



### 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—

Last week, CMS rolled out its new “*Share the News, Share the Health*” campaign to educate Medicare beneficiaries about new free preventive care provided by the *Affordable Care Act*, including the addition of a free [Annual Wellness Visit](#) that allows physicians and patients to develop and update a personalized prevention plan that considers both age-appropriate preventive services available to all Medicare beneficiaries and additional services that may be appropriate to the patient’s individual needs.

In case you haven’t yet seen it making the rounds online, [HHS](#) Secretary Kathleen Sebelius, [CMS](#) Administrator Donald Berwick, MD, and [Administration on Aging](#) Assistant Secretary Kathy Greenlee have released a video announcement of the new campaign to promote Medicare’s preventive services. Visit [our page on YouTube](#) and see for yourself.

Hope everyone has a great week—

Robin

### The e-News for the week of Tue June 28 includes...

#### MEETINGS, CALLS, AND EVENTS

- [National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions \[Wed June 29\]](#)
- [National Provider Call on Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals \[Thu July 14\]](#)
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ANNOUNCEMENTS, REMINDERS, AND REGULATIONS

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CODE, PRICER, AND CLAIMS UPDATES

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UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [New “Annual Wellness Visit” Brochure](#)
- [Provider-Supplier Enrollment Fact Sheets Revised](#)
- [“Medicare Billing for Speech-Language Pathologists in Private Practice” Fact Sheet Revised](#)
- [Glaucoma Screening Brochure Revised](#)
- [“Advance Beneficiary Notice of Noncoverage – Part A and Part B” Booklet Revised](#)
- [“Expanded Benefits” Brochure Revised](#)
- [“Quick Reference Information Resources: Medicare Preventive Services” Booklet Available in Hard Copy](#)

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

Wed June 29, 1:30-3pm ET

CMS will host its seventeenth national education call regarding Medicare FFS's implementation of *HIPAA* Version 5010 and D.O 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](mailto: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 1:30pm on Tue June 28* 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>.

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

Thu July 14, 1:30-3pm ET

Did you know that providers have received over \$190 million in Medicare and Medicaid EHR incentive payments through May? Don't be left behind. Learn what you need to do to be eligible for an incentive. Join CMS for a national call for eligible professionals 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.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Wed July 13* 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/071411>.

- Additional EHR-related material in today's e-News... [\[next\]](#)

### **National Provider Call on “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit”**

[\[↑\]](#)

Thu July 21, 1:30-3pm ET

Beginning in 2005, Medicare covers an Initial Preventive Physical Examination (IPPE), commonly known as the "Welcome to Medicare" Visit (WMV); it is provided as a one-time service to newly-enrolled beneficiaries. The IPPE is an introduction to Medicare and covered benefits, with a focus on health promotion and disease detection. Beginning on Sat Jan 1, 2011, the *Affordable Care Act* allows for coverage of critical new benefits for people with Medicare, including the addition of a free Annual Wellness Visit (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.

CMS will host a national provider call on “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit.” Subject matter experts will discuss basic information about each benefit, when to perform these services, and coding and billing requirements; a question and answer session will follow the presentations. The target audience for this call includes Physicians, physician assistants, nurse practitioners, clinical nurse specialists, health educators, registered dietitians, nutrition professionals, medical billers and coders, and other interested healthcare professionals.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Wed July 20* 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/072111>.

For more information on the IPPE and AWV, as well as other Medicare-covered Preventive Services, visit the following Medicare Learning Network resources:

- Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination – [http://www.CMS.gov/MLNProducts/downloads/MPS\\_QRI\\_IPPE001a.pdf](http://www.CMS.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf)
  - Quick Reference Information: The ABCs of Providing the Annual Wellness Visit – [http://www.CMS.gov/MLNProducts/downloads/AWV\\_Chart\\_ICN905706.pdf](http://www.CMS.gov/MLNProducts/downloads/AWV_Chart_ICN905706.pdf)
  - The Guide to Medicare Preventive Services – [http://www.CMS.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.CMS.gov/MLNProducts/downloads/mps_guide_web-061305.pdf)
- Additional preventive health-related material in today's e-News... [\[next\]](#)

### **Letter from the CMS Administrator to Healthcare Professionals Posted to CMS Website [\[↑\]](#)**

CMS has posted online the Mon June 20 letter from CMS Administrator, Donald M Berwick, MD, that highlights opportunities for providers, Medicare beneficiaries, and patients not covered by Medicare as a result of the *Affordable Care Act*. The letter was sent to Medicare Fee-For-Service providers by the Medicare Administrative Contractors (MACs) during the week of Mon June 20 and can now be found at [http://www.CMS.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp).

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

### **Quarterly ICD-10 Article Reminds Industry to get Ready for Version 5010 [\[↑\]](#)**

CMS is committed to helping the industry transition to Version 5010 and ICD-10. Each quarter, CMS contributes a column on the transition to Version 5010 and ICD-10 in the [American Health Information Management Association](#) (AHIMA) publication *ICD-TEN*.

Our new article, "[Will You Be Ready? This Month's Message from CMS](#)," published in the June edition out this week, focuses on important information regarding the upcoming Version 5010 transition and addresses industry readiness. Version 5010 is just half a year away, so check out the article to find out more about the steps you can take to help reach compliance. Additionally, the article gives a sneak peek into new resources and tools CMS is developing to help the industry prepare for the transitions. Stay tuned for their debut in the coming weeks.

Keep Up to Date on Version 5010 and ICD-10. Visit <http://www.CMS.gov/ICD10> for the latest news and resources to help you prepare!

### **CMS Has a New FAQ on Payment for the Medicare EHR Incentive Program [\[↑\]](#)**

CMS wants to keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Take a minute and review the new FAQ on receiving an incentive payment in the Medicare EHR Incentive Program.

Question: I am an eligible professional (EP) who has successfully attested for the Medicare EHR Incentive Program, so why haven't I received my incentive payment yet?

Read the answer [online at the CMS website](#).

Want more information about the EHR Incentive Programs? Visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs; also sign up for the [EHR Incentive Programs email update listserv](#).

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

### **Adjustment of Therapy Claims Subject to 2010 Medicare Physician Fee Schedule Changes** [\[↑\]](#)

On Tue Mar 23, 2010, President Obama signed into law the *Affordable Care Act*. Various provisions of the new law were effective Thu Apr 1, 2010, or earlier and, therefore, were implemented some time after their effective date. In addition, corrections to the 2010 Medicare Physician Fee Schedule (MPFS) were implemented at the same time as the *Affordable Care Act* revisions to the MPFS, with an effective date retroactive to Fri Jan 1, 2010.

Due to the retroactive effective dates of these provisions and the MPFS corrections, a large volume of Medicare Fee-For-Service claims are being reprocessed. We expect that this reprocessing effort will take some time and will vary depending upon the claim-type, the volume, and each individual Medicare claims administration contractor.

We have previously advised providers that, in the majority of cases, they will not have to request adjustments because Medicare claims administration contractors will automatically reprocess claims, and that remains the case. However, there have been situations where the original claim for a service subject to the therapy cap as per Internet Only Manual 100-04, Chapter 5, Section 10.2 (<http://www.CMS.gov/manuals/downloads/clm104c05.pdf>) was processed without a KX modifier, presumably because the beneficiary had not yet reached the therapy cap and, therefore, no KX modifier was necessary. When processing adjustments for such claims, Medicare contractors have found that the therapy cap was often subsequently reached, causing the adjustment claim to reject, and in some cases for the original claim to be subject to overpayment recovery.

In order to prevent this, contractors will not be automatically processing *Affordable Care Act* adjustments on claims for services subject to the therapy cap. If you performed services subject to the therapy cap between Fri Jan 1 and Mon May 31, 2010, and if you believe you are entitled to an additional payment as a result of the change to the fee schedule in that year, then you will need to request that your Medicare contractor reopen those claims in order to receive the adjustment. When doing so, you should also indicate which of those services would have been subject to the KX modifier if the therapy cap had been reached when the original claim was processed. While there is normally a one-year time limit for physicians and other providers and suppliers to request the reopening of claims, CMS believes that these circumstances fall under the "good cause" criteria described in the Claims Processing Manual, Publication 100-04, Chapter 34, Section 10.11 (<http://www.CMS.gov/manuals/downloads/clm104c34.pdf>). CMS is, therefore, extending the time period to request adjustment of these claims, as necessary.

In some cases the Medicare contractor may generate an adjustment claim without the provider requesting it and either return it to the provider (RTP) or deny it. If you receive such a notice, believe you are entitled to an adjustment, and want to pursue the matter, you should contact the Medicare contractor and request it be reopened. You should also indicate whether the service would have qualified for the KX modifier.

The Centers for Medicare and Medicaid Services wants to remind physicians, practitioners and other providers impacted by the retroactive increases in payment rates by the *Affordable Care Act* and the 2010 MPFS changes of the Office of Inspector General policy related to waiving beneficiary cost-sharing amounts attributable to retroactive increases in payment rates resulting from the operation of new Federal statutes or regulations. The

policy may be found by visiting

[http://oig.HHS.gov/fraud/docs/alertsandbulletins/Retroactive\\_Beneficiary\\_Cost-Sharing\\_Liability.pdf](http://oig.HHS.gov/fraud/docs/alertsandbulletins/Retroactive_Beneficiary_Cost-Sharing_Liability.pdf).

Please contact your Medicare claims administration contractor with any questions about this information.

### **From the MLN: New “Annual Wellness Visit” Brochure** [[↑](#)]

The new publication titled “Annual Wellness Visit” is now available in downloadable format from the Medicare Learning Network® at

[http://www.CMS.gov/MLNProducts/downloads/Annual\\_Wellness\\_Visit.pdf](http://www.CMS.gov/MLNProducts/downloads/Annual_Wellness_Visit.pdf). This brochure is designed to provide education on the Annual Wellness Visit and providing Personalized Prevention Plan Services, at no cost to the beneficiary, so beneficiaries can work with their physicians to develop and update their personalized prevention plan.

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

### **From the MLN: Provider-Supplier Enrollment Fact Sheets Revised** [[↑](#)]

The fact sheets below provide education to specific provider types on how to enroll in the Medicare Program and maintain their enrollment information using internet-based PECOS (Provider Enrollment, Chain, and Ownership System). They have been recently updated and are available in downloadable format from the Medicare Learning Network®:

- *“Medicare Fee-For-Service (FFS) Physicians and Non-Physician Practitioners: Protecting Your Privacy – Protecting Your Medicare Enrollment Record”* advises FFS physicians and non-physician practitioners on how to ensure their enrollment records are secure and up-to-date, and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnrollPrivcy\\_FactSheet\\_ICN903765.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnrollPrivcy_FactSheet_ICN903765.pdf).
- *“The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers”* explains general Medicare enrollment information relevant to physicians and other Part B suppliers and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_PhysOther\\_FactSheet\\_ICN903768.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PhysOther_FactSheet_ICN903768.pdf).
- *“The Basics of Internet-Based PECOS for DMEPOS Suppliers”* describes general Medicare enrollment information relevant to DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) suppliers and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_PECOS\\_DMEPOS\\_FactSheet\\_ICN904283.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_DMEPOS_FactSheet_ICN904283.pdf).
- *“The Basics of Medicare Enrollment for Institutional Providers”* explains general Medicare enrollment information relevant to institutional providers and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_InstProv\\_FactSheet\\_ICN903783.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_InstProv_FactSheet_ICN903783.pdf).
- *“The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement”* describes general Medicare enrollment information relevant to those physicians required to enroll in Medicare for the sole purpose of certifying or ordering services for Medicare beneficiaries and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_Phys\\_Infreq\\_Reimb\\_FactSheet\\_ICN006881.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_Phys_Infreq_Reimb_FactSheet_ICN006881.pdf).
- *“The Basics of Internet-Based PECOS for Physicians and Non-Physician Practitioners”* provides an overview of how physician and non-physician practitioners can enroll in Medicare using internet-based PECOS and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_PECOS\\_PhysNonPhys\\_FactSheet\\_ICN903764.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf).

- *“The Basics of Internet-Based PECOS for Provider and Supplier Organizations”* describes how provider and supplier organizations can enroll in Medicare using internet-based PECOS and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_PECOS\\_ProviderSup\\_FactSheet\\_ICN903767.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_ProviderSup_FactSheet_ICN903767.pdf).
- *“Internet-Based PECOS Contact Information”* provides contact information for technical assistance with internet-based PECOS and can be found at [http://www.CMS.gov/MLNProducts/downloads/MedEnroll\\_PECOS\\_Contact\\_FactSheet\\_ICN903766.pdf](http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_Contact_FactSheet_ICN903766.pdf).

Please visit [http://www.CMS.gov/MedicareProviderSupEnroll/downloads/Medicare\\_Provider-Supplier\\_Enrollment\\_National\\_Education\\_Products.pdf](http://www.CMS.gov/MedicareProviderSupEnroll/downloads/Medicare_Provider-Supplier_Enrollment_National_Education_Products.pdf) for a complete list of all MLN products related to Medicare provider-supplier enrollment.

#### **From the MLN: Glaucoma Screening Brochure Revised** [[↑](#)]

The Glaucoma Screening brochure, which is designed to provide education on Medicare-covered glaucoma screening, has been updated and is now available in downloadable format, free of charge, from the Medicare Learning Network®. To view, download, or print the brochure, visit <http://www.CMS.gov/MLNProducts/downloads/glaucoma.pdf>.

#### **From the MLN: “Advance Beneficiary Notice of Noncoverage – Part A and Part B” Booklet Revised** [[↑](#)]

The “Advance Beneficiary Notice of Noncoverage (ABN) – Part A and Part B” booklet, which is designed to provide education on the ABN, has been updated and is now available in downloadable format, free of charge, from the Medicare Learning Network® (MLN). To view, download, or print the brochure, visit [http://www.CMS.gov/MLNProducts/downloads/ABN\\_Booklet\\_ICN006266.pdf](http://www.CMS.gov/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf). A hard copy version of this product will be made available at a later date.

#### **From the MLN: “Expanded Benefits” Brochure Revised** [[↑](#)]

The revised publication titled “Expanded Benefits” is now available in downloadable format from the Medicare Learning Network® at [http://www.CMS.gov/MLNProducts/downloads/Expanded\\_Benefits.pdf](http://www.CMS.gov/MLNProducts/downloads/Expanded_Benefits.pdf). This brochure is designed to provide education on three preventive services: the Initial Preventive Physical Examination (IPPE) (also known as the Welcome to "Medicare Physical" Exam or the "Welcome to Medicare" visit), Ultrasound Screening for Abdominal Aortic Aneurysms, and Cardiovascular Screening Blood Tests.

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

#### **From the MLN: “Quick Reference Information Resources: Medicare Preventive Services” Booklet Available in Hard Copy** [[↑](#)]

The “Quick Reference Information Resources: Medicare Preventive Services” booklet, which is designed to provide education on coverage, coding, and billing criteria for Medicare-covered preventive services, is now available in print, free of charge, from the Medicare Learning Network® (MLN). It includes the following four

quick reference information charts: Preventive Services, Medicare Immunization Billing, The ABCs of Providing the Initial Preventive Physical Examination, and The ABCs of Providing the Annual Wellness Visit.

To order your copy, visit the MLN General information page at <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” and choose “MLN Product Ordering Page.”

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

#### More Helpful Links...

Check out CMS on



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The Medicare Learning Network

[www.CMS.gov/MLNGenInfo](http://www.CMS.gov/MLNGenInfo)

Archive of Provider e-News Messages

[www.CMS.gov/FFSProvPartProg/EmailArchive](http://www.CMS.gov/FFSProvPartProg/EmailArchive)