



CMS Medicare FFS Provider e-News

CMS Information for the Medicare Fee-For-Service Provider Community

CMS asks that you share the following important information with all of your association members and State and local chapters. Thank you!

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- [“Medicare Disproportionate Share Hospital” Fact Sheet Now Available in Print](#)

Special Open Door Forum: 2011 Physician Quality Reporting System and eRx Incentive Programs: ICD-10 Conversion [[↑](#)]

Thu May 26, 2:30-3:30pm ET

CMS will host a Special Open Door Forum on the 2011 Physician Quality Reporting System (previously known as the Physician Quality Reporting Initiative or PQRI) and E-Prescribing (eRx) Incentive programs; this Special Open Door Forum will focus on ICD-10 Conversion, and specifically include:

- History & Background
- Benefits of ICD-10
- Comparing ICD-9 to ICD-10
- Version 5010 & ICD-10 Compliance
- Version 5010 & ICD-10 Timelines
- ICD-10 Provider Transition & Preparation
- Physician Quality Reporting System & Version 5010 / ICD-10 Transitions
- Provider Resources
- Q&A with CMS subject matter experts

If you wish to participate, dial 800-837-1935 and use conference ID #44767414. (Note that TTY Communications Relay Services are available for people who are hearing-impaired by dialing 7-1-1 or 800-855-2880.)

A more complete announcement, including the agenda and information about transcripts after the call, is available at <http://www.CMS.gov/OpenDoorForums/Downloads/052611SODFPQRS.pdf>.

Agendas for Upcoming Healthcare Common Procedure Coding System Public Meetings [[↑](#)]

Tue June 7 (*for Orthotics and Prosthetics*)

Wed June 8 (*for DME and Accessories*)

CMS is pleased to announce the scheduled release of the agendas for the Healthcare Common Procedure Coding System (HCPCS) Public Meeting for *Orthotics and Prosthetics* (Tue June 7) and the agendas for the HCPCS Public Meetings for *Durable Medical Equipment (DME) and Accessories*.

The documents and the link for the corresponding public meeting registrations for these meetings are located on the HCPCS website at http://www.CMS.gov/MedHCPCSGenInfo/08_HCPCSPublicMeetings.asp.

CMS Announces National Version 5010 Testing Day [[↑](#)]

Wed June 15

The Version 5010 compliance date – Sun Jan 1, 2012 – is fast approaching. All *HIPAA*-covered entities should be taking steps now to get ready, including conducting external testing to ensure timely compliance. Are you prepared for the transition? Medicare Fee-for-Service (FFS) trading partners are encouraged to contact their Medicare Administrative Contractors (MACs) now and facilitate testing to gain a better understanding of MAC testing protocols and the transition to Version 5010.

To assist in this effort, CMS, in conjunction with the Medicare FFS Program, announces a National 5010 Testing Day to be held Wed June 15, 2011. National 5010 Testing Day is an opportunity for trading partners to come together and test compliance efforts that are already underway with the added benefit of real-time help desk support and direct

and immediate access to MACs.

CMS encourages all trading partners to participate in the National 5010 Testing Day. This includes:

- Providers;
- Clearinghouses; and
- Vendors

More details concerning transactions to be tested are forthcoming from your local MAC. Additionally, there are several State Medicaid Agencies that will be participating in the National 5010 testing day; more details will follow from them as well.

Again, CMS National 5010 Testing Day does not preclude trading partners from testing transactions immediately with their MAC. Don't wait. You are encouraged to begin working with your MAC now to ensure timely compliance. Note that successful testing is required before a trading partner may be placed into production.

We hope all trading partners will join us on Wed June 15 and take advantage of this great opportunity to ensure testing and transition efforts are on track! For more information on *HIPAA* Version 5010, please visit <http://www.CMS.gov/Versions5010andDO>.

Are You Submitting a Handwritten Medicare Enrollment Application? [[↑](#)]

Medicare enrollment application forms are fillable on your computer. This means that you can fill out the information required by typing into the open fields while the form is displayed on your computer monitor. Filling out the forms this way before printing, signing and mailing means more easily-readable information – which means fewer mistakes, questions, and delays when your application is processed. Plus, you can easily save and print your application for your records.

You'll find the Medicare provider enrollment application forms available on the [CMS website](#):

- [CMS 855A – Application for Institutional Providers](#)
- [CMS 855B – Application for Clinics, Group Practices, and Certain Other Suppliers](#)
- [CMS 855I – Application for Physicians and Non-Physician Practitioners](#)
- [CMS 855R – Application for Reassignment of Medicare Benefits](#)
- [CMS 855S – Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Suppliers](#)

Signatures are still required to be handwritten. Don't forget to complete this important step prior to mailing your typed form(s).

