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Official CMS news from the Medicare Learning Network®

Thursday, February 13, 2020

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News

DMEPOS Items Subject to Prior Authorization

CMS will begin requiring prior authorization as a condition of payment for several types of lower limb prosthetics (LLPs). Prior authorization of these LLPs will occur in two phases:

- Phase I begins May 11 in California, Michigan, Pennsylvania, and Texas
- Phase II begins October 8 for all remaining states and territories

The following HCPCS codes were added to the Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) [Required Prior Authorization List](#): L5856, L5857, L5858, L5973, L5980, and L5987.

For More Information:

- [DMEPOS Prior Authorization](#) webpage
- [Federal Register Notice](#)

Influenza Activity Continues: Are Your Patients Protected?

People over 65 are at a greater risk of developing serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. As long as influenza viruses are circulating, it is not too late to get vaccinated – to help protect your patients, your staff, and yourself.

Medicare Part B covers:

- Influenza virus vaccine once per influenza season
- Additional influenza vaccines if medically necessary

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Information for Health Professionals](#) webpage
- [CDC Fight Flu Toolkit](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

Compliance

Proper Coding for Specimen Validity Testing Billed in Combination with Urine Drug Testing

In recent [report](#), the Office of the Inspector General (OIG) determined that Medicare payments to clinical laboratories and providers for specimen validity tests did not comply with Medicare billing requirements. A recent [MLN Matters Special Edition Article](#) reminds laboratories and other providers about proper billing for specimen validity testing done in conjunction with drug testing; this article contains no policy changes.

Current coding for testing for drugs of abuse relies on a structure of presumptive and definitive testing that identifies the specific drug and quantity in the patient. This article includes descriptors for:

- Presumptive drug testing codes
- Definitive drug testing codes

Use the following resources to bill correctly and avoid overpayment recoveries:

- [National Correct Coding Initiative Policy Manual](#)
- [Contact your Medicare Administrative Contractor](#)
- [Medicare Improperly Paid Providers for Specimen Validity Tests Billed in Combination with Urine Drug Tests](#) OIG Report

Events

Substance Use Disorders: Availability of Benefits Listening Session — February 18

Tuesday, February 18 from 1:30 to 3 pm ET

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

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ([SUPPORT Act](#)) outlines national strategies to help address opioid misuse. As part of Section 6084, CMS must evaluate the extent to which Medicare Advantage plans offer supplemental benefits to treat or prevent Substance Use Disorders (SUDs) not otherwise covered under traditional Medicare, including how clinicians are impacted by the availability of supplemental benefits used to treat SUDs.

CMS wants to collect your feedback on:

- What supplemental benefits do you use now to treat your Medicare Advantage patients with SUDs?
- Are there any challenges associated with accessing or using these supplemental benefits to treat patients, and if so, what are they?
- What benefits currently exist in the medical community for treatment of SUDs that you would like to see offered by your Medicare Advantage plan in the future?

Target Audience: Clinicians and state and national associations that represent health care providers.

Ground Ambulance Organizations: Reporting Volunteer Labor Call — February 20

Thursday, February 20 from 2 to 3 pm ET

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

During this call, learn how to report volunteer labor in 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 “February 20 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 use volunteer labor and ambulance stakeholders.

Dementia Care: CMS Toolkits Call — March 3

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement

Tuesday, March 3 from 1:30 to 3 pm ET

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

During this call, learn about new CMS toolkits for nursing homes:

- Head-to-Toe Infection Prevention: Easy to access best practices for direct care staff to prevent infections before they occur
- Developing a Restful Environment Action Manual: Non-pharmacological approach to improve the quality of life and quality of care for residents living with dementia
- Staffing Toolkits: Staff Competency Assessment, Employee Satisfaction Survey, and Guide to Improving Employee Satisfaction

Additionally, CMS provides updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers: Cathleen Lawrence, Michele Laughman, Sheila Hanns, and Dara Graham from CMS.

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Hospice Item Set Data Submission Requirements Webinar — March 3

Tuesday, March 3 from 2 to 3:30 pm ET

[Register](#) for this webinar.

This webinar provides a general overview of the Hospice Item Set and associated submission requirements. See the [Hospice Quality Reporting Training: Announcements and Registration](#) webpage for details.

Part A Providers: QIC Appeals Demonstration Call — March 5

Thursday, March 5 from 1 to 2 pm ET

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

During this call, learn about the May 2019 expansion of the Qualified Independent Contractor (QIC) Telephone Discussion and Reopening Process Demonstration. It now includes Part A providers that submit second level claim appeals (reconsiderations) to C2C Innovative Solutions Inc., the Part A East QIC. Topics:

- Benefits
- Who can participate
- How to participate

A question and answer session follows the presentation; however attendees may email questions in advance to MedicareFFSappeals@cms.hhs.gov with "Appeals Demonstration" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, visit the [Original Medicare Appeals](#) webpage.

Target Audience: Part A providers located in these [areas](#) may participate in the demonstration; however, any Part A provider may attend.

Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call — March 12

Thursday, March 12 from 1 to 2 pm ET

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

During this call, ground ambulance organizations that also provide fire, police, and other public safety services learn how to collect information for reporting to 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 "March 12 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 also provide fire, police, or other public safety services.

MLN Matters® Articles

Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder

A new MLN Matters Article MM11656 on [Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder](#) is available. Learn about diagnosis code U07.0.

Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent with Current Policy

A new MLN Matters Article MM11559 on [Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent with Current Policy](#) is available. Learn about policy from chapters 3 and 4 of the Medicare Claims Processing Manual.

Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder — Revised

A revised MLN Matters Article MM11623 on [Update to the International Classification of Diseases, Tenth Revision, Clinical Modification \(ICD-10-CM\) for Vaping Related Disorder](#) is available. Learn about the addition of a new code effective April 1.

January 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS) — Revised

A revised MLN Matters Article MM11605 on [January 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about changes and billing instructions.

Publications

Diabetes Management Resources

CMS released two new resources to address diabetes management for type 2 diabetes and prediabetes complications.

- [Diabetes Management: Directory of Provider Resources](#)
- [A Culturally and Linguistically Tailored Type 2 Diabetes Prevention Resources Inventory](#)

For more information, visit the [Quality Improvement & Innovations](#) webpage.

Caring for Medicare Patients is a Partnership — Revised

A revised [Caring for Medicare Patients is a Partnership](#) Fact Sheet is available. You may order, refer, or provide services for your patient in partnership with other providers. Learn about:

- Coverage criteria
- Medical necessity
- Documentation

Multimedia

MAC Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [January 29](#) Medicare Learning Network listening session on Medicare Administrative Contractor (MAC) Performance and Request for Feedback on Opportunities to Enhance Provider Experience and Beneficiary Quality of Care. CMS requested feedback to improve processes and enhance interactions with your MAC.

[Like the newsletter? Have suggestions? Please let us know!](#)

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