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Official CMS news from the Medicare Learning Network®

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News

- CMS Announces Historic Changes to Physician Self-Referral Regulations
- Policy Will Increase Number of Lifesaving Organs by Holding OPAs Accountable through Transparency and Competition
- Prescription Drug Payment Model to Put American Patients First
- DMEPOS Competitive Bidding Program: Contract Suppliers for Round 2021
- Quality Payment Program APMs: Extended Deadline to Update Billing information — December 13
- Clinical Laboratory Fee Schedule: CY 2021 Final Payment Determinations
- Hospice Quality Reporting Program: November Refresh
- November is Home Care & Hospice Month
- World AIDS Day is December 1

Compliance

- Polysomnography Services: Bill Correctly

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- Long-Term Services and Supports Open Door Forum — December 1
- Hospital Price Transparency Webcast — December 8
- Interoperability and Patient Access Final Rule Call — December 9

MLN Matters® Articles

- Changes to the End-Stage Renal Disease (ESRD) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine
- Claim Status Category and Claim Status Codes Update
- Implementation of Two (2) New NUBC Condition Codes. Condition Code “90”, “Service provided as Part of an Expanded Access Approval (EA)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization (EUA)”
- Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE
- National Coverage Determination (NCD 90.3): Chimeric Antigen Receptor (CAR) T-cell Therapy
- Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
- Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2021
- Update to Vaccine Services Editing
- Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model — Revised
- Billing for Home Infusion Therapy Services on or After January 1, 2021 — Revised
- Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2021 — Revised

- Update to Chapter 10 of Publication (Pub.) 100-08 - Enrollment Policies for Home Infusion Therapy (HIT) Suppliers — Revised

Publications

- DMEPOS Information for Pharmacies — Revised
- DMEPOS Quality Standards — Revised
- Advance Care Planning — Revised

News

CMS Announces Historic Changes to Physician Self-Referral Regulations

On November 20, CMS finalized changes to outdated federal regulations that have burdened health care providers with added administrative costs and impeded the health care system's move toward value-based reimbursement. The Physician Self-Referral Law, also known as the "Stark Law," generally prohibits a physician from making referrals to an entity for certain health care services if the physician has a financial relationship with the entity. The old federal regulations that interpret and implement this law were designed for a health care system that reimburses providers on a Fee-for-Service basis, where the financial incentives are to deliver more services. However, the 21st century American health care system is increasingly moving toward financial arrangements that reward providers who are successful at keeping patients healthy and out of the hospital, where payment is tied to value rather than volume.

For More Information:

- [Final rule](#)
- [Fact sheet](#)

[Full press release.](#)

Policy Will Increase Number of Lifesaving Organs by Holding OPAs Accountable through Transparency and Competition

On November 20, CMS finalized a rule that is designed to increase the supply of lifesaving organs available for transplant in the United States by requiring that the organizations responsible for organ procurement be transparent in their performance, highlighting the best and worst performers, and requiring them to compete on their ability to successfully facilitate transplants.

For More Information:

- View the [final rule](#)
- [Fact sheet](#)

[Full press release.](#)

Prescription Drug Payment Model to Put American Patients First

In support of President Trump's historic commitment to lowering drug prices for American patients, HHS Secretary Alex Azar announced a drug payment model through the Center for Medicare and Medicaid Innovation at CMS that will lower Medicare Part B payments for certain drugs to the lowest price for similar countries and save American taxpayers and beneficiaries more than \$85 billion over seven years.

[Full press release.](#)

DMEPOS Competitive Bidding Program: Contract Suppliers for Round 2021

On November 20, CMS announced the contract suppliers for off-the-shelf back braces and knee braces for Round 2021 of Medicare's Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Round 2021 will begin on January 1 and extend through December 31, 2023.

For More Information:

- [Fact sheet](#)
- [List of contract suppliers](#)

Quality Payment Program APMs: Extended Deadline to Update Billing information — December 13

Many Qualifying Alternative Payment Model (APM) Participants (QPs) got 2020 5% APM incentive payments last month. Some clinicians need to update their Medicare billing information by December 13 to get paid.

Do You Need to Verify Your Medicare Billing Information?

- If you didn't get paid, find your name on the [spreadsheet](#) to find out which form(s) to send us. Log in to the [Quality Payment Program \(QPP\)](#) website using [your HARP credentials](#) to update your billing information; see [detailed instructions](#).
- If you got paid, you don't need to do anything.

