

Thursday, June 24, 2021

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- Orthoses Referring Providers: Comparative Billing Report in June

Compliance

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- July 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.2
- July 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs)
- Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment — Revised

Publications

Medicare Billing for Cardiac Device Credits — Revised

News

2019 Quality Payment Program: Performance Information on Care Compare

CMS added 2019 Quality Payment Program performance information to the Doctors and Clinicians section of Medicare Care Compare and the Provider Data Catalog. Visit the Care Compare: Doctors and Clinicians Initiative webpage for details.

More Information:

- <u>Video presentation</u> with details about the release
- Contact QPP@cms.hhs.gov

Orthoses Referring Providers: Comparative Billing Report in June

In late June, CMS will issue a second letter in the Special Edition Comparative Billing Report (CBR) series on Part B claims for orthoses referring providers. Use the data-driven tables to compare your billing and payment patterns with peers in your state and across the nation.

The public can't view CBRs. Look for an email from cbrpepper.noreply@religroupinc.com to access your report. Update your email address in the Provider Enrollment, Chain, and Ownership System to ensure delivery.

More Information:

- View a webinar recording
- Visit the CBR website
- Register for a live webinar on July 14 from 3-4 pm ET

Compliance

SNF 3-Day Rule: Bill Correctly

An Office of Inspector General report found that Medicare improperly paid for Skilled Nursing Facility (SNF) services when patients didn't meet our 3-Day inpatient hospital stay requirement. Review the Skilled Nursing Facility 3-Day Rule Billing fact sheet to help you bill correctly. Additional resources:

- SNF Billing Reference educational tool
- Title 42 of the Code of Federal Regulations § 411.400
- Medicare Benefit Policy Manual, Chapter 8
- Medicare Claims Billing Manual, Chapter 6
- Medicare Claims Billing Manual, Chapter 30

MLN Matters® Articles

July 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.2

Learn about changes to this version.

July 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)

Learn about changes to payment policies and billing instructions.

National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs)

Learn about this determination, effective December 1, 2020.

Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment — Revised

Read modified language in the policy section.

Publications

Medicare Billing for Cardiac Device Credits — Revised

Read updated information in this Medicare Learning Network fact sheet:

- Hospital replaced device credit
- Device offset cap beginning in 2020

Like the newsletter? Have suggestions? Please let us know!

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