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Official CMS news from the Medicare Learning Network®

Thursday, June 25, 2020

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News

Trump Administration Issues Call to Action Based on New Data Detailing COVID-19 Impacts on Medicare Beneficiaries

Data Underscores Need for Payment Models that Produce Better Health Outcomes

On June 22, under the leadership of President Trump, CMS is calling for a renewed national commitment to value-based care based on Medicare claims data that provides an early snapshot of the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on the Medicare population. The data includes the total number of reported COVID-19 cases and hospitalizations among Medicare beneficiaries between January 1 and May 16, 2020. The snapshot breaks down COVID-19 cases and hospitalizations for Medicare beneficiaries by state, race/ethnicity, age, gender, dual eligibility for Medicare and Medicaid, and urban/rural locations.

For More Information:

- [Preliminary Medicare COVID-19 Data Snapshot](#)
- [Data Release FAQs](#)
- [Blog](#) by CMS Administrator Seema Verma
- [Press Release](#)

Hospital Outpatient Departments: Prior Authorization Begins July 1

For dates of service beginning July 1, 2020, you must request prior authorization for the following hospital Outpatient Department (OPD) services:

- Blepharoplasty
- Botulinum toxin injections (when paired with specific procedure codes)

- Panniculectomy
- Rhinoplasty
- Vein ablation

Medical necessity documentation requirements remain the same and hospital OPDs will receive a decision within 10 days.

While only the hospital OPD service requires prior authorization, CMS wants to remind other providers that perform services in the hospital OPD setting that claims related to/associated with these services will not be paid if the service requiring prior authorization is not eligible for payment. These related services include, but are not limited to, anesthesiology services, physician services, and facility services. Only associated services performed in the hospital OPD setting are affected. Depending on the timing of claim submission for any related services, claims may be automatically denied, reviewed, or denied on a postpayment basis.

For botulinum toxin injections, consult the list of codes that require prior authorization for more details. Generally, the use of botulinum toxin injection codes paired with procedure codes other than 64612 or 64615 will not require prior authorization under this program.

For More Information:

- [List of codes that will require prior authorization](#)
- [Prior Authorization for Certain Hospital OPD Services](#) webpage
- [Operational Guide](#)
- [FAQs](#)
- [Final Rule](#): Page 61446
- Send questions to OPDPA@cms.hhs.gov

IRF Provider Preview Reports: Review Your Data by July 18

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are available with first to fourth quarter 2019 data. Review your performance data on quality measures by July 18, prior to public display on the [IRF Compare](#) website in September. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Beginning with the September 2020 refresh, CMS will display six new measures. For more information, visit the [IRF Quality Public Reporting](#) webpage.

LTCH Provider Preview Reports: Review Your Data by July 18

Long-Term Care Hospital (LTCH) Provider Preview Reports are available with first to fourth quarter 2019 data. Review your performance data on quality measures by July 18, prior to public display on the [LTCH Compare](#) website in September. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Beginning with the September 2020 refresh, CMS will display three new measures. For more information, visit the [LTCH Quality Public Reporting](#) webpage.

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk eligible Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition - Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition: See the [Supplier Fact Sheet](#) and [CDC](#) website
- Prepare for Medicare enrollment: See the [Enrollment Fact Sheet](#) and [Checklist](#)
- [Apply](#) to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll): See the [Enrollment Webinar Recording](#) and [Enrollment Tutorial Video](#)
- Furnish MDPP service: See the [Session Journey Map](#)
- Submit claims to Medicare: See the [Billing and Claims Webinar Recording](#), [Billing and Claims Fact Sheet](#), and [Billing and Payment Quick Reference Guide](#)

For More Information:

- [MDPP Participants: CMS Flexibilities to Fight COVID-19](#)
- [MDPP Expanded Model](#) Booklet
- [Materials](#) from Medicare Learning Network call on June 20, 2018
- [MDPP](#) webpage
- [CDC - CMS Roles](#) Fact Sheet
- Contact mdpp@cms.hhs.gov

Claims, Pricers & Codes

Incorrect Billing of HCPCS L8679 - Implantable Neurostimulator, Pulse Generator, Any Type

An MLN Matters Article SE20001 on [Incorrect Billing of HCPCS L8679 - Implantable Neurostimulator, Pulse Generator, Any Type](#) is available. Reminder that HCPCS L8679 describes implantable neurostimulator pulse generators.

Events

Personal Protective Equipment Strategies for COVID Care Webcast — June 25

Thursday, June 25 from 4 to 5 pm ET

[Register](#) for this webcast.

This webcast is part of the National Nursing Home Training Series brought to you by CMS and the Quality Improvement Organization Program, a national network of Quality Innovation Network-Quality Improvement Organizations serving every state and territory.

Target Audience: Nursing home leaders, clinical and administrative staff members, and others interested in nursing home infection prevention in the era of COVID-19.

Medicare Part A Cost Report: New Online Status Tracking Feature Call — July 9

Thursday, July 9 from 1 to 2:30 pm ET

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

Medicare Part A providers: Learn about updates to the Medicare Cost Report e-Filing (MCR eF) system that allow tracking from submission through finalization. Topics:

- Overview of new online status tracking, including functionality and layout
- Recap of how to access the system and transmit your report
- Frequently asked questions

Use MCR eF to:

- Submit cost reports with fiscal years ending on or after December 31, 2017
- Track the status of cost reports with fiscal years ending after December 31, 2009

You have the option to electronically transmit your cost report through MCR eF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCR eF if you choose electronic submission.

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with "Medicare Cost Report e-Filing System Call" in the subject line. We may address these questions during the call or use them for other materials later. For more information, see the [MCR eF](#) MLN Matters Article and [MCR eF](#) webpage.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

Publications

Clinical Laboratory Fee Schedule Annual Payment Determination Process

A new [Clinical Laboratory Fee Schedule Annual Payment Determination Process](#) Medicare Learning Network Educational Tool is available. Learn how CMS sets payment rates:

- Annual Laboratory Meeting
- Gapfilling
- Crosswalking
- Reconsiderations

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