

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News

Hospital IPPS: FAQs on Market-Based MS-DRG Relative Weights

On January 15, CMS released a series of [FAQs](#) on the market-based Medicare Severity Diagnosis Related Group (MS-DRG) relative weight data collection policy. We issued this policy in the [FY 2021 hospital Inpatient Prospective Payment System \(IPPS\)](#) final rule. While we believe that hospitals currently have the capacity to report this data on the Medicare cost report, these FAQs provide acceptable approaches to calculate and report median payer-specific negotiated charges by MS-DRG for reporting periods ending on or after January 1, 2021.

Visit the [FY 2021 IPPS Final Rule](#) webpage for additional information on the rule.

MLN Web-Based Training: Complete Training & Save Certificates by January 31

Only 10 more days to complete your Web-based Training (WBT) courses and save your certificates. The Medicare Learning Network (MLN) [Learning Management System](#) won't be available starting February 1. We're moving content to [cms.gov](https://www.cms.gov) soon.

Intensity-Modulated Radiation Therapy: Comparative Billing Report in January

In late January, CMS will issue a Comparative Billing Report on Part B claims for intensity-modulated radiation therapy. Use the data-driven tables to compare your billing and payment patterns with peers in your state and across the nation.

The public can't view CBRs. Look for an email from cbrpepper.noreply@religroupinc.com to access your report. Update your email address in the Provider Enrollment, Chain, and Ownership System to ensure delivery.

For More Information:

- [View a webinar recording](#)
- Visit the [CBR](#) website
- [Register for a live webinar](#) on February 10 at 1 pm ET

2020 MIPS Extreme & Uncontrollable Circumstances Exception Application: Deadline February 1

To further support clinicians during the COVID-19 Public Health Emergency (PHE), CMS extended the 2020 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception application deadline to February 1. For the 2020 performance year, MIPS eligible clinicians, groups, and virtual groups can submit an application asking us to reweight one or more performance categories to 0% due to the current COVID-19 PHE. If you have concerns about the effect of the COVID-19 PHE on your performance data, including cost measures, [submit an application](#) and cite COVID-19 as the reason for your application.

For More Information:

- [MIPS Extreme and Uncontrollable Circumstances Exception Application](#) user guide and fact sheet
- [How to Submit an Extreme and Uncontrollable Circumstances Exception Application](#) video
- [Extreme and Uncontrollable Circumstances Exception](#) webpage
- [Quality Payment Program Exceptions Application](#) fact sheet
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292; customers who are hearing impaired can dial 711 for a TRS Communications Assistant

Give Flu Shots through January & Beyond

Medicare Part B covers 1 flu shot per flu season and additional flu shots if medically necessary. Your patients pay nothing if you accept assignment.

Vaccinate as long as flu activity continues, even in January or later. The CDC recommends annual flu shots for everyone 6 months and older.

For More Information:

- [CMS Flu Shot](#) webpage
- [CDC Flu](#) webpage
- Information for your patients on [flu shots](#)

Compliance

SNF 3-Day Rule: Bill Correctly

An Office of Inspector General (OIG) [report](#) found that Medicare improperly paid for Skilled Nursing Facility (SNF) services when patients didn't meet the Medicare 3-Day inpatient hospital stay requirement. Review the [Skilled Nursing Facility 3-Day Rule Billing](#) fact sheet to help you bill correctly. Additional resources:

- [SNF Billing Reference Medicare Learning Network booklet](#)
- [Title 42 of the Code of Federal Regulations § 411.400](#)
- [Medicare Benefit Policy Manual, Chapter 8](#)
- [Medicare Claims Billing Manual, Chapter 6](#)
- [Medicare Claims Billing Manual, Chapter 30](#)
- [Medicare Financial Management Manual, Chapter 3](#), sections 70.3(C), 90, 100

Events

COVID-19 Listening Sessions with CMS Office of Minority Health — January 22, 26, & 28

The CMS Office of Minority Health invites you to participate in a listening session to discuss the continuing impact of COVID-19 on populations who face health disparities, including racial and ethnic minorities, people with disabilities, sexual and gender minorities, people with limited English proficiency, and rural populations.

