



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!

Robin Fritter, Director
Division of Provider Relations & Outreach
Provider Communications Group
Center for Medicare
Centers for Medicare & Medicaid Services

robin.fritter@cms.hhs.gov
410-786-7485

The e-News for the week of Tue July 19 includes...

MEETINGS, CALLS, AND EVENTS

- [Special Open Door Forum: Providing an Overview of the Quality Care Finder Online Resource \[Wed July 20\]](#)
- [National Provider Call on Physician Quality Reporting System & Electronic Prescribing Incentive Program \[Tue July 26\]](#)
- [National Provider Call on ICD-10 Implementation Strategies for Physicians – Please Join Us \[Wed Aug 3\]](#)
- [Save the Date: National Provider Call on Medicare and Medicaid EHR Incentive Programs: Understanding Meaningful Use \[Thu Aug 18\]](#)
- [CMS Announces National Version 5010 Testing Week! \[Mon Aug 22 through Fri Aug 26\]](#)

ANNOUNCEMENTS, REMINDERS, AND REGULATIONS

- [Details of Accreditation Requirements for Advanced Diagnostic Imaging – Sun Jan 1 Deadline](#)
- [New EHR FAQs Posted to CMS Website](#)

CODE, PRICER, AND CLAIMS UPDATES

- [New CMS Webpage for “Place of Service Codes”](#)
- [July 2011 Quarterly Provider Specific File Update](#)
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UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Basics of DMEPOS Accreditation” Fact Sheet Now Available in Hardcopy](#)
- [“DMEPOS Quality Standards” Fact Sheet Now Available in Hardcopy](#)

Special Open Door Forum: Providing an Overview of the Quality Care Finder Online Resource [[↑](#)]

Wed July 20; 2-3pm ET

This Special Open Door Forum will introduce the newest [Medicare.gov](http://www.Medicare.gov) resource: the Quality Care Finder. Participants will be given a brief overview of the CMS quality commitment followed by a guided tour of the Quality Care Finder landing page and the many tools that are accessible through this online resource. Participants will also learn how CMS is working with partners to get the word out about this important new resource.

To participate in this audio-only streaming web forum, visit <http://www.CMS.gov/apps/events/event.asp?id=637>. (In the event of technical problems, a limited number of telephone connections are available for audio-only participation at 800-837-1935, conference ID #78023856.)

National Provider Call on Physician Quality Reporting System & Electronic Prescribing Incentive Program [\[↑\]](#)

Tue July 26; 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 Medicare Physician Fee Schedule Rule relating to the 2012 Physician Quality Reporting System & Electronic Prescribing Incentive Program year; a question and answer session will follow the presentation. The target audience for this call includes eligible professionals, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all other Medicare fee-for-service providers.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Mon July 25 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/072611>.

A slideshow presentation will be made available in advance of the call at http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp.

National Provider Call on ICD-10 Implementation Strategies for Physicians – Please Join Us [\[↑\]](#)

Wed Aug 3; 1-3pm ET

Is your office preparing for a smooth transition to ICD-10 on Tue Oct 1, 2013? CMS will host a National Provider Call on “ICD-10 Implementation Strategies for Physicians.” CMS subject matter experts will discuss ways that physician offices can prepare for the change to ICD-10 for medical diagnosis and inpatient procedure coding.

Agenda:

- ICD-10 requirements and resources overview;
- Implementation strategies for physician offices;
- Update on coverage conversion activities;
- National ICD-10 implementation issues;
- Update on bill processing, including claims that span the implementation date;
- Update on Home Health Agency Home Health Resource Grouper; and
- A question and answer session with CMS subject matter experts

Target Audience: Physicians, physician office staff, provider billing staff, medical coders, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare Fee-For-Service (FFS) providers.

Registration Information: In order to receive the call-in information, you must register for the call. *Registration will close at 1pm on Tue Aug 2* 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.CMS.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1249632>.

Save the Date: National Provider Call on Medicare and Medicaid EHR Incentive Programs: Understanding Meaningful Use [[↑](#)]

Thu Aug 18; 1:30-3pm ET

Providers have received more than \$273 million in Medicare and Medicaid EHR incentive payments. You may be eligible for a payment, too. Join CMS for a National Provider Call on the Medicare and Medicaid EHR Incentive Program meaningful use requirements.

Agenda:

- Defining “Meaningful Use”
- The requirements for Stage 1 of Meaningful Use (2011 and 2012)
- Attestation for Meaningful Use
- Goals of the Meaningful Use Objectives Specification Sheets
 - [Stage 1 EHR Meaningful Use Specification Sheets for Eligible Professionals](#)
 - [Stage 1 EHR Meaningful Use Specification Sheets for Eligible Hospitals](#)
- A question and answer session

Registration Information – Will be made available soon, and will be shared via listserv announcement and the [Spotlight and Upcoming Events Page](#) of the EHR Incentive Programs website.

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

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

Mon Aug 22 through Fri Aug 26

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, the Centers for Medicare & Medicaid Services (CMS), in conjunction with the Medicare FFS Program, announce a National 5010 Testing Week to be held Mon Aug 22 through Fri Aug 26. National 5010 Testing Week 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 Week, including:

- Providers;
- Clearinghouses; and
- Vendors.

More details concerning transactions to be tested are forthcoming from your local MAC. There are several State Medicaid Agencies who will also be participating in the National 5010 Testing Week; more details on Medicaid testing will become available soon.

Again, CMS National 5010 Testing Week does not preclude trading partners from testing transactions immediately with their MAC. *Don't wait until August!* CMS encourages you 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 during the week of Mon Aug 22 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 the CMS dedicated 5010 website at <http://www.CMS.gov/Versions5010andDO>.

Details of Accreditation Requirements for Advanced Diagnostic Imaging – Sun Jan 1 Deadline [\[↑\]](#)

If you're a provider or supplier that furnishes the technical component of advanced diagnostic imaging (ADI) services and bill Medicare under the Physician Fee Schedule for these services, you should know that you must be accredited by *Sun Jan 1, 2012*. *Those not accredited by that deadline will not be able to bill Medicare until they become accredited.*

For those planning on seeking accreditation to continue performing the technical component of ADI services, know that accreditation is dependent on the demonstration of quality standards, including (but not limited to):

- Qualifications and responsibilities of medical directors and supervising physicians;
- Qualifications of medical personnel who are not physicians;
- Procedures to ensure that equipment used meets performance specifications;
- Procedures to ensure the safety of beneficiaries;
- Procedures to ensure the safety of person who furnish the imaging; and
- Establishment and maintenance of a quality assurance and quality control program to ensure the reliability, clarity and accuracy of the technical quality of the image.

Additionally, the accreditation process may include:

- Un-announced, random site visits;
- Review of phantom images;
- Review of staff credentialing records and maintenance records;
- Review of beneficiary complaints and patient records;
- Review of quality data and ongoing data monitoring; and
- Triennial surveys.

For more information about ADI Accreditation, including details of the accreditation process and the organizations approved by CMS to grant accreditation, please visit

http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp. An MLN Special Edition Article (SE1122) – “Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements” – has also been published and is available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1122.pdf>.

New EHR FAQs Posted to CMS Website [[↑](#)]

We want to keep you updated with the latest information about the Medicare and Medicaid Electronic Health Record Incentive Programs. Fifteen new FAQs on meaningful use, payment information for eligible hospitals, eligibility, and additional information for eligible hospitals have been added to our website. Take a minute and review these new FAQs.

Payment Information for Critical Access Hospitals (CAHs)

- What cost report data elements are used in the EHR incentive payment calculation for Medicare Subsection (d) Hospitals? [Read the answer.](#)
- How are Medicare EHR incentive payments calculated for CAHs? [Read the answer.](#)
- What costs can be included in the CAH’s Medicare EHR incentive payment? [Read the answer.](#)

And even more new FAQs for CAHs:

- [FAQ #10716](#)
- [FAQ #10719](#)
- [FAQ #10721](#)
- [FAQ #10722](#)
- [FAQ #10723](#)
- [FAQ #10724](#)
- [FAQ #10725](#)
- [FAQ #10726](#)
- [FAQ #10727](#)

Meaningful Use

- If my certified EHR technology is capable of submitting batch files to an immunization registry using the standards adopted by the Office of the National Coordinator of Health Information Technology (HL7 2.3.1 or 2.5.1, and CVX), is that sufficient to meet the Meaningful Use objective “submit electronic data to immunization registries” for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
- If my certified EHR technology only includes the capability to submit information to an immunization registry using the HL7 2.3.1 standard but the immunization registry only accepts information formatted in the HL7 2.5.1 or some other standard, will I qualify for an exclusion because the immunization registry does not have the capacity to receive the information electronically? What if the immunization registry has a waiting list or is unable to test for other reasons but can accept information formatted in HL7 2.3.1, is that still a valid exclusion? [Read the answer.](#)

Eligibility

- How does CMS define pediatrician for purposes of the Medicaid EHR Incentive Program? [Read the answer.](#)

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... [\[previous\]](#)

Minimum Data Set 3.0 Training Materials Update [\[↑\]](#)

The Minimum Data Set (MDS) 3.0 Resident Assessment Instrument Manual (Chapter 3) V1.06, July 2011 has been updated as follows: Appendix A and Section M have been updated to clarify the definition of “worsening.”

The clarification is as follows: Pressure ulcer “worsening” is defined as a pressure ulcer that has progressed to a deeper level of tissue damage and is therefore staged at a higher number using a numerical scale of 1-4 (using the staging assessment determinations assigned to each stage; starting at the stage 1 and increasing in severity to stage 4) on an assessment as compared to the previous assessment. For the purposes of identifying the absence of a pressure ulcer, zero pressure ulcers is used when there is no skin breakdown or evidence of damage.

New CMS Webpage for “Place of Service Codes” [\[↑\]](#)

A new section for the Place of Service Codes is now available on the CMS website at http://www.CMS.gov/place-of-service-codes/20_Place_of_Service_Code_Set.asp; this information was formerly located on the Medicaid website. The new Place of Service Codes page also includes a print-friendly version of the “[Place of Service Codes for Professional Claims](#)” document, which can also be found on the [HCPCS General Information](#) page and the [Physician Fee Schedule - Overview](#) page.

July 2011 Quarterly Provider Specific File Update [\[↑\]](#)

The July 2011 Quarterly Provider Specific Files (PSF) are now available on the CMS website. The SAS data files are available at http://www.CMS.gov/ProspMedicareFeeSvcPmtGen/04_psf_SAS.asp and the text data files are available at http://www.CMS.gov/ProspMedicareFeeSvcPmtGen/03_psf_text.asp, both in the “Downloads” section.

Inpatient PPS Pricer Update [\[↑\]](#)

An error has been discovered and fixed in the hospital “floor” logic for the FY2011 Inpatient Prospective Payment System (INP PPS) PC Pricer. If you use the FY2011 INP PPS PC Pricer, please visit http://www.CMS.gov/PCPricer/03_inpatient.asp and download the latest version for the pricer for claims dated from 2010-10-01 to 2011-09-30; this update is dated 2011-07-15.

From the MLN: “Basics of DMEPOS Accreditation” Fact Sheet Now Available in Hardcopy [\[↑\]](#)

The “Basics of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Accreditation” fact sheet is now available in hard copy format from the Medicare Learning Network; this fact sheet is designed to provide education on the DMEPOS accreditation requirements, the types of providers who are exempt, and the process for becoming accredited. To place your order, visit the MLN Product Ordering Page at http://CMS.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.asp?lgnfrm=reqprod&function=pfs.

From the MLN: “DMEPOS Quality Standards” Fact Sheet Now Available in Hardcopy [↑]

The “Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards” fact sheet is now available in a hard copy format from the Medicare Learning Network; this fact sheet is designed to provide education on DMEPOS quality standards for Medicare-deemed Accreditation Organizations (AOs) for DMEPOS suppliers. To place your order, visit the MLN Product Ordering Page at http://CMS.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.asp?lgnfrm=reqprod&function=pfs.

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