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Official CMS news from the Medicare Learning Network®

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News

CMS Reduces Psychiatric Hospital Burden with New Survey Process

On January 13, CMS announced a streamlined survey and certification process for psychiatric hospitals, delivering on the Agency's [Patients Over Paperwork](#) initiative. This new process will ensure safety and quality through more holistic and efficient hospital inspections that protect patients, while reducing burden for providers.

Currently, psychiatric hospitals surveyed by State Survey Agencies are subject to two separate onsite compliance surveys conducted by:

- State Survey Agency (SSA) for compliance with the hospital requirements
- Outside contractor selected by the SSA for compliance with two additional psychiatric hospital standards

Beginning in March 2020, CMS will implement a streamlined process in which psychiatric hospitals will receive one comprehensive hospital survey performed by the SSA to review compliance with both hospital and psychiatric hospital participation requirements:

- Allow inspectors to take a broader view of a psychiatric hospital's operations and better identify systemic quality issues
- Benefit patients by ensuring psychiatric hospital services are evaluated in the context of the overall hospital survey program, making it easier for surveyors and the provider to identify and correct systemic quality issues that impact patient care
- Reduce the regulatory burden currently imposed on psychiatric hospitals because a single team will conduct the survey, and only one report will be issued documenting any survey findings, instead of two

CMS is notifying hospitals, SSAs and psychiatric hospital stakeholders of this upcoming change through a [memorandum](#). This change does not affect accreditation organizations' current methodologies for approving hospitals or psychiatric hospitals, or CMS's criteria for approving accreditation organizations to survey such facilities. To ensure states are appropriately prepared to begin conducting these surveys in March 2020, CMS is developing an online training that will be released soon.

See the full text of this excerpted [CMS Fact Sheet](#) (issued January 13).

Quality Payment Program: MIPS 2020 Payment Adjustments

CY 2020 Merit-based Incentive Payment System (MIPS) payment adjustments are applied to payments made for Part B covered professional services payable under the Physician Fee Schedule. Payment adjustments are determined by your 2018 MIPS final score.

For More Information:

- [2020 MIPS Payment Adjustment Fact Sheet](#)
- [Resource Library](#) webpage
- Contact gpp@cms.hhs.gov or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

Quality Payment Program: New MIPS Participation Framework for 2021 Performance Period

CMS is implementing a new participation framework for the Merit-based Incentive Payment System (MIPS) starting with the 2021 performance period, MIPS Value Pathways (MVPs). The goal of this new framework is to move away from siloed performance category measures and activities and toward an aligned set of measures and activities that are more meaningful to clinicians and patient care.

We will not immediately eliminate the current MIPS framework. We intend to develop MVPs for 2021 and beyond in collaboration with stakeholders, and we will provide opportunities for dialogue and additional feedback.

For More Information:

- [MVPs](#) webpage
- [MVPs: The Future of MIPS](#) video
- [Overview Fact Sheet](#)
- Contact gpp@cms.hhs.gov or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

Part A Providers: Talk to a QIC Adjudicator About Your Appeal

Do you file second level Medicare Part A claims appeals (reconsiderations) to the Part A East Qualified Independent Contractor (QIC), C2C Innovative Solutions, Inc. (C2C)? If so, you may be eligible to participate in the QIC Telephone and Reopening Process Demonstration, which includes:

- Telephone Discussion of your second level appeal with the appeals adjudicator at the QIC prior to their decision
- Reopening Process: C2C reviews appeals that are pending at the Office of Medicare Hearings and Appeals (OMHA) for potential reopening and faster resolution

How to participate:

- Look for a letter from C2C to participate in a call to discuss your appeal or for a letter requesting documentation to support favorable resolution of your appeal pending at OMHA
- Email ADemoFeedback@c2cinc.com if you want to discuss your appeal or C2C to review appeals pending at OMHA for potential reopening

Participation does not affect your future appeal rights. Telephone Discussion participants are experiencing higher favorability rates than non-participants.

For More Information:

- [C2C Appeals Demonstration](#) website
- [Original Medicare \(Fee-for-service\) Appeals](#) website

Comparative Billing Reports: Access via CBR Portal

Comparative Billing Reports (CBRs) are distributed electronically via the [secure CBR portal](#). Is a CBR available for you? Look for an email or fax notification with your unique access code, or contact the [CBR Help Desk](#) to find out.

CBRs are provider-specific reports that compare your billing and payment patterns to those of your peers in your state and across the nation. For more information, visit the [CBR](#) website.

January is Cervical Health Awareness Month

Cervical cancer can often be prevented with regular screening tests and follow-up care. Talk to your patients about cervical health and encourage them to take advantage of Medicare-covered preventive services, including the screening Pap test and screening pelvic examination.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Centers for Disease Control and Prevention Cervical Cancer](#) webpage

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Compliance

Bill Correctly for Polysomnography Services

In a recent [report](#), the Office of Inspector General (OIG) determined that CMS improperly paid practitioners for some claims associated with polysomnography services that did not meet Medicare requirements. We revised the [Provider Compliance Tips for Polysomnography \(Sleep Studies\)](#) Fact Sheet to help you bill correctly. Additional resources:

- [Medicare Claims Processing Manual, Chapter 15](#) , Section 70
- [Questionable Billing for Polysomnography Services](#) OIG Report
- [Medicare Payments to Providers for Polysomnography Services Did Not Always Meet Medicare Billing Requirements](#) OIG Report

Events

Listening Sessions on MAC Opportunities to Enhance Provider Experience — January 22 or 29

Wednesday, January 22 or 29 from 2 to 3 pm ET

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

As part of our 2020 priorities, we are holding a series of listening sessions to gather feedback and improve your experience with the Medicare Fee-For-Service (FFS) program. Through competitive cost-plus award-fee contract procurements, CMS encourages Medicare Administrative Contractors (MACs) to innovate and respond to provider, practitioner, and supplier expectations in their jurisdictions.

We invite you to participate in a MAC listening session. CMS wants to hear your feedback to improve processes and enhance interactions with your MAC related to operations, technology, and business functions. We are particularly interested in hearing provider, practitioner, and supplier ideas about actions we could take to improve the overall beneficiary quality of care and customer service experience they may have with the MACs. CMS Administrator, Seema Verma will open these calls.

You can email comments or questions in advance of the listening session to CMSListens@cms.hhs.gov with “MAC Provider Experience” in the subject line. We may address them during the listening session or use them to develop other resources following the session.

Target Audience: Medicare FFS providers, practitioners, suppliers, their representative associations, and any interested stakeholders.

Quality Payment Program: MIPS for 2020 Performance Period Webinar — January 22

Wednesday, January 22 from 2:30 to 4 pm ET

[Register](#) for this webinar.

This webinar provides a basic overview of the [Merit-based Incentive Payment System \(MIPS\)](#) for the 2020 performance period. Topics:

- Eligibility
- Reporting options
- Basic requirements for the MIPS performance categories
- Help and support

Target Audience: Clinicians, care teams, and practice support staff.

MLN Matters® Articles

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Encounters

A new MLN Matters Special Edition Article SE20002 on [Appropriate Use Criteria \(AUC\) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Encounters](#) is available. Learn about using the K3 segment to report line level ordering professionals’ information on these claims.

Medicare Fee-for-Service (FFS) Response to the 2020 Commonwealth of Puerto Rico Earthquakes

The HHS Secretary declared a Public Health Emergency in the Commonwealth of Puerto Rico, which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article SE20003 on [Medicare Fee-for-Service \(FFS\) Response to the 2020 Commonwealth of Puerto Rico Earthquakes](#) is available. Learn about blanket waivers issued by CMS. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency.

January 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.0

A new MLN Matters Article MM11564 on [January 2020 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 21.0](#) is available. Learn about modifications and effective dates.

Manual Updates Related to Calendar Year (CY) 2020 Home Health Payment Policy Changes, Maintenance Therapy, and Remote Patient Monitoring

A new MLN Matters Article MM11577 on [Manual Updates Related to Calendar Year \(CY\) 2020 Home Health Payment Policy Changes, Maintenance Therapy, and Remote Patient Monitoring](#) is available. Learn about updates to chapter 7 of the Medicare Benefit Policy Manual.

Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System — Revised

A revised MLN Matters Special Edition Article SE19006 on [Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System](#) is available. Learn about the one year delay for data reporting.

Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment — Revised

A revised MLN Matters Article SE19029 on [Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment](#) is available. Learn about a correction to footnote five on page seven.

Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS — Revised

A revised MLN Matters Article MM11335 on [Add Dates of Service \(DOS\) for Pneumococcal Pneumonia Vaccination \(PPV\) Health Care Procedure Code System \(HCPCS\) Codes \(90670, 90732\), and Remove Next Eligible Dates for PPV HCPCS](#) is available. Learn about contractor integration testing.

CY 2020 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule — Revised

A revised MLN Matters Article MM 11570 on [CY 2020 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#) is available. Learn about the corrected CY 2020 maintenance and servicing fee for certain oxygen equipment.

Updates to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

A revised MLN Matters Article MM 11513 on [Updates to CR 11152 Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about updates to handle Veterans Administration demonstration claims.

Publications

Provider Compliance Tips for Polysomnography (Sleep Studies) - Revised

A revised [Provider Compliance Tips for Polysomnography \(Sleep Studies\)](#) Medicare Learning Network Fact Sheet is available. Learn about:

- Common reasons for claim denials
- Coverage criteria
- How to prevent denials

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