For More Information:

- [QPP](#) website
- [Public Notice](#)
- [2020 APM Incentive Payment](#) fact sheet
- Contact QPP@cms.hhs.gov or 866-288-8292; if you have trouble hearing, dial 711 for a TRS communications assistant

Clinical Laboratory Fee Schedule: CY 2021 Final Payment Determinations

The Clinical Laboratory Fee Schedule (CLFS) CY 2021 [Final Test Codes Payment Determinations](#) are available. For more information on the payment determination process, visit the [CLFS Annual Public Meeting](#) website.

Hospice Quality Reporting Program: November Refresh

The November refresh of the Hospice Quality Reporting Program is available. Visit the [Care Compare](#) website to view the data. For more information, visit the [Spotlight & Announcements](#) webpage.

November is Home Care & Hospice Month

Find out about the wide-range of home health services covered by Medicare, and learn more about hospice benefits. Medicare Learning Network resources:

- [Medicare Home Health Benefit](#) booklet
- [Provider Compliance Tips for Home Health Services](#) fact sheet
- [Hospice Payment System](#) booklet
- [Provider Compliance Tips for Hospital Based Hospice](#) fact sheet

World AIDS Day is December 1

[World AIDS Day](#) is an opportunity to unite in the fight against HIV. Talk to your patients about the importance of HIV prevention and recommend screening if appropriate.

For More Information:

- [Medicare Preventive Services](#) educational tool
- [CDC HIV](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Compliance

Polysomnography Services: Bill Correctly

An Office of Inspector General (OIG) [report](#) found that CMS improperly paid practitioners for some claims associated with polysomnography services that didn't meet Medicare requirements. Review the [Provider Compliance Tips for Polysomnography \(Sleep Studies\)](#) fact sheet to help you bill correctly. Additional resources:

- [Medicare Claims Processing Manual, Chapter 15](#), Section 70
- [Questionable Billing for Polysomnography Services](#) OIG Report

Claims, Pricers & Codes

Medicare Diabetes Prevention Program: Valid Claims

Medicare Diabetes Prevention Program (MDPP) suppliers provide services to eligible patients using a performance-based payment structure. Find out how to submit valid claims for these services, so you'll be paid.

Are you a supplier?

You must be a Medicare-enrolled MDPP supplier for CMS to pay claims for MDPP services.

Is your patient eligible?

Read our [Checking Medicare Eligibility](#) fact sheet to learn how to check your patient's eligibility and determine if they qualify for services.

Ready to submit a claim?

Use the [Quick Reference Guide to Payment and Billing](#) and [Billing and Claims Fact Sheet](#) to help you submit valid claims.

For More Information:

- [CDC National Diabetes Program](#) website
- [MDPP Expanded Model](#) booklet
- [MDPP](#) webpage
- For questions about MDPP billing and claims, [contact your MAC](#)

Events

Long-Term Services and Supports Open Door Forum — December 1

Tuesday, December 1 from 2 to 3 pm ET

Agenda:

- Opening remarks
- Announcements and updates: [Long-Term Services and Supports Rebalancing Toolkit](#)
- Q&A

Participation Instructions:

- Conference call only: Dial 888-455-1397 and reference passcode 9375124

- 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: 866-397-1426; no passcode needed

Hospital Price Transparency Webcast — December 8

Tuesday, December 8 from 2 to 3 pm ET

Register for this [Medicare Learning Network event](#).

Is your institution prepared to comply with the requirements of the [Hospital Price Transparency Final Rule](#)? Effective January 1, each hospital operating in the United States is required to provide clear, accessible pricing information online about the items and services they provide in 2 ways:

- Comprehensive machine-readable file with all items and services
- Display of shoppable services in a consumer-friendly format

During this webcast, learn about resources to help you prepare for compliance and join in a Q&A session that follows the presentation.

You can call in if you can't stream audio through your computer.

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

Interoperability and Patient Access Final Rule Call — December 9

Wednesday, December 9 from 1:30 to 3 pm ET

Register for this [Medicare Learning Network event](#).

On May 1, CMS released the [Interoperability and Patient Access](#) final rule, listing ways to give patients better access to their health information. Using data exchange through secure Application Programming Interfaces (APIs), we took a first step in making health information more available to patients and moving toward greater interoperability across the health care system. This approach to data exchange will allow patients to make informed decisions and reduce burden on payers and providers.

