

mInconnects

Official CMS news from the Medicare Learning Network®

Thursday, September 2, 2021

News

- Ambulance Prior Authorization Model Implementation Dates
- In Response to Hurricane Ida PHE, CMS Announces Support for Residents of Louisiana & Mississippi
- Provider Enrollment Activities Resume in October
- Hospice Quality Reporting Program: Public Reporting Key Dates
- DME Suppliers: Payment for Respiratory Equipment Affected by Recent Recall
- Healthy Aging: Recommend Services for Your Patients

Compliance

DMEPOS Standard Written Order Requirements

Claims, Pricers, & Codes

- HCPCS Level II Application Submission: Launch of MEARIS[™]
- HCPCS Level II Application Submission Deadlines

MLN Matters® Articles

 International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – January 2022

Publications

• Medicare Provider Enrollment — Revised

News

Ambulance Prior Authorization Model Implementation Dates

<u>CMS announced</u> when it will implement the Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model in all remaining states and territories. For more information, see the <u>Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport</u> webpage.

In Response to Hurricane Ida PHE, CMS Announces Support for Residents of Louisiana & Mississippi

CMS announced flexibilities being provided to ensure health care access continues for residents in Louisiana and Mississippi impacted by Hurricane Ida. On August 30, HHS <u>Secretary Xavier Becerra declared Public</u> <u>Health Emergencies (PHEs)</u> for Louisiana and Mississippi. With these PHEs in effect CMS is also notifying Louisiana and Mississippi of the resources and waivers being made available to ensure hospitals and other facilities can continue to operate and provide access to care to those impacted by Hurricane Ida. Many of these waivers were already in place as a result of the ongoing COVID-19 PHE. For more information, see the press release.

Provider Enrollment Activities Resume in October

Beginning October 2021, CMS will resume some provider enrollment activities that were paused during the COVID-19 public health emergency, including:

- Application Fees 42 C.F.R. 424.514
- Criminal background checks associated with fingerprint-based criminal background checks– 42 C.F.R. 424.518
- Revalidation 42 C.F.R 424.515

For more information, see <u>COVID-19 Medicare Provider Enrollment Relief FAQs</u> 19, 20, 26, and 27.

Hospice Quality Reporting Program: Public Reporting Key Dates

The Hospice Quality Reporting Program will resume public reporting in February 2022. To help you prepare, CMS updated the <u>Public Reporting: Key Dates for Providers</u> webpage with information on refreshes through August 2022. For more information, see the <u>Hospice Fiscal Year 2022 Final Rule</u>.

DME Suppliers: Payment for Respiratory Equipment Affected by Recent Recall

On June 14, Philips Respironics issued a recall for several models of continuous positive airway pressure devices, respiratory assist devices, and mechanical ventilators covered by Medicare under the Durable Medical Equipment (DME) benefit. Read <u>Respiratory Equipment Affected by Recent Phillips Respironics Recall</u> to learn about:

- Your responsibility to assist patients who are renting or own affected devices
- Covered items and services related to this recall

Healthy Aging: Recommend Services for Your Patients

Medicare covers many services. During Healthy Aging® Month, encourage your patients to adopt a healthy lifestyle. Recommend appropriate services, including:

- Preventive services
- <u>Cognitive assessment and care plan services</u>
- <u>Chronic care management services</u>
- Behavioral health integration services

More Information:

- <u>Chronic Care Management</u> webpage
- Information for your patients on preventive and screening services, cognitive assessment and care plan services, chronic care management services, and behavioral health integration services

Compliance

DMEPOS Standard Written Order Requirements

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers: Follow requirements for Standard Written Orders (SWOs):

- Keep a SWO from the treating practitioner on file
- For all DMEPOS items, get the SWO before submitting a claim
- For certain items, get the SWO before delivery
- If there's an audit, submit completed SWOs for all DMEPOS services billed

Review <u>42 CFR 410.38</u> and <u>MLN Matters Special Edition Article SE20007</u> to learn what elements to include on the order and related documentation:

- Beneficiary name or Medicare beneficiary identifier
- General description of the item
- Quantity to be dispensed, if applicable

- Order date
- Treating practitioner name or national provider identifier
- Treating practitioner signature

More information:

- <u>Standard Documentation Requirements Policy Article</u>
- Find the SWO FAQs for Final Rule CMS-1713-F on your Medicare Administrative Contractor's website: Noridian <u>Jurisdiction (J) A</u> and <u>JD</u>; CSG <u>JB</u> and <u>JC</u>

Claims, Pricers, & Codes

HCPCS Level II Application Submission: Launch of MEARIS[™]

The Medicare Electronic Application Request Information System (<u>MEARIS</u>) is available for HCPCS Level II fourth quarter 2021 and first biannual 2022 application submissions. For more information, visit the <u>HCPCS</u> - <u>General Information</u> webpage.

HCPCS Level II Application Submission Deadlines

CMS announced <u>HCPCS Level II application submission deadlines</u>:

- First quarter and first biannual 2022 coding cycles January 4, 2022
- Second quarter 2022 coding cycle April 1, 2022

MLN Matters® Articles

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – January 2022

Learn about ICD-10 conversions and other coding updates.

Publications

Medicare Provider Enrollment — Revised

Read new information on site visits in this Medicare Learning Network educational tool.

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