Keep in mind that typed forms are easier for Medicare to process, but the most efficient method for submitting your enrollment application is to use the Internet –Based Provider Enrollment, Chain and Ownership System (PECOS). PECOS guides you through the enrollment application so you only supply information relevant to your application. PECOS also reduces the need for follow-up because of incomplete applications. Using PECOS results in a more accurate application and saves you time and administrative costs. Visit [Internet-Based PECOS](#) to learn more.

Additional Information Available on New Accountable Care Organization Initiatives [[↑](#)]

On Tue May 17, CMS announced three *Affordable Care Act* initiatives designed to help put doctors, hospitals, and other healthcare providers on the path to becoming Accountable Care Organizations (ACOs) and improve healthcare for Americans with Medicare – the “[Pioneer ACO Model](#),” the “[Advance Payment Initiative](#),” and the “[Accelerated Development Learning Sessions](#).”

The full copy of last week’s press release announcing these initiatives (issued Tue May 17) is available at <http://www.CMS.gov/apps/media/press/release.asp?counter=3957>.

Two additional informational materials on these new initiatives have been posted to the CMS website as well: a “[Pioneer Accountable Care Organization Model](#)” fact sheet and a “[Pioneer Accountable Care Organization Model Beneficiary Protections, Data Sharing And Quality Measures](#)” fact sheet.

For more information about all of these initiatives, visit the [CMS Innovation Center website](#).

New Frequently-Asked-Questions Available about HIPAA Version 5010 Implementation [\[↑\]](#)

CMS has posted 18 new FAQs about *HIPAA* Version 5010 implementation, and one PDF document containing 27 Q&As specific to the Wed Mar 30 CMS-hosted 5010 national provider teleconference on provider testing and readiness. To review these FAQs, visit the CMS FAQ database at <http://questions.CMS.hhs.gov> and search for “5010” (or use a [direct link to the “5010” search results](#)), or go directly to the [Q&As specific to the Wed Mar 30 provider testing and readiness national provider teleconference](#).

Please check the CMS FAQ database regularly for newly-posted or updated information related to 5010.

Outpatient Prospective Payment System CY2011 Pricer File Update [\[↑\]](#)

The Outpatient Prospective Payment System (OPPS) PC Pricer was recently updated with the April 2011 provider data, and has been updated on the CMS website. If you use the CY2011 OPPS PC Pricer, please visit <http://www.CMS.gov/PCPricer/OutPPS/list.asp> and download the latest version, labeled “2nd Quarter 2011 Files.”

Excluding Certain HCPCS Billing Codes from Skilled Nursing Facility Consolidated Billing [\[↑\]](#)

It has come to the attention of the Centers for Medicare & Medicaid Services (CMS) that several new Healthcare Common Procedure Coding System (HCPCS) billing codes created for January 2011 should have been excluded from the Skilled Nursing Facility (SNF) consolidated billing bundled payment and allowed to be paid separately. Effective Tue July 5, for dates of service on or after Sat Jan 1, 2011, claims processing edits for institutional claims for the codes for Computerized Axial Tomography (CT) Scans (HCPCS 74176, 74177, and 74178) will be revised to allow separate payment for these codes outside of the SNF consolidated billing bundled payment. These codes were already included in the annual update for physician and practitioner claims and claims have processed correctly.

Institutional providers that submitted claims with dates of service on or after Sat Jan 1 would have had claims denied for these services. These providers should contact their Medicare Fiscal Intermediary or Medicare Administrative Contractor to have the claims reopened and reprocessed.

In addition, a policy decision has been made by CMS that Dacogen (HCPCS code J0894) meets the clinical parameters

for exclusion from SNF consolidated billing as a high-intensity chemotherapy drug. Therefore, effective Mon Oct 3, 2011, for claims with dates of service on or after Sat Jan 1, claims processing edits will be revised to allow for the separate payment of HCPCS code J0894 outside of the SNF consolidated billing bundled payment.

Institutional providers, physicians, and practitioners that submitted claims with dates of service on or after Sat Jan 1 would have had claims denied for these services. These providers should contact their Medicare Carrier, Fiscal Intermediary, or Medicare Administrative Contractor to have the claims reopened and reprocessed.

If you have any additional questions please contact your Medicare Carrier, Fiscal Intermediary, or Medicare Administrative Contractor.

From the MLN: “Comprehensive Error Rate Testing – Evaluation and Management Services: Overview” Fact Sheet [[↑](#)]

A new publication titled “Comprehensive Error Rate Testing (CERT) – Evaluation and Management (E/M) Services: Overview” is now available in downloadable format from the Medicare Learning Network® at http://www.CMS.gov/MLNProducts/downloads/Evaluation_Management_Fact_Sheet_ICN905363.pdf. This fact sheet is designed to provide education on Evaluation and Management Services to Medicare Fee-For-Service providers, and includes information on the documentation needed to support a claim submitted to Medicare for medical services.

From the MLN: Redesigned MLN Matters Article Index [[↑](#)]

The 2004 through 2011 MLN Matters® Article indices have been redesigned! These indices are based on common keywords and were updated to link directly to related MLN Matters® Articles. To view an article associated with a particular keyword or phrase, simply click on the link related to that keyword or phrase from the index. Visit the [MLN Matters® Articles webpage](#) or <http://www.CMS.gov/MLNProducts/downloads/2004-2011-Article-Index.pdf> for a complete index of articles released since 2004.

From the MLN: New and Revised “Guided Pathways” Booklets (Basic, A & B, and Provider Specific) [[↑](#)]

The *revised* MLN Guided Pathways curriculum is designed to allow learners to easily identify and select resources by clicking on topics of interest. The curriculum begins with basic knowledge for all providers and then branches to information for either those enrolling on the 855B, I, and S forms or on the 855A form (or Internet-Based PECOS equivalents). The *new* “MLN Guided Pathways Provider Specific” resource booklet provides various specialties of healthcare professionals, suppliers, and providers with resources specific to their specialty including Internet-Only Manuals (IOMs), Medicare Learning Network® publications, CMS webpages, and more.

There are four resource booklets included in the series:

1. [MLN Guided Pathways to Medicare Resources – Basic Curriculum for Healthcare Professionals, Suppliers, and Providers](#) (April 2011, PDF)
2. [MLN Guided Pathways to Medicare Resources Intermediate Curriculum for Healthcare Providers](#) (Part A – April 2011, PDF)
3. [MLN Guided Pathways to Medicare Resources Intermediate Curriculum for Healthcare Professionals and Suppliers](#) (Part B – April 2011, PDF)

4. [MLN Guided Pathways to Medicare Resources Provider Specific](#) (April 2011, PDF)

All of the MLN Guided Pathways booklets above can be located at http://www.CMS.gov/MLNEdWebGuide/30_Guided_Pathways.asp.

From the MLN: “World of Medicare” Web-Based Training Revised [[↑](#)]

The “World of Medicare” web-based training course has been revised (as of January 2011). It is designed for healthcare professionals who want to understand the fundamentals of the Medicare program, and covers Medicare Part A, Part B, Part C, and Part D; identifying Medicare beneficiary health insurance options; eligibility and enrollment; as well as recognizing how Medigap and Medicaid work with the Medicare program. This WBT course offers continuing education credits; please see the course description for details.

To access the training course, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” select “Web-Based Training (WBT) Modules,” and then select “World of Medicare (Developed: January 2010 / Revised January 2011)” from the list of trainings provided.

From the MLN: “Your Office in the World of Medicare” Web-Based Training Revised [[↑](#)]

“Your Office in the World of Medicare” web-based training course has been revised (as of February 2011). It is designed to provide education on the fundamentals of the Medicare Program, and includes information about Parts A, B, C, and D; beneficiary health insurance options; eligibility and enrollment; and how Medigap and Medicaid work with the Medicare Program. This WBT course offers continuing education credits; please see the course description for details.

To access the training course, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” select “Web-Based Training (WBT) Modules,” and then select “Your Office in the World of Medicare (Developed: January 2010 / Revised February 2011)” from the list of trainings provided.

From the MLN: “How to Search the Medicare Coverage Database” Fact Sheet Revised [[↑](#)]

The publication titled “How to Search the Medicare Coverage Database” (revised April 2011) is now available in downloadable format from the Medicare Learning Network®. It was designed to provide education about how to use the Medicare Coverage Database (MCD) and includes an explanation of the database and how to use the search, indexes and reports, and download features.

From the MLN: “Medicare Disproportionate Share Hospital” Fact Sheet Now Available in Print [[↑](#)]

The publication titled “Medicare Disproportionate Share Hospital” (revised March 2011) is now available in print format from the Medicare Learning Network®. This fact sheet is designed to provide education on Medicare Disproportionate Share Hospitals (DSH), including background; methods to qualify for the Medicare DSH adjustment; *Medicare Prescription Drug, Improvement, and Modernization Act of 2003* and *Deficit Reduction Act of 2005* provisions that impact Medicare DSHs; number of beds in hospital determination; and Medicare DSH hospital payment adjustment formulas. To place your order, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links

Inside CMS,” and select “MLN Product Ordering Page.”

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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive