

# C Medicare A CONNECTION

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A Newsletter for MAC Jurisdiction N Providers

July 2020



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## Strapping – retired Part A and Part B LCD/Billing and Coding Article

**LCD/Article ID number: L34023/A57129  
(Florida/Puerto Rico/U.S. Virgin Islands)**

Based on review of the local coverage determination (LCD) and billing and coding article for strapping, it was determined that they are no longer required and therefore, are being retired.

### Effective date

This LCD and billing and coding article retirement is effective for services rendered **on or after**

**July 23, 2020.**

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.



**Note:** To review active, future and retired LCDs, please [click here](#).



**WHEN EXPERIENCE COUNTS & QUALITY MATTERS**

## Medicare A Connection

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The *Medicare A Connection* is published monthly by First Coast Service Options Inc.'s Provider Outreach & Education division to provide timely and useful information to Medicare Part A providers.

Articles included in the *Medicare A Connection* represent formal notice of coverage policies. Policies have or will take effect on the date given. Providers are expected to read, understand, and abide by the policies outlined within to ensure compliance with Medicare coverage and payment guidelines.

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This section of *Medicare A Connection* features summaries of new and revised local coverage determinations (LCDs) developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and to make sure that the Medicare administrative contractor (MAC) jurisdiction N (JN) Part A LCDs and review guidelines are consistent with accepted standards of medical practice.

Refer to our [LCDs/Medical Coverage webpage](#) for full-text LCDs, including final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries.

### Effective and notice dates

Effective dates are provided in each LCD, and are based on the date services are furnished unless otherwise noted in the LCD. Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the website is considered the notice date.

### Electronic notification

To receive quick, automatic notification when new and revised LCDs are posted to the website, subscribe to the [First Coast eNews mailing list](#). Simply enter your email address and select the subscription option that best meets your needs.

### More information

For more information, or, if you do not have internet access, to obtain a hardcopy of a specific LCD, contact Medical Policy at:

Medical Policy and Procedures  
PO Box 2078  
Jacksonville, FL 32231-0048



## Looking for LCDs?

Would you like to find local coverage determinations (LCD) in 10 seconds or less? [First Coast's LCD lookup](#) helps you find the coverage information you need quickly and easily. Just enter a procedure code, keyword, or the LCD's "L number," click the corresponding button, and the application will automatically display links to any LCDs applicable to the parameters you specified. Best of all, depending upon the speed of your internet connection, the LCD search process can be completed in less than 10 seconds.

## Advance beneficiary notice

Modifier GZ must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they **have not had** an advance beneficiary notification (ABN) signed by the beneficiary.

**Note:** Line items submitted with the modifier GZ will be automatically denied and will not be subject to complex medical review.

Modifier GA must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny a service as not reasonable and necessary and they **do have** on file an ABN signed by the beneficiary.

All claims not meeting medical necessity of a local coverage determination must append the billed service with modifier GA or GZ.

### Find fees faster: Try First Coast's fee schedule lookup

Find the fee schedule information you need fast - with [First Coast's fee schedule lookup](#). This exclusive online resource features an intuitive interface that allows you to search for fee information by procedure code. Plus, you can find any associated local coverage determinations (LCDs) with just the click of a button.



## Revised LCDs/Articles

## Wound care – revision to the Part A and Part B LCD

### LCD ID number: L37166 (Florida/Puerto Rico/ U.S. Virgin Islands)

Based on the retirement of the local coverage determination (LCD) and billing and coding article for strapping (L34023/ A57129), the wound care LCD (L37166) was revised to remove all language referencing the strapping LCD.

#### Effective date

This LCD revision is effective for services rendered **on or after July 23, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Infliximab – revision to the Part A and Part B billing and coding article

### Article ID number: A57653 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, the billing and coding article for infliximab was revised to add Healthcare Common Procedure Coding System (HCPCS) code Q5121 to the “CPT®/HCPCS Codes/Group 1 Paragraph:/Group 1 Codes:” and “ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:” sections of the billing and coding article.

#### Effective date

This billing and coding article revision is effective for

services rendered **on or after July 1, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Pegfilgrastim – revision to the Part A and Part B billing and coding article

### Article ID number: A57725 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, the “CPT®/HCPCS Codes/Group 1 Paragraph:/Group 1 Codes:” and “ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:” sections of the billing and coding article for pegfilgrastim were revised to remove Healthcare Common Procedure Coding System (HCPCS) codes C9058 and J3590 and to add HCPCS code Q5120.

#### Effective date

The billing and coding article revision to remove HCPCS code C9058 is effective for services rendered **on or after July 1, 2020**. However, prior to its deletion the effective date of this code has been changed to **November 15, 2019**.

The billing and coding article revision to add HCPCS code Q5120 and remove HCPCS code J3590 is effective for claims processed **on or after July 6, 2020**, for services rendered **on or after November 15, 2019** for Part B and for Part A the revision to add HCPCS code Q5120 is effective for services rendered **on or after July 1, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Trastuzumab - trastuzumab biologics – revision to the Part A and Part B billing and coding article

### Article ID number: A56660 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, the “CPT®/HCPCS Codes/Group 1 Paragraph:/Part A and Part B/Group 1 Codes:” sections of the billing and coding article for trastuzumab - trastuzumab biologics were revised to remove Healthcare Common Procedure Coding System (HCPCS) code C9399 and add HCPCS codes J9358, Q5113 and Q5116. Also, the “CPT®/HCPCS Codes/Group 2 Paragraph:/Part B/Group 2 Codes:” sections of the billing and coding article were revised to remove HCPCS code J9999, Q5112, Q5113 and Q5116 (HCPCS codes Q5112, Q5113 and Q5116 are now listed under Part A and Part B/Group 1 Codes:). In addition, the “ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:” section of the billing and coding article was revised to remove HCPCS codes C9399 and J9999 and add HCPCS code J9358. The following revision is not related to the July 2020 Quarterly Update: HCPCS code Q5114 was also removed from the “CPT®/HCPCS Codes/Group 2 Codes:” section of the billing and coding article as it is appropriately listed in the CPT®/HCPCS Codes/Group 1 Codes:” section of the billing and coding article.

#### Effective date

The revision related to removing HCPCS codes C9399

and J9999 and adding HCPCS code J9358 is effective for services rendered **on or after July 1, 2020**.

The revision related to HCPCS code Q5113 is effective for claims processed **on or after July 6, 2020**, for services rendered **on or after March 16, 2020**.

The revision related to HCPCS code Q5112 is effective for claims processed **on or after July 30, 2020**, for services rendered **April 15, 2020-September 30, 2020**.

The revision related to HCPCS code Q5116 is effective for claims processed **on or after July 6, 2020**, for services rendered **on or after February 23, 2020**.

The revision related to HCPCS code Q5114 is effective for claims processed **on or after January 6, 2020**, for services rendered **on or after November 29, 2019**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Hemophilia clotting factors – revision to the Part A and Part B billing and coding article

### Article ID number: A56482 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, Healthcare Common Procedure Coding System (HCPCS) code J7204 (Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu), was added to the “CPT®/HCPCS Codes/Group 6 Codes:” and “ICD-10 Codes that Support Medical Necessity/Group 6 Paragraph:” sections of the billing and coding article for hemophilia clotting factors.

#### Effective date

This billing and coding article revision is effective for services rendered **on or after July 1, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the



“Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Allergy testing – revision to Part A and Part B billing and coding article

### Article ID number: A57531 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, Current Procedural Terminology (CPT®) code 0178U was added to the “CPT®/HCPCS Codes/Group 1 Codes:” and “ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:” sections of the billing and coding article for allergy testing. In addition, the descriptor for CPT® code 0165U was changed.

#### Effective date

This billing and coding article revision is effective for

services rendered **on or after July 1, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Viscosupplementation therapy for knee – revision to Part A and Part B billing and coding article

### Article ID number: A57256 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on the July 2020 Quarterly Update, the billing and coding article for viscosupplementation therapy for knee was revised to add Healthcare Common Procedure Coding System (HCPCS) code J7333 to the “Coding Guidelines”, “CPT®/HCPCS Codes/ Group 1 Codes:/Group 2 Codes:” and “ICD-10 Codes that Support Medical Necessity/ Group 1 Paragraph:/Group 2 Paragraph:” sections of this billing and coding article. Also, HCPCS code J7321 had a descriptor change.

In addition, based on change request (CR) 11068/ CR 11099 and review of the billing and coding article, HCPCS code J7329 was added to the “CPT®/HCPCS Codes/ Group 1 Codes:” and “ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:” sections of this billing and coding article.

#### Effective date

The billing and coding article revision related to the July 2020 Quarterly Update is effective for services rendered **on or after July 1, 2020**.

The billing and coding article revision related to HCPCS code J7329 is effective for claims processed **on or after June 22, 2020**, for services rendered on **or after January 1, 2019**.

LCDs are available through the CMS Medicare coverage



database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Endovenous stenting – revision to Part A and Part B billing and coding article

### Article ID number: A56644 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on review of the Billing and Coding Article, the information in the billing and coding article was reformatted.

#### Effective date

This revision is effective for services rendered **on or after June 25, 2020**.

LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

## Nerve conduction studies and electromyography – revision to the Part A and Part B Billing and Coding Article

### Article ID number: A57123 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on further review, the “ICD-10 Codes that Support Medical Necessity/Group 1 Codes:” section of the nerve conduction studies and electromyography billing and coding article was revised to include ICD-10-CM diagnosis code range M60.80-M60.9, which was omitted in error during the process of moving the ICD-10-CM diagnosis codes from the local coverage determination (LCD) to the billing and coding article. Also, Current Procedural Terminology (CPT®) code 95999 and Healthcare Common Procedure Coding System (HCPCS) code G0255 have been removed from “ICD-10 Codes that Support Medical Necessity/ Group 1 Paragraph:” section of the billing and coding article as they were added in error during the

process of moving the CPT®/HCPCS codes from the LCD to the billing and coding article.

#### Effective date

This billing and coding article revision is effective for services rendered **on or after October 3, 2018**.

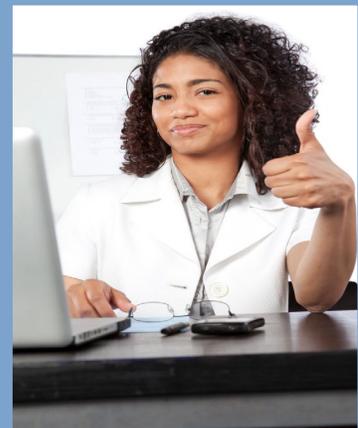
LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, please [click here](#).

### Keep updated...

Use the tools and useful information found on [medicare.fcso.com](https://www.medicare.fcso.com) to stay updated on changes associated with the Medicare program.



## Upcoming provider outreach and educational events

### *Medicare secondary payer: Billing MSP claims (A)*

Date: Tuesday, August 25  
 Time: 10-11:30 a.m. ET  
 Type of Event: Webcast

### *View our complete calendar of events*

**Note:** Unless otherwise indicated, designated times for educational events are stated as ET, and the focus is to Florida, Puerto Rico, and the U.S. Virgin Islands.

### Two easy ways to register

**Online** – Visit our provider training website at [First Coast University](#), log on to your account and select the course you wish to register. Class materials are available under “My Courses” no later than one day before the event.

**First-time User?** Set up an account by completing [Create User Account Form](#) online. Providers who do not have yet a national provider identifier may enter “99999” in the NPI field. You will receive logon information within 72 hours of your request.

**Fax** – Providers without internet access may request a fax registration form through our Registration Hotline at 1-904-791-8103. Class materials will be faxed to you the day of the event.

### Please Note:

- Pre-registration is required for all teleconferences, webcasts and in-person educational seminars.
- Dates and times are subject to change prior to opening of event registration.

Registrant's Name: \_\_\_\_\_

Registrant's Title: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Keep checking our [website](#) for details and newly scheduled educational events (teleconferences, webcasts, etc.).

### Never miss a training opportunity

If you or your colleagues were unable to attend one of our past Medicare educational webcasts, you still have the opportunity to learn about the topics covered during the training session. Visit the First Coast Medicare training website, download the recording of the event, and listen to the webcast when you have the time.

