



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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Colleagues—

As you're likely aware, CMS, in partnership with the Department of Health & Human Services and other federal agencies, has launched a new effort to bring [attention](#) and [resources](#) to the benefits of preventive health, kicking off with our newly-released report on "[Free Preventive Services for People in Medicare](#)" and even better described in Dr Don Berwick's recent [blog post on Healthcare.gov](#). These efforts are all a part of the first-ever Prevention & Wellness Month, taking place throughout June.

As you read through this week's e-News, I wanted to be sure to draw your attention to a few particular items related to preventive services and the benefits and resources provided by Medicare. Read more about the [Annual Wellness Visit](#), the Agency's [work with Medscape.org](#) to educate providers on preventive services, and [National HIV Testing Day](#).

As always, many thanks for your support and partnership as we continue to protect and serve the health of Medicare beneficiaries and the patient populations you serve—

Robin

The e-News for the week of Tue June 21 includes...

MEETINGS, CALLS, AND EVENTS

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CODE, PRICER, AND CLAIMS UPDATES

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- [Inpatient Rehabilitation Facility Prospective Payment System FY201 Pricer Update](#)
- [Revised July 2010 through April 2011 Average Sales Price Drug Pricing Files Now Available](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

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- [New Fast Fact Now Available on MLN Provider Compliance Webpage](#)
- ["Comprehensive Error Rate Testing – Outpatient Rehabilitation Therapy Services" Fact Sheet](#)
- ["Information and Education Resources for Medicare Fee-For-Service Healthcare Providers" Fact Sheet Revised](#)
- ["Mental Health Services" Booklet Available in Hard Copy](#)

Presentation Available for National Provider Call on Physician Quality Reporting System & eRx Incentive Program [↑]

Tue June 21, 1:30-3pm ET

CMS will host a national provider call on the Physician Quality Reporting System & Electronic Prescribing Incentive Program. Subject matter experts will provide an overview of the proposed rule ([CMS-3248-P](#), released on Thu May 26, 2011), which addresses the proposed changes to the Medicare Electronic Prescribing (eRx) Incentive Program.

Registration has already closed for this call. For those who registered, the presentation that will be used during the call is now available at http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp, in the "Downloads" section at the bottom of the page.

Last Chance to Register for National Provider Call on Accreditation Requirements for Advanced Diagnostic Imaging Technical Suppliers [\[↑\]](#)

Thu June 23, 2:30-4pm ET

CMS will host a national provider call on the upcoming mandatory accreditation program for all suppliers that furnish the technical component of advanced diagnostic imaging. Subject matter experts will discuss what the requirements are to meet the Sun Jan 1, 2012, deadline; who these requirements effect; and how to become accredited. CMS will update information previously discussed on Open Door Forums that will streamline the requirements.

The target audience for this call includes physician office staff and all Medicare fee-for-service providers; the agenda will include:

- the law;
- deadlines;
- suppliers effected;
- the accreditation process;
- the enrollment process; and
- a question and answer session.

A slideshow presentation will be made available in advance of the call at

http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp.

In order to receive the call-in information, you must register for the call. *Registration will close at 2:30pm on Wed June 22* or when available space has been filled; no exceptions will be made, so please register early. For more details, including *instructions on registering for the call*, please visit <http://www.eventsvc.com/palmettogba/062311>.

National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions [\[↑\]](#)

Wed June 29, 1:30-3:00pm ET

CMS will host its seventeenth national education call regarding Medicare FFS's implementation of *HIPAA* Version 5010 and D.0 transaction standards on Wed June 29. The target audience for this call includes vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with *HIPAA* Version 5010 requirements. The agenda will include:

- *HIPAA* Version 5010 Status Update
- Question and Answer Session

If you would like to submit a question in advance of, during, or following the call, please email your inquiry to our 5010 FFS Information resource mailbox at 5010FFSinfo@cms.hhs.gov. Please note that this resource box will only accept emails the day before, the day of, and the day after this call; your emailed questions will be answered as soon as possible, and may not be answered during the call.

In order to receive the call-in information, you must register for the call. *Registration will close at 2:30pm on Wed June 22* or when available space has been filled; no exceptions will be made, so please register early. For more details, including *instructions on registering for the call*, please visit <http://www.eventsvc.com/palmettogba/062911>.

Save the Date: National Provider Call on Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals [[↑](#)]

Thu July 14, 1:30-3:00pm ET

CMS will host a national provider call for individual practitioners on Medicare & Medicaid EHR Incentive Program Basics. The target audience for this call includes Doctors of Medicine or Osteopathy, Doctors of Dental Surgery or Dental Medicine, Doctors of Podiatric Medicine, Doctors of Optometry, Chiropractors, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants (PA) who practice at an FQHC/RHC led by a PA. (Note that Hospital-based EP's may not participate; an EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting. Medicaid-eligible professionals must meet patient volume criteria, providing services to those attributable to Medicaid or, in some cases, needy individuals.)

The agenda for this call will include:

- Who is eligible?
- How much are the incentives and how are they calculated?
- How does one get started?
- What are major milestones regarding participation and payment?
- How does one report on meaningful use?
- Where can helpful resources be found?
- A question and answer session.

New Podcasts Available from the Wed Jan 12 National Provider Call on "Preparing for ICD-10 Implementation in 2011" [[↑](#)]

Limited on time? CMS has created 4 new podcasts from the audio of the Wed Jan 12 national provider call on "Preparing for ICD-10 Implementation in 2011." These podcasts are perfect for the office, the car, or anywhere you carry a portable media player.

1. Welcome and ICD-10 Overview – Pat Brooks, CMS
2. Implementation Strategies for 2011 – Sue Bowman, AHIMA
3. Question and Answer Session, part 1
4. Question and Answer Session, part 2

These podcasts are now available at <http://www.CMS.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1242831>, in the "Downloads" section at the bottom of the page. Listen to all four or just the ones that fit your needs.

Share the News, Share the Health! – CMS Prevention Campaign Kicks Off! [[↑](#)]

Help us share the news about the important benefits of Medicare's preventive services, including the new Annual Wellness Visit (AWV). Beginning on Sat Jan 1, 2011, the *Affordable Care Act* allowed for coverage of critical new benefits for Medicare beneficiaries, including the addition of a free AWV. This expanded coverage allows physicians to provide Personalized Prevention Plan Services that consider both age-appropriate preventive services available to all Medicare beneficiaries and additional services that may be appropriate to the patient's individual needs.

(Note that Medicare provides coverage of the AWV as a Medicare Part B benefit. The beneficiary will pay nothing for the AWV as there is no coinsurance or copayment and no Medicare Part B deductible for these benefits.)

Resources on the Annual Wellness Visit:

The Medicare Learning Network® is your source for educational products on Medicare policy. Several products are available to help you understand the components of the AWV and include information on coverage, coding, billing, reimbursement, and claims filing procedures.

- [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#)
- [MLN Matters Article MM7079: “Annual Wellness Visit \(AWV\), Including Personalized Prevention Plan Services \(PPPS\)”](#)
- Visit the [Medicare Learning Network® Preventive Services webpage](#) for a complete list of available products for Medicare fee-for-service providers and suppliers
- [Order materials](#) you and your patients can use to start the conversation about Medicare’s preventive services, including [“Questions to Ask about Medicare Preventive Services.”](#)

Want to learn more and hear from CMS experts?

Save the Date: A national provider call on “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit” will be held on Thu July 21.

More People with Medicare Receiving Free Preventive Care:

On Mon June 20, CMS released a [new report](#) showing that more than 5 million Americans with traditional Medicare – or nearly one in six people with Medicare – took advantage of one or more of the recommended preventive benefits now available for free thanks to the *Affordable Care Act*. According to the report, more than 5.5 million beneficiaries in traditional Medicare used one or more of the preventive benefits now covered without cost-sharing, including, most prominently, mammograms, bone-density screenings, and screenings for prostate cancer.

This announcement comes during Prevention & Wellness Month, as the Obama Administration is highlighting announcements, activities, and tips that will help Americans get healthy and stay healthy.

A more extensive press release on this topic can be found on the CMS website at <http://www.CMS.gov/apps/media/press/release.asp?Counter=3987>.

- Additional preventive health-related material in today’s e-News... [\[next\]](#)

New Healthcare Advisory on Preventive Services Available from Medscape [\[↑\]](#)

For those who might not have already been aware, CMS has begun working with [Medscape.org](#) to disseminate educational information of interest to the healthcare provider community as widely and effectively as possible. Membership on Medscape is free, but you must register to view content; you do not have to be a health professional.

Please note that a new Medscape Healthcare Advisory is available on preventive services, and can be found at <http://www.Medscape.org/viewarticle/743624>.

In addition, the Healthcare Reform Destination Page – entitled *Healthcare Updates: Highlights from CMS* – was launched on Wed June 15, and is available at <http://www.Medscape.org/sites/advances/healthcare-updates>. This page will serve as a destination for providers, encompassing CMS health reform content, CME activities and other resources, and information and links. This is a dynamic, “living” page that will be updated as additional content is developed and new topics are highlighted.