During this call, we'll answer your questions about implementing these policies:

- Public reporting and information blocking – targeting late 2020/early 2021
- Provider digital contact information in the National Plan and Provider Enumeration System – targeting March, 2021
- Revisions to the Conditions of Participation (CoPs) of for hospitals and critical access hospitals – effective April 30, 2021
- Patient Access API – enforced after July 1, 2021
- Provider Directory API – enforced after July 1, 2021
- Payer-to-payer data exchange – effective January 1, 2022
- Improving the dual eligible experience – effective April 1, 2022

Visit the [Interoperability](#) webpage for more information about the final rule and to find resources.

Target Audience: All Medicare Fee-for-Service providers, payers, and industry-wide stakeholders.

MLN Matters® Articles

Changes to the End-Stage Renal Disease (ESRD) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine

CMS issued a new MLN Matters Article MM1 1871 on [Changes to the End-Stage Renal Disease \(ESRD\) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine](#). Learn about a new value code and network reduction correction.

Claim Status Category and Claim Status Codes Update

CMS issued a new MLN Matters Article MM1 1957 on [Claim Status Category and Claim Status Codes Update](#). Learn about changes approved by the National Code Maintenance Committee.

Implementation of Two (2) New NUBC Condition Codes. Condition Code “90”, “Service provided as Part of an Expanded Access Approval (EA)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization (EUA)”

CMS issued a new MLN Matters Article MM12049 on [Implementation of Two \(2\) New NUBC Condition Codes. Condition Code “90”, “Service provided as Part of an Expanded Access Approval \(EA\)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization \(EUA\)”](#). Learn about new codes effective February 1.

Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE

CMS issued a new MLN Matters Article MM1 1988 on [Implement Operating Rules - Phase III Electronic Remittance Advice \(ERA\) Electronic Funds Transfer \(EFT\): Committee on Operating Rules for Information Exchange \(CORE\) 360 Uniform Use of Claim Adjustment Reason Codes \(CARC\), Remittance Advice Remark Codes \(RARC\) and Claim Adjustment Group Code \(CAGC\) Rule - Update from Council for Affordable Quality Healthcare \(CAQH\) CORE](#). Learn about the next version of the Code Combination List.

National Coverage Determination (NCD 90.3): Chimeric Antigen Receptor (CAR) T-cell Therapy

CMS issued a new MLN Matters Article MM1 1783 on [National Coverage Determination \(NCD 90.3\): Chimeric Antigen Receptor \(CAR\) T-cell Therapy](#). Learn about coverage of autologous treatment for cancer.

Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update

CMS issued a new MLN Matters Article MM1 1943 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#). Learn about updates effective April 1.

Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2021

CMS issued a new MLN Matters Article MM12024 on [Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year \(CY\) 2021](#). Learn about rates for Parts A and B.

Update to Vaccine Services Editing

CMS issued a new MLN Matters Article MM11975 on [Update to Vaccine Services Editing](#). Learn about updates for skilled nursing facility claims.

Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model — Revised

CMS revised MLN Matters Special Edition Article SE1514 on [Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model](#). This model no longer has an end date.

Billing for Home Infusion Therapy Services on or After January 1, 2021 — Revised

CMS revised MLN Matters Article MM11880 on [Billing for Home Infusion Therapy Services on or After January 1, 2021](#) to add information about G codes and fees.

Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2021 — Revised

CMS revised MLN Matters Article MM12017 on [Home Health Prospective Payment System \(HH PPS\) Rate Update for Calendar Year \(CY\) 2021](#) to revise the policy section and update the payment rate tables.

Update to Chapter 10 of Publication (Pub.) 100-08 - Enrollment Policies for Home Infusion Therapy (HIT) Suppliers — Revised

CMS revised MLN Matters Article MM11954 on [Update to Chapter 10 of Publication \(Pub.\) 100-08 - Enrollment Policies for Home Infusion Therapy \(HIT\) Suppliers](#) to reflect the revised release date and transmittal number.

Publications

DMEPOS Information for Pharmacies — Revised

CMS revised the Medicare Learning Network fact sheet, [DMEPOS Information for Pharmacies](#). Learn about Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS):

- Pharmacy accreditation exemption rules
- Requirements for new pharmacies
- Change of ownership

DMEPOS Quality Standards — Revised

CMS revised the Medicare Learning Network educational tool, [DMEPOS Quality Standards](#). Learn about Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS):

- Service requirements
- Accreditation organizations
- Resources

Advance Care Planning — Revised

CMS revised the Medicare Learning Network fact sheet, [Advance Care Planning](#). Learn about:

- Eligibility
- Billing and payment

- Coding

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