



mlnconnects

Official CMS news from the Medicare Learning Network®

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News

Flu & Pneumonia Vaccines: Protect Your Patients

Flu and pneumonia shots are free for your Medicare patients if you accept assignment. Medicare Part B covers 1 flu shot per flu season and additional flu shots if medically necessary. Part B also covers 2 different pneumococcal shots. Read the CDC's [Pneumococcal Vaccine Timing for Adults](#).

You can give both shots during the same office visit. If your patients have Medicare Fee-for-Service (FFS), [check Medicare eligibility](#) to see if your patients got a pneumonia shot under Medicare FFS. If your patients

have Medicare Advantage (MA), ask them if they got a shot while enrolled in an MA plan, or check with the plan.

[National Influenza Vaccination Week](#) is a great opportunity to protect your patients. Make the most of it and provide 2 important vaccines in just 1 office visit.

For More Information:

- [CMS Flu Shot](#) webpage
- [CDC Flu](#) website

VBID Model: Hospice Benefit Component

Beginning January 1, 2021, CMS will test the Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model to assess the impact on care delivery and quality of care, especially for palliative and hospice care. Currently, when a Medicare Advantage (MA) enrollee elects hospice, Fee-for-Service Medicare becomes responsible for coverage and payment of most services, while the MA plan remains responsible for certain services like supplemental benefits. Under the Model, participating MA plans will be financially responsible for all Part A and B benefits, including the Medicare hospice benefit, and supplemental benefits.

For Calendar Year 2021, 9 participating MA Organizations will offer 53 plan benefit packages as part of the Model component. In November, we sent impacted hospice providers information and resources. All other hospice providers are encouraged to learn more about this Model to prepare for future years.

Visit the [Hospice Benefit Component](#) website to learn more about the Model.

Open Payments: Review and Dispute Data by December 31

On June 30, CMS published Program Year 2019 Open Payments data, along with updated and newly submitted data from previous program years. This data is available for review and dispute in the [Open Payments system](#) through December 31, 2020. You must be registered in the Open Payments system to review or dispute data.

Physicians and teaching hospitals: We strongly encourage you to review your data, but it's voluntary. If you believe any records attributed to you are inaccurate, you may initiate a dispute and work with the reporting entity to reach a resolution. CMS does not mediate disputes.

For More Information:

- [Review and Dispute for Physicians and Teaching Hospitals](#) webpage
- [Resources](#) webpage
- Contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366 (TTY Line: 1-844-649-2766)

Hospital Price Transparency: Requirements Effective January 1

Starting January 1, 2021, each hospital operating in the United States is required to provide clear, accessible pricing information online about the items and services they provide in 2 ways:

- Comprehensive machine-readable file with all items and services
- Display of shoppable services in a consumer-friendly format

Is your organization prepared to be compliant?

Visit the [Hospital Price Transparency](#) website for resources to help you prepare:

- [Final Rule](#)
- [FAQs](#)
- [8 Steps to a Machine-Readable File](#)

- [10 Steps to a Consumer-Friendly Display](#)
- [Quick Reference Checklists](#)

Annual Participation Enrollment Period Extended to January 31

Due to the later release of the Medicare Physician Fee Schedule final rule, CMS is extending the 2021 annual participation enrollment period for eligible physicians, practitioners, and suppliers. Participation elections and withdrawals must be post-marked on or before January 31, 2021. The effective date for changes remains January 1, 2021.

2020 MIPS Extreme and Uncontrollable Circumstances Exception Application: Deadline February 1

To further support clinicians during the COVID-19 Public Health Emergency (PHE), CMS extended the 2020 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception application deadline to February 1. For the 2020 performance year, MIPS eligible clinicians, groups, and virtual groups can submit an application asking us to reweight one or more performance categories to 0% due to the current COVID-19 PHE. If you have concerns about the effect of the COVID-19 PHE on your performance data, including cost measures, [submit an application](#) and cite COVID-19 as the reason for your application.

For More Information:

- [MIPS Extreme and Uncontrollable Circumstances Exception Application](#) user guide and fact sheet
- [How to Submit an Extreme and Uncontrollable Circumstances Exception Application](#) video
- [Extreme and Uncontrollable Circumstances Exception](#) webpage
- [Quality Payment Program Exceptions Application](#) fact sheet
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292; customers who are hearing impaired can dial 711 for a TRS Communications Assistant

COVID-19: Hospital Operations Toolkit

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) released an [Express message](#) with new resources:

- [Healthcare Operations Toolkit](#): Helps hospitals prepare to manage large numbers of patients during the COVID-19 pandemic
- [Baltimore Convention Center Field Hospital/ Alternate Care Site](#): Experiences on standing up and maintaining this ACS
- [Role of Community Pharmacists in COVID-19](#): Discusses the role of pharmacists during the pandemic
- [Physician Well-Being](#): Discusses mitigation of staff stress and increasing wellness and resilience within a health system

For More Information:

- [ASPR TRACIE](#) fact sheet
- [ASPR TRACIE](#) website
- [ASPR TRACIE Novel Coronavirus Resources](#) webpage

Compliance

Telehealth Services: Bill Correctly

An Office of Inspector General [report](#) found that CMS improperly paid for some telehealth claims associated with services that didn't meet Medicare requirements. Watch the [Medicare Coverage and Payment of Virtual Services](#) video to help you bill correctly. Additional resources:

- [Telehealth Services](#) booklet

- [Medicare Claims Processing Manual, Chapter 12](#), Section 190
- [Medicare Telehealth Payment Eligibility Analyzer](#)
- [List of Covered Telehealth Services](#) webpage

Claims, Pricers & Codes

ICD-10 MS-DRG Grouper V38.1 & 2021 ICD-10-PCS Code Files

In response to the COVID-19 public health emergency, new ICD-10 codes are effective January 1:

- 21 procedure codes (ICD-10-PCS): CMS will implement new codes to describe the introduction or infusion of therapeutics, including monoclonal antibodies and vaccines for COVID-19 treatment
- 6 diagnosis codes (ICD-10-CM): CDC National Center for Health Statistics

See the [announcement](#) for more information about assignment of these new diagnosis and procedure codes under the ICD-10 Medicare Severity Diagnosis Related Group (MS-DRG).

For More Information:

- [MS-DRG Classifications and Software](#) webpage: ICD-10 MS-DRG V38.1 grouper software, Definitions Manual, and Definition of Medicare Code Edits
- [2021 ICD-10-PCS](#) webpage: Code files and information on COVID-19 updates
- [CDC ICD-10-CM](#) webpage: Index and Tabular Addenda will be available soon

Average Sales Price Files: January 2021

CMS posted the January 2021 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2021 ASP Drug Pricing Files](#) webpage.

Events

CMS-CDC Fundamentals of COVID-19 Prevention for Nursing Home Management Call — December 10 & January 7

Thursday, December 10 and January 7 from 4 to 5 pm ET

CMS, CDC, and the Quality Improvement Organization (QIO) Program present this live Q&A series:

- Register for [Q&A sessions](#)
- Submit questions in advance to DVACSupport@thebizzellgroup.com
- Visit the [QIO Program FAQ](#) webpage

Target Audience: Clinical and administrative nursing home staff members.

MLN Matters® Articles

Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2021

CMS issued a new MLN Matters Article MM12035 on [Update to Rural Health Clinic \(RHC\) All Inclusive Rate \(AIR\) Payment Limit for Calendar Year \(CY\) 2021](#). Learn about the new payment limit per visit.

Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2021 - Recurring File Update

CMS issued a new MLN Matters Article MM12046 on [Update to the Federally Qualified Health Center \(FQHC\) Prospective Payment System \(PPS\) for Calendar Year \(CY\) 2021 - Recurring File Update](#). Learn about updates to the base payment rate and geographic adjustment factors.

New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE — Revised

CMS revised MLN Matters Special Edition Article SE20016 on [New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE](#) to provide additional guidance on cost-sharing for telehealth services.

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2020 — Revised

CMS revised MLN Matters Article MM11889 on [Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for October 2020](#) to indicate updated codes for NCD 190.15 in the spreadsheet.

Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2021 — Revised

CMS revised MLN Matters Article MM12011 on [Implementation of Changes in the End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\) and Payment for Dialysis Furnished for Acute Kidney Injury \(AKI\) in ESRD Facilities for Calendar Year \(CY\) 2021](#) to add information about the oral drug, cinacalcet.

Publications

Medicare Provider Enrollment — Revised

CMS revised the Medicare Learning Network educational tool, [Medicare Provider Enrollment](#). Learn about:

- Eligibility and process
- Application fee for institutional providers
- Revalidation
- Provider Enrollment, Chain and Ownership System (PECOS)

Provider Compliance Tips — Revised

CMS revised the following Medicare Learning Network fact sheets with provider compliance tips. Learn about coverage and documentation requirements to prevent claim denials.

- [Ventilators](#)
- [Wheelchair Options & Accessories](#)

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