- Additional preventive health-related material in today’s e-News... [[previous](#) / [next](#)]



Take the Test, Take Control – Mon June 27 is National HIV Testing Day



National HIV Testing Day (NHTD) is an event organized by the [National Association of People with AIDS \(NAPWA\)](#) in partnership with other national and local entities across the country. The 17th annual NHTD takes place this year on Mon Jun 27 as part of an ongoing effort to combat the growing HIV epidemic by teaching those at risk the powerful reasons for learning one’s HIV status. This initiative is unique in that the message “*Take the Test, Take Control*” comes directly from those already living with HIV.

As the HIV epidemic turns thirty, the CMS reminds the healthcare community that Medicare provides coverage for HIV screening for Medicare beneficiaries at increased risk for HIV infection based on the United States Preventive Services Task Force (USPSTF) recommendations and subject to coverage and eligibility guidelines.

What Can You Do?

CMS urges Medicare providers to help the cause by educating seniors and other beneficiaries on the various preventive services covered by Medicare; for at-risk beneficiaries, use your office visits as an opportunity to inform your patients about the benefits of HIV screening. Medicare provides coverage for HIV screening as a Medicare Part B benefit; eligible beneficiaries may receive this service at no out-of-pocket cost (no coinsurance, copayment, or deductible). (Beneficiaries with any known prior diagnosis of HIV-related illness are not eligible for this screening test.)

For More Information:

- [CMS National Coverage Determination – NCD for Screening for HIV](#)
- [Medicare Learning Network’s “Guide to Medicare Preventive Services”](#)
- [MLN Matters Article MM6786, “Screening for HIV”](#)
- [MLN’s “HIV Screening” Brochure](#)
- [US Preventive Services Task Force \(USPSTF\) – Screening for HIV Recommendation Statement](#)
- [Department of Health & Human Services – National HIV Testing](#)
- [NAPWA National HIV Testing Day](#)

- Additional preventive health-related material in today’s e-News... [[previous](#) / [next](#)]

Medicare Proposes New Standards for Community Mental Health Centers to Improve Quality and Safety of Mental Health Care [[↑](#)]

On Thu June 16, CMS issued a proposed rule that is designed to improve the quality and safety of treatment provided to more than 25,000 Medicare beneficiaries who receive care at Community Mental Health Centers (CMHCs) each year.

The notice of proposed rulemaking would establish conditions of participation (CoPs) for CMHCs for the first time. The proposed rule includes health and safety standards for CMHCs that participate in the Medicare program, and are an important step in the Agency's commitment to assuring the delivery of safe, quality care to clients of CMHCs. In particular, the proposed new conditions focus on a client-centered, outcome-oriented approach.

As part of the proposed rule, CMS highlights steps CMHCs would be required to take in order to protect clients while under their care, aimed at meeting the specific needs of individual clients.

"This proposed rule demonstrates our commitment to quality and safety across settings and highlights the importance of effective, safe mental health care," said Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency's Office of Clinical Standards and Quality.

This proposed rule is available online from the *Federal Register* at http://www.OFR.gov/OFRUpload/OFRData/2011-14673_PI.pdf or <http://www.OFR.gov/inspection.aspx#regular>. CMS will accept public comments on the proposed rule until Tue Aug 16, and will respond to comments in a final rule to be published in the coming months; to submit comments, please visit <http://www.Regulations.gov> and search for rule "[CMS-3202-P](#)."

The full text of this excerpted press release can be found on the CMS website at <http://www.CMS.gov/apps/media/press/release.asp?Counter=3982>.

News about the Five-Star Quality Rating System [[↑](#)]

Recent news about the Five-Star Quality Rating System:

- Beginning Wed June 15, previews displaying information about complaints and enforcement actions are available for providers. Access these previews by visiting the CASPER ("Certification and Survey Provider Enhanced Reports") link at the top of your Minimum Data Set (MDS) State Welcome webpage.
- The Nursing Home Compare website will begin displaying this information on Tue July 21.
- Provider questions can be directed to the Five-Star Helpline (800-839-9290) or bettercare@cms.hhs.gov.

2012 ICD-10 Procedure Coding System Files Now Available [[↑](#)]

CMS has posted files on the new procedure coding system, ICD-10-PCS, that has been developed as a replacement for ICD-9-CM, Volume 3. These files are available on the 2012 ICD-10-PCS webpage at http://www.CMS.gov/ICD10/11b15_2012_ICD10PCS.asp, in the "Downloads" section at the bottom of the page.

