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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card Flyer for Your Patients

CMS finished mailing new Medicare cards. The new cards without Social Security numbers offer better identity protection. Help protect your patient's personal identity by getting their new Medicare Beneficiary Identifier and using it for Medicare business, including claims submission and eligibility transactions. Give the [Get Your New Medicare Card](#) flyer to patients who do not have a new card.

Programs of All-Inclusive Care for the Elderly Final Rule

On May 28, CMS finalized a rule to update and modernize the Programs of All-Inclusive Care for the Elderly (PACE). PACE provides comprehensive medical and social services to certain frail, elderly individuals who qualify for nursing home care but, at the time of enrollment, can still live safely in the community. The majority of participants are dually eligible for both Medicare and Medicaid.

The final rule revises and updates the requirements for the PACE program under Medicare and Medicaid, including:

- Strengthening protections and improving care for participants

- Providing administrative flexibility and regulatory relief for organizations

The changes will provide greater operational flexibility, remove redundancies and outdated information, and codify existing practice.

For More Information:

- [Final Rule](#)
- [Press Release](#)

See the full text of this excerpted [CMS Fact Sheet](#) (issued May 28).

Hospice Compare Refresh

The May 2019 Hospice Compare refresh is available. Visit [Hospice Compare](#) to view the data. This refresh includes:

- Additional information on hospice characteristics
- Updated zip code database to ensure accurate search results

For More Information:

- Hospice Compare May 2019 Refresh: [Fact Sheet](#) and [Question & Answer Document](#)
- [Hospice Quality Public Reporting](#) webpage

SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

On October 1, the new Patient Driven Payment Model (PDPM) is replacing the Resource Utilization Group, Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). CMS has resources to help you prepare:

- [PDPM](#) webpage, including [fact sheets](#), [FAQs](#), [presentation](#), and [coding crosswalks/classification logic](#)
- [Materials](#) from the Medicare Learning Network call in December
- [New Medicare Webpage on PDPM](#) MLN Matters Article
- [Implementation of the SNF PDPM](#) MLN Matters Article

Compliance

Chiropractic Services: Comply with Medicare Billing Requirements

In a recent report, the Office of Inspector General (OIG) determined that payments for chiropractic services did not comply with Medicare billing requirements. Overall, medical record documentation did not support medical necessity or corrective treatment. CMS developed the [Medicare Documentation Job Aid for Doctors of Chiropractic](#) Educational Tool to help you bill correctly. Additional resources:

- [Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits](#) MLN Matters Article
- [Use of the AT modifier for Chiropractic Billing \(New Information Along with Information in MM3449\)](#) MLN Matters Article
- [Educational Resources to Assist Chiropractors with Medicare Billing](#) MLN Matters Article
- [Medicare Benefit Policy Manual, Chapter 15](#), Sections 30.5 and 240
- [Medicare Claims Processing Manual, Chapter 12](#), Section 220
- [Medicare Needs Better Controls to Prevent Fraud, Waste, and Abuse Related to Chiropractic Services](#) OIG Report, February 2018

Claims, Pricers & Codes

HETS Includes Medicare Diabetes Prevention Program Information

The [HIPAA Eligibility Transaction System \(HETS\)](#) returns Medicare Diabetes Prevention Program (MDPP) usage information. The HETS Medicare beneficiary eligibility response (271) includes [HCPCS codes for MDPP services](#) if the National Provider Identifier (NPI) on the eligibility inquiry (270) belongs to a Medicare enrolled MDPP supplier or if it includes the Service Type Code “CQ.”

Use this information to determine the next available MDPP service for your patients. If a Medicare beneficiary is ineligible for MDPP, HETS will not return MDPP usage information. Check your 271 response for the following HCPCS codes:

- No prior MDPP usage: G9873.
- MDPP Usage: G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890 and G9891, including the NPI and date of service.
- G9890 and G9891 can be returned multiple times. All other MDPP HCPCS codes are once-in-a-lifetime services and will only return once.

Note:

- MDPP eligibility data does not impact non-MDPP services
- You must enroll as an [MDPP supplier](#) to provide MDPP services to patients and bill Medicare for these services
- Not an MDPP supplier? Refer your patients; [view a list of all current MDPP suppliers](#), including location and contact information

Events

DMEPOS Competitive Bidding: Round 2021 Webcast Series — Updated Schedule

The Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program webcast originally scheduled for May 28 has been rescheduled for June 11. Additionally, CMS added a fourth webcast to its series on July 23. These remaining two webcasts will allow bidders to receive important information on registering and submitting a bid when the registration and bid windows are open and the systems are accessible to bidders. If you registered for the May 28 webcast, you are automatically registered for the webcast on June 11. Register for the new sessions that will be held from 3 to 4 pm ET:

- June 11 - [Registering and Submitting a Bid - Part 1](#)
- July 23 - [Registering and Submitting a Bid - Part 2](#)

On demand replay, slides, and other handouts for prior webinars can be viewed through the webcast's registration link:

- Held May 14 - [Bid Surety Bond and Lead Item Pricing](#)
- Held May 21 - [Preparing and Submitting Financial Documents](#)

You can submit questions during live webcasts; however, to increase the likelihood of your question being answered on the webcast, submit questions in advance to cbic.admin@palmettogba.com with “Webcast Question” in the subject line.

Prior Authorization of Pressure Reducing Support Surfaces Special Open Door Forum — June 4

Tuesday, June 4, 2019 from 2 to 3 pm ET

CMS invites durable medical equipment suppliers, physicians, and other Medicare stakeholders to discuss the addition of pressure reducing support surfaces to the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) required prior authorization list. As announced in a [Federal Register Notice](#), we added five HCPCS codes to the list:

- E0193: Powered air flotation bed (low air loss therapy)
- E0277: Powered pressure-reducing air mattress

- E0371: Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width
- E0372: Powered air overlay for mattress, standard mattress length and width
- E0373: Non-powered advanced pressure reducing mattress

Participation Instructions:

- Participant Dial-In Number: 1-800-837-1935
- Conference ID #: 5960428

For more information, visit the [Prior Authorization Process for Certain DMEPOS Items](#) webpage. A presentation will be posted there before the call.

Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5

Wednesday, June 5 from 2 to 3:30 pm ET

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

During this call, learn about reporting requirements and resources for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs (QRPs).

Topics:

- Data submission requirements and deadlines
- Annual Payment Update requirements
- Reconsideration process
- Reports

Target Audience: Post-acute care providers, including IRFs, LTCHs, and SNFs.

Delivering Dementia Capable Care within Health Plans: Why & How? Webinar — June 19

Wednesday, June 19 from 12 to 1:30 pm ET

[Register](#) for this webinar:

Learn about strategies and tools for the delivery of dementia capable care, as well as tips for leveraging resources within federal, state, and local environments to build more responsive systems of care delivery. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs Webinar — June 27

Thursday June 27 from 11:30 am to 1 pm ET

[Register](#) for this webinar.

Learn about common causes and types of pain among dually eligible older adults, and identify promising practices that support older adults in achieving their pain management and wellness goals. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

MLN Matters® Articles

Additional Processing Instructions to Update the Standard Paper Remit (SPR)

A new MLN Matters Article MM11289 on [Additional Processing Instructions to Update the Standard Paper Remit \(SPR\)](#) is available. Learn about updates to the SPR to make sure they are not mailed with Health Insurance Claim Numbers or Social Security Numbers after October 1.

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

A revised MLN Matters Article MM11272 on [Home Health \(HH\) Patient-Driven Groupings Model \(PDGM\) – Additional Manual Instructions](#) is available. This Article is revised to show that the new diagnosis instructions added to section 40.2 also apply to section 40.1.

Publications

Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements

A new [Outpatient Rehabilitation Therapy Services: Complying with Medicare Billing Requirements](#) Medicare Learning Network Booklet is available. Learn about:

- Comprehensive Error Rate Testing program
- Billing correctly for Medicare Part B outpatient
- Reducing common errors and overpayments

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