### Take advantage of 24-hour access to free online training

In addition to live training events, we also offer you the advantage of self-paced, free online courses that will allow you and your staff to train when and where it is most convenient for you. In addition, our comprehensive course catalog allows you to find the Medicare training that fits your specific needs, and several of our online courses offer CEUs. Learn more on the First Coast Medicare training website and explore our catalog of online courses.



## CMS MLN Connects®



The Centers for Medicare & Medicaid Services (CMS) *MLN Connects*® is an official *Medicare Learning Network*® (MLN) – branded product that contains a week’s worth of news for Medicare fee-for-service (FFS) providers. CMS sends these messages weekly to national health industry provider associations, who then disseminates the *MLN Connects*® to its membership as appropriate.

## MLN Connects® for Thursday, June 25, 2020

*MLN Connects*® for Thursday, June 25, 2020

[View this edition as a PDF](#)

### News

- Trump Administration Issues Call to Action Based on New Data Detailing COVID-19 Impacts on Medicare Beneficiaries
- Hospital Outpatient Departments: Prior Authorization Begins July 1
- IRF Provider Preview Reports: Review Your Data by July 18
- LTCH Provider Preview Reports: Review Your Data by July 18
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

### Claims, Pricers & Codes

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

### Events

- Personal Protective Equipment Strategies for COVID Care Webcast — June 25
- Medicare Part A Cost Report: New Online Status Tracking Feature Call — July 9

### Publications

- Clinical Laboratory Fee Schedule Annual Payment Determination Process

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## MLN Connects® – Special Edition – Friday, June 26, 2020

### COVID-19: SNF Benefit Period Waiver, HHAs Proposed Rule, Ending Nursing Home Blanket Waiver

- [COVID-19: SNF Benefit Period Waiver](#)
- [HHAs: Proposed Payment and Policy Changes and Home Infusion Therapy Benefit for CY 2021](#)
- [CMS Announces Plans to End the Blanket Waiver Requiring Nursing Homes to Submit Staffing Data](#)

### COVID-19: SNF Benefit Period Waiver

Disruptions during a Public Health Emergency can affect the Skilled Nursing Facility (SNF) benefit:

- Prevent a beneficiary from having the Qualifying Hospital Stay (QHS)
- Disrupt the process of ending the beneficiary’s current benefit period and renewing their benefits

[Emergency waivers](#) of QHS and benefit period requirements under §1812(f) of the Social Security Act help restore SNF coverage that beneficiaries affected by the emergency would be entitled to under normal circumstances.

Learn more about the waiver and how to bill in [MLN Matters Article SE20011](#).

### HHAs: Proposed Payment and Policy Changes and Home Infusion Therapy Benefit for CY 2021

On June 25, CMS issued a proposed rule [CMS-1730-P] for FY 2021 that updates the Medicare payment rates for Home Health Agencies (HHAs). This proposed rule also includes a proposal to make permanent the regulatory changes related to telecommunications technologies in providing care under the Medicare home health benefit beyond the expiration of the Public Health Emergency for the COVID-19 pandemic.

For More Information

- [Fact Sheet](#)
- [Proposed Rule](#)

### CMS Announces Plans to End the Blanket Waiver Requiring Nursing Homes to Submit Staffing Data

On June 25, CMS announced plans to end the emergency blanket waiver requiring all nursing homes to resume submitting staffing data through the Payroll-Based Journal (PBJ) system by August 14, 2020. The PBJ system allows CMS to collect nursing home staffing information which impacts the quality of care residents receive. The blanket waiver was intended to temporarily allow the agency to

See [MLN SE](#), page 10

# MLN Connects® for Thursday, July 2, 2020

MLN Connects® for Thursday, July 2, 2020

[View this edition as a PDF](#) 

## News

- CMS Proposes to Expand Coverage Policy for Transcatheter Edge-to-Edge Repair for Patients with Mitral Valve Regurgitation
- Physician Compare Preview Period Open through August 20
- ABN Form Renewal
- Medicare Enrollment Application Fee Refunds through EFT

## Claims, Pricers & Codes

- SNF Benefit Waiver Period: Billing Update

## Events

- Nursing Home Training Series Webcasts — July 2, 9, and 16
- Medicare Part A Cost Report: New Online Status Tracking Feature Call — July 9

## MLN Matters® Articles

- July 2020 Update of the Ambulatory Surgical Center (ASC) Payment System
- Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 26.3, Effective October 1, 2020
- International Classification of Diseases, 10th Revision

## MLN SE

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concentrate efforts on combating COVID-19 and reduce administrative burden on nursing homes so they could focus on patient health and safety during this Public Health Emergency.

The memorandum also provides updates related to staffing and quality measures used on the Nursing Home Compare website and the Five Star Rating System.

To view the memorandum to states and nursing home



(ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – July 2020 Update — Revised

- National Coverage Determination (NCD) 160.18 Vagus Nerve Stimulation (VNS) — Revised
- Quarterly Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2020 Pricer — Revised

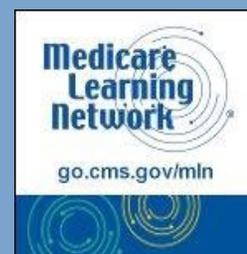
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stakeholders, visit: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/changes-staffing-information-and-quality-measures-posted-nursing-home-compare-website-and-five-star>.

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### Medicare Learning Network®

The Medicare Learning Network® (MLN) is the home for education, information, and resources for the health care professional community. The MLN provides access to CMS Program information you need, when you need it, so you can focus more on providing care to your patients. Find out what the MLN has to offer you and your staff at [CMS.gov](https://www.cms.gov).



## MLN Connects® – Special Edition – Monday, July 6, 2020

### ESRD PPS CY 2021 Proposed Rule; COVID-19: New and Expanded Flexibilities for RHCs & FQHCs

- [ESRD PPS CY 2021 Proposed Rule](#)
- [COVID-19: New and Expanded Flexibilities for RHCs & FQHCs during the Public Health Emergency](#)

#### ESRD PPS CY 2021 Proposed Rule

On July 6, CMS issued a proposed rule that proposes to update payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2021. This rule also proposes updates to the Acute Kidney Injury (AKI) dialysis payment rate for renal dialysis services furnished by ESRD facilities to individuals with AKI and proposes changes to the ESRD Quality Incentive Program (QIP).

In addition to the annual technical updates for the ESRD PPS, the proposed rule proposes the following:

- An addition to the ESRD PPS base rate to include calcimimetics in the ESRD PPS bundled payment
- Changes to the eligibility criteria and determination process for the Transitional add-on Payment adjustment for New and Innovative Equipment and Supplies (TPNIES)
- Expansion of the TPNIES to include new and innovative capital-related assets that are home dialysis machines
- A change to the low-volume adjustment eligibility criteria and attestation requirement to account for the COVID-19 public health emergency
- An update to the ESRD PPS wage index to adopt the new Office of Management and Budget delineations with a transition period
- Information received from two manufacturers whose products, a dialyzer and a cartridge for a home dialysis machine, are being considered for TPNIES in CY 2021

Additionally, the proposed rule proposes the following updates to the ESRD QIP:

- Scoring methodology changes to the ultrafiltration rate

reporting measure

- Updates to the National Healthcare Safety Network validation study

The proposed CY 2021 ESRD PPS base rate is \$255.59, an increase of \$16.26 to the current base rate of \$239.33. This proposed amount reflects the application of the proposed wage index budget-neutrality adjustment factor (.998652), the proposed addition to the base rate of \$12.06 to include calcimimetics, and a proposed productivity-adjusted market basket increase as required by section 1881(b)(14)(F)(i)(I) of the Act (1.8 percent), equaling \$255.59  $((\$239.33 \times .998652) + \$12.06) \times 1.018 = \$255.59$ .

The proposed rule also includes:

- Annual update to the wage index
- Update to the outlier policy
- Low-volume eligibility criteria and attestation requirement
- Impact analysis

For More Information:

- [Proposed Rule](#)
- [Press Release](#)

See the full text of this excerpted [CMS Fact Sheet](#) (issued July 6).

### COVID-19: New and Expanded Flexibilities for RHCs & FQHCs during the Public Health Emergency

On July 6, CMS updated MLN Matters Article [SE20016](#) to clarify how Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can apply the Cost Sharing (CS) modifier to preventive services furnished via telehealth. This update includes:

- Additional claim examples
- New section on the RHC Productivity Standard

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### The answer is right at your fingertips

Available Monday-Friday, from 10 AM-2 PM ET, First Coast's Live Chat will allow you to connect with a team of experts who will respond to your **website-related inquiries** and help you get the most out of every visit to [medicare.fcso.com](#).



## MLN Connects® for Thursday, July 9, 2020

*MLN Connects® for Thursday, July 9, 2020*

[View this edition as a PDF](#) 

### News

- Open Payments: Program Year 2019 Data
- LTCH Provider Preview Reports: Review Your Data by July 18
- IRF Provider Preview Reports: Review Your Data by July 21
- Reduce Provider Burden: Participate in Medical Documentation Interoperability Pilot
- COVID-19: Alternate Care Site Toolkit, Third Edition

### Claims, Pricers & Codes

- ICD-10-CM Diagnosis Codes: FY 2021
- Teaching Physicians and Residents: Expansion of CPT Codes that May Be Billed with the GE Modifier

### Events

- Nursing Home Training Series Webcasts — July 9 and 16

### MLN Matters® Articles

- Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
- Revising Chapters 3 and 5 of Publication (Pub.) 100-08, to Reflect the Recent Final Rule CMS-1713-F
- New Point of Origin Code for Transfer from a Designated Disaster Alternate Care Site — Revised

### Publications

- Hospice Quality Reporting Program: COVID-19 PHE

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## MLN Connects® for Thursday, July 16, 2020

*MLN Connects® for Thursday, July 16, 2020*

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### News

- CMS Directs Additional Resources to Nursing Homes in COVID-19 Hotspot Areas
- Five Things About Nursing Homes During COVID-19
- PEPPER for Short-term Acute Care Hospitals
- Lower Extremity Joint Replacement: Comparative Billing Report

### Events

- Nursing Home Training Series Webcasts: New Topic for July 16
- COVID-19: Lessons from the Front Lines Call — July 17

### MLN Matters® Articles

- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2020
- Influenza Vaccine Payment Allowances - Annual Update for 2020-2021 Season

- Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2021
- October 2020 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
- Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2020 Update
- July 2020 Update of the Ambulatory Surgical Center (ASC) Payment System — Revised
- July 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS) — Revised
- Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment — Revised
- Claim Status Category Codes and Claim Status Codes Update — Rescinded

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## MLN Connects® – Special Edition – Friday, July 17, 2020

### COVID-19: Nursing Home Testing, SNF Benefit Period Waiver

MLN Matters Special Edition Article SE20011 [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#) is updated. Learn about:

- Updated Centers for Disease Control and Prevention

guidelines for testing nursing home residents and patients

- Update on applying the Skilled Nursing Facility (SNF) benefit period waiver

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## First Coast Service Options Phone Numbers

*(Note: Specific geographic contact information is noted when phone numbers and addresses are different for providers in Florida, U.S. Virgin Islands or Puerto Rico.)*

### Customer service

Monday to Friday  
8:00 a.m. to 4:00 p.m.  
**888-664-4112** (FL/USVI)  
**877-908-8433** (Puerto Rico)  
**877-660-1759** (TDD-FL/USVI)  
**888-216-8261** (TDD-Puerto Rico)

### Electronic data interchange

**888-670-0940** (FL/USVI)  
**888-875-9779** (Puerto Rico)

### Interactive Voice Response

**877-602-8816**

### Overpayments

904-791-6029

### SPOT Help Desk

[FCSOSPOTHelp@fcso.com](mailto:FCSOSPOTHelp@fcso.com)  
855-416-4199

### Provider websites

[English](#)  
[Spanish](#)

## First Coast Service Options Addresses

### Claims/correspondence

#### Florida/ U.S. Virgin Islands

Medicare Part A Customer Service  
P. O. Box 2711  
Jacksonville, FL 32231-0021

#### Puerto Rico

First Coast Service Options Inc.  
P.O. Box 45003  
Jacksonville, FL 32232-5003

### Medicare EDI

#### Electronic claim filing

Direct Data Entry  
P. O. Box 44071  
Jacksonville, FL 32231-4071

### Fraud and abuse

Complaint Processing Unit  
P. O. Box 45087

### FOIA requests

#### Provider audit/reimbursement

(relative to cost reports and audits)  
Attn: FOIA PARD – 16T  
P. O. Box 45268  
Jacksonville, FL 32232-5268

#### General Inquiries

[Online Form \(Click here\)](#)  
[EDOC-CS-FLINQA@fcso.com](mailto:EDOC-CS-FLINQA@fcso.com) (FL/USVI)  
[EDOC-CS-PRINQA@fcso.com](mailto:EDOC-CS-PRINQA@fcso.com) (PR)

### Local coverage determinations

Medical Policy and Procedures – 19T  
P.O. Box 2078  
Jacksonville, FL 32231-0048

### Medicare secondary payer (MSP)

Medicare Secondary Payer  
P. O. Box 44179  
Jacksonville, FL 32231-4179

### Hospital audits

MSP – Hospital Review  
P. O. Box 45267  
Jacksonville, FL 32232-5267

### MSPRC DPP debt recovery, auto accident settlements/lawsuits, liabilities

Auto/Liability – 17T  
P. O. Box 44179  
Jacksonville, FL 32231-4179

### Overpayment collections and debt recovery

Repayment, cost reports, receipts  
and acceptances, tentative settlement  
determinations, provider statistical and  
reimbursement reports, cost report  
settlement, TEFRA target limit and SNF  
routine cost limit exceptions

Provider Audit and Reimbursement  
P. O. Box 45268  
Jacksonville, FL 32232-5268

### Credit balance reports

First Coast Service Options Inc.  
P.O. Box 45011  
Jacksonville, FL 32232-5011

### Post-pay medical review

First Coast Service Options Inc.  
P. O. Box 44159  
Jacksonville, FL 32231-4159

### Provider enrollment

**CMS-855 Applications**  
P. O. Box 3409  
Mechanicsburg, PA 17055-1849

### Special or overnight deliveries

Provider Enrollment  
2020 Technology Parkway Suite 100  
Mechanicsburg, PA 17055-1849

### Redetermination

#### Florida:

Medicare Part A Redetermination/Appeals  
P. O. Box 3409  
Jacksonville, FL 32232-5053

#### U.S. Virgin Islands:

First Coast Service Options Inc  
P. O. Box 45097  
Jacksonville, FL 32232-5097

#### Puerto Rico

First Coast Service Options Inc.  
P.O. Box 45028  
Jacksonville, FL 32232-5028

### Special delivery/courier services

First Coast Service Options Inc.  
532 Riverside Avenue  
Jacksonville, FL 32202-4914

### Other Medicare carriers and intermediaries

#### DME regional carrier (DMERC)

DME, orthotic, prosthetic device, take-  
home supply, oral anti-cancer drug claims  
CGS Administrators, LLC  
P. O. Box 20010  
Nashville, Tennessee 37202

#### Railroad Medicare

Palmetto GBA  
P. O. Box 10066  
Augusta, GA 30999-0001

#### Regional home health/hospice intermediary

Palmetto GBA  
Medicare Part A  
34650 US HWY 19N  
Palm Harbor, FL 34684

## Contact CMS

### Centers for Medicare & Medicaid Services (CMS)

Centers for Medicare & Medicaid Services,  
Division of Financial Management and Fee  
for Service Operations

[ROATLFM@CMS.HHS.GOV](mailto:ROATLFM@CMS.HHS.GOV)

#### Office of Inspector General (OIG)

Medicare fraud hotline  
800-HHS-TIPS (800-447-8477)

#### Beneficiary customer service

1-800-MEDICARE (1-800-633-4227)

#### Hearing and speech impaired (TDD)

1-800-754-7820