The ICD-10-PCS GEM Mappings and Reimbursement Mappings are coming soon:

- 2012 ICD-10-PCS GEM Mappings will be posted in October 2011

- 2012 ICD-10-PCS Reimbursement Mappings will be posted in December 2011

The 2011 ICD-10-CM Code Descriptions in Tabular Order file is also available:

CMS has also posted a list of the 2011 ICD-10-CM code descriptions in tabular order – the order in which the code descriptions occur in the code book. This new tabular order version of ICD-10-CM will assist those who wish to identify a range of codes and make certain they have correctly identified all codes within the range. The 2011 Code Descriptions in Tabular Order file is now available on the 2011 ICD-10 CM and GEMs webpage at http://www.CMS.gov/ICD10/11b1_2011_ICD10CM_and_GEMs.asp, in the “Downloads” section at the bottom on the page.

Is your organization preparing for a smooth transition to ICD-10 on Tue Oct 1, 2013? The CMS [ICD-10 website](#) is a valuable resource to help you prepare for the healthcare industry's change from ICD-9 to ICD-10 for medical diagnosis and inpatient procedure coding; check back frequently for the latest news, resources, compliance timelines, and teleconference information. And while you are visiting the site, sign up for the CMS ICD-10 [Industry Email Updates](#) to receive the latest information on the transition and new website content.

Inpatient Rehabilitation Facility Prospective Payment System FY201 Pricer Update [[↑](#)]

The FY2011 Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) PC Pricer has been updated with corrected provider data. If you use the FY2011 IRF PPS PC Pricer, please visit http://www.CMS.gov/PCPricer/06_IRF.asp and download the latest version, dated 2011-06-15.

Revised July 2010 through April 2011 Average Sales Price Drug Pricing Files Now Available [[↑](#)]

CMS has posted revised Average Sales Price (ASP) Drug Pricing files for July 2010 through April 2011. All are available for download at <http://www.CMS.gov/McrPartBDrugAvgSalesPrice>.

From the MLN: HIV Screening Brochure [[↑](#)]

The “Human Immunodeficiency Virus (HIV) Screening” brochure, which is designed to provide education on Medicare-covered HIV screening, is now available in downloadable format, free of charge, from the Medicare Learning Network®. To view, print, or download the brochure, please visit http://www.CMS.gov/MLNProducts/downloads/HIV_brochure_ICN905713.pdf.

- Additional preventive health-related material in today's e-News... [[previous](#)]

From the MLN: New Fast Fact Now Available on MLN Provider Compliance Webpage [[↑](#)]

A new fast fact has been added to the [MLN Provider Compliance webpage](#), which contains educational FFS provider materials to help you understand – and avoid – common billing errors and other improper activities identified through claim review programs. You can review quick tips on relevant provider compliance issues and corrective actions directly from this webpage – and be sure to bookmark the page and check back often as a new “fast fact” will be added each month!

From the MLN: “Comprehensive Error Rate Testing – Outpatient Rehabilitation Therapy Services” Fact Sheet [[↑](#)]

A new publication titled “Comprehensive Error Rate Testing (CERT) – Outpatient Rehabilitation Therapy Services” is now available from the Medicare Learning Network® at http://www.cms.gov/MLNProducts/downloads/Outpatient_Rehabilitation_Fact_Sheet_ICN905365.pdf. This fact sheet is designed to provide education on Outpatient Rehabilitation Therapy 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: “Information and Education Resources for Medicare Fee-For-Service Healthcare Providers” Fact Sheet Revised [[↑](#)]

The “Information and Education Resources for Medicare Fee-For-Service Healthcare Providers” Fact Sheet (revised May 2011) is now available for download at http://www.CMS.gov/MLNProducts/downloads/FFS_health_care_professionals_fact_sheet.pdf. This fact sheet details the information and education resources that CMS has developed to help meet the Medicare business needs of FFS physicians and other healthcare professionals.

From the MLN: “Mental Health Services” Booklet Available in Hard Copy [[↑](#)]

A new publication titled “Mental Health Services” is now available in print format from the Medicare Learning Network®. This booklet is designed to provide education on mental health services, including covered mental health services, mental health services that are not covered, eligible professionals, outpatient psychiatric hospital services, and inpatient psychiatric hospital services. To place your order, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” and select “MLN Product Ordering Page.” An Errata Sheet, which provides corrections or changes that have been identified since implementation of the publication, is available at http://www.CMS.gov/MLNProducts/downloads/Errata_Sheet-Mental_Health_Services_ICN903195.pdf.

More Helpful Links...

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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive