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Official CMS news from the Medicare Learning Network®

Thursday, April 23, 2020

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News

Trump Administration Champions Reporting of COVID-19 Clinical Trial Data through Quality Payment Program, Announces New Clinical Trials Improvement Activity

CMS is encouraging clinicians who participate in the Quality Payment Program (QPP), such as physicians, physician assistants, nurse practitioners, and others, to contribute to scientific research and evidence to fight the COVID-19 pandemic. Clinicians may now earn credit in the Merit-based Incentive Payment System (MIPS), a performance-based track of QPP that incentivizes quality and value, for participation in a clinical trial and reporting clinical information by attesting to the new COVID-19 Clinical Trials improvement activity. This action will provide vital data to help drive improvement in patient care and develop innovative best practices to manage the spread of COVID-19 within communities.

[Press Release](#)

CMS Releases Additional Blanket Waivers for Long-Term Care Hospitals, Rural Health Clinics, Federally Qualified Health Centers and Intermediate Care Facilities

CMS continues to release additional blanket waivers to the health care community in order to provide the flexibilities needed to take care of patients during this public health emergency. On April 22, CMS provided additional blanket waivers related to care for patients in Long-Term Care Hospitals (LTCHs), temporary expansion locations of Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), staffing and training modifications in Intermediate Care Facilities for individuals with intellectual disabilities, and the limit for substitute billing arrangements (locum tenens).

[Guidance](#)

IRF PPS FY 2021 Proposed Rule

On April 16, CMS issued a proposed rule that updates Medicare payment policies and rates for facilities under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) for FY 2021. CMS published this proposed rule consistent with the legal requirements to update Medicare payment policies on an annual basis. In recognition of the significant impact of the COVID-19 public health emergency and limited capacity of health care providers to review and provide comment on extensive proposals, CMS limited annual IRF rulemaking required by statute to essential policies, including proposals that reduce provider burden and may help providers in the COVID-19 response.

CMS recently issued an unprecedented array of temporary regulatory waivers and new rules to equip the American health care system with maximum flexibility to respond to the COVID-19 pandemic, including waiving the “60 percent” rule for patients admitted solely to respond to the emergency and allowing the required face-to-face physician visits in IRFs to be done using telehealth. In addition, to reduce provider burden, CMS removed the post-admission physician evaluation requirement, since much of the same information continues to be included in the pre-admission screening and plan of care.

The proposed rule also includes:

- Coverage requirements
- Post-admission physician evaluation
- Updates to payment rates

For More information:

- [Proposed Rule](#): Submit comments by June 15
- [IRF PPS](#) website

See the full text of this excerpted [CMS Fact Sheet](#) (Issued April 16).

Bill Correctly for Inhalant Drugs

In a recent [report](#), the Office of Inspector General (OIG) determined that CMS improperly paid suppliers for inhalation drugs. We developed the [Provider Compliance Tips for Nebulizers and Related Drugs](#) Fact Sheet to help you bill correctly. Additional resources:

- [Medicare Benefit Policy Manual, Chapter 15](#), Sections 110, 110.1, 110.3
- [Medicare Program Integrity Manual, Chapter 5](#), Sections 5.2, 5.7, 5.8, 5.9
- [2018 Medicare Fee-For-Service Supplemental Improper Payment Data](#) (data from Claims Submitted: July 1, 2016 – June 30, 2017)
- [Local Coverage Determination: Nebulizers \(L33370\)](#) webpage
- [National Coverage Determination for Durable Medical Equipment Reference List \(280.1\)](#) webpage
- [Medicare Improperly Paid Suppliers an Estimated \\$92.5 Million for Inhalation Drugs](#) OIG Report, October 2019
- [Liberty Medical, LLC, Received Unallowable Medicare Payments for Inhalation Drugs](#) OIG Report, August 2018

- [Lincare Pharmacy Services Inc. Generally Complied With Medicare Requirements When Billing for Inhalation Drugs](#) OIG Report, December 2017

Events

Ground Ambulance Organizations: Data Collection for Medicare Providers Call — May 7

Thursday, May 7 from 2 to 3 pm ET

[Register](#) for Medicare Learning Network events.

During this call, learn how to allocate costs, collect data, and report data for the new Ground Ambulance Data Collection System.

A question and answer session follows the presentation; however, you may email questions in advance to AmbulanceDataCollection@cms.hhs.gov with “May 7 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, including ground ambulance organizations selected for the first round of reporting, see the [Ambulances Services Center](#) webpage, CY 2020 Physician Fee Schedule [final rule](#), and [Bipartisan Budget Act of 2018](#).

Target Audience: Ground ambulance organizations that are Medicare providers, including hospitals, critical access hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities, and hospices.

MLN Matters® Articles

New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

A new MLN Matters Special Edition Article SE20016 on [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#) is available. Learn about changes to requirements and payments.

New Waived Tests

A new MLN Matters Article MM11747 on [New Waived Tests](#) is available. Learn about new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests approved by the Food and Drug Administration.

April 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.1 — Revised

A revised MLN Matters Article MM11680 on [April 2020 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 21.1](#) is available. Learn about changes to the summary of quarterly release modifications.

April 2020 Update of the Ambulatory Surgical Center (ASC) Payment System — Revised

A revised MLN Matters Article MM11694 on [April 2020 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#) is available. Learn about a correction for HCPCS Q4206.

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update — Revised

A revised MLN Matters Article MM11694 on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2020 Update](#) is available. Learn about file revisions for COVID-19.

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

A revised MLN Matters Article MM11489 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#) is available. This Article was revised to update the Washington Publishing Company website.

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

A revised MLN Matters Article MM11638 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#) is available. This Article was revised to update the Washington Publishing Company website.

Publications

Provider Compliance Tips for Nebulizers and Related Drugs Fact Sheet — Revised

A revised [Provider Compliance Tips for Nebulizers and Related Drugs](#) Medicare Learning Network Fact Sheet is available. Learn about:

- Coverage requirements
- Documentation
- How to prevent claim denials

Multimedia

Medicare Home Health Benefit Web-Based Training Course — Revised

With Continuing Education Credit

A revised Medicare Home Health Benefit Web-Based Training (WBT) course is available through the Medicare Learning Network [Learning Management System](#). Learn about:

- Consolidated billing
- Therapy services
- Physician billing and payment information

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