We're offering 3 opportunities to join our conversation. To register, select the date that works best for you:

- [Friday, January 22 from 2 to 3 pm ET](#)
- [Tuesday, January 26 from 2 to 3 pm ET](#)
- [Thursday, January 28 from 2 to 3 pm ET](#)

Your participation will help us:

- Understand the specific health care challenges and needs of the people your organization serves as the COVID-19 pandemic progresses
- Learn about your organization's work to address these challenges, including emerging best practices for Medicare, Medicaid, and Children's Health Insurance Program patients
- Understand your organization's need for resources and support related to outreach around COVID-19
- Plan outreach related to COVID-19 vaccines

Physicians, Nurses & Allied Health Professionals Open Door Forum — January 27

Wednesday, January 27 (new date) from 2 to 3 pm ET

Agenda:

- Documentation requirements reminder for physicians ordering repetitive, scheduled non-emergent ambulance services
- Updates to the 2021 Physician Fee Schedule from the Consolidated Appropriations Act, 2021
- Information on COVID-19 vaccines

Participation Instructions:

- Conference call only: Dial 888-455-1397 and reference passcode 8604468
- You do not need to RSVP
- Dial-in at least 15 minutes before call start time
- TTY services: Dial 7-1-1 or 800-855-2880
- Instant replay available 1 hour after the call ends: 866-461-2738; no passcode needed

Claims, Pricers, & Codes

ESRD Facilities: Machine Reported Dialysis Treatment Time on the 072X Bill Type

CMS withdrew the requirement for End-Stage Renal Dialysis (ESRD) facilities to report the value code D6 for the total number of minutes of dialysis provided during the billing period. We're revising previously issued

guidance in Change Request (CR) 11871, CR 12011, and MLN Matters Articles [MM11871](#) and [MM12011](#) to reflect the rescinded policy. The revised guidance indicates that the requirement for reporting time on the dialysis machine is rescinded, but all other policies remain the same.

Therapy Claims: Reprocessing Dates of Service from January 1 through February 15

Due to policy changes in the calendar year 2021 Physician Fee Schedule final rule, the list of codes that sometimes or always describe therapy services wasn't updated by January 1. Therapy claims from institutional providers with dates of service from January 1 through February 15 are affected; see MLN Matters Article [MM12126](#). Medicare Administrative Contractors will reprocess affected claims and make sure they're paid correctly. You don't need to take any action.

Home Health RAP Workaround

In 2021, it's optional for you to report a Core-Based Statistical Area (CBSA) code using value code 61 for home health Requests for Anticipated Payment (RAPs). However, Medicare systems are returning RAPs without value code 61 in error. Your Medicare Administrative Contractor will add value code 61 and placeholder CBSA code 10180 to these RAPs so they continue processing. You don't need to take any action and may disregard the added codes.

MLN Matters® Articles

Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2021 — Revised

CMS revised MLN Matters Article MM12011 on [Implementation of Changes in the End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\) and Payment for Dialysis Furnished for Acute Kidney Injury \(AKI\) in ESRD Facilities for Calendar Year \(CY\) 2021](#).

Multimedia

Quality Reporting Programs: From Data Elements to Quality Measures Web-Based Training

This [web-based training course](#) provides a high-level overview of how CMS uses data elements within patient and resident assessment instruments to construct Quality Measures (QMs) across post-acute care settings, including home health, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

Topics:

- Review of cross-setting QMs and data elements
- QM calculation and reports
- How to access and use this data for quality improvement

Section M: Assessment and Coding of Pressure Ulcers & Injuries Web-Based Training

This [web-based training course](#) provides an overview of the assessment and coding of pressure ulcers and injuries for the home health, inpatient rehabilitation facility, long-term care hospital, and skilled nursing facility Quality Reporting Programs.

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