

C Medicare A CONNECTION

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A Newsletter for MAC Jurisdiction N Providers

May 2019



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International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)

Provider type affected

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider action needed

CR 11229 constitutes a maintenance update of International Classification of Diseases, 10th Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Make sure your billing staffs are aware of these changes.

Background

Previous NCD coding changes appear in ICD-10 quarterly

updates that are available at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new NCD policy.

Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy related changes to NCDs continue to be implemented via the current, long-standing NCD process. The translations from ICD-9 to ICD-10 are not consistent one-to-one matches, nor are all ICD10 codes appearing in a complete General Equivalence Mappings (GEMs) mapping guide, or other mapping guides appropriate when reviewed against individual NCD policies. In addition, for those policies that expressly allow MAC discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. For these reasons, there may be certain ICD-9 codes that were once considered appropriate

See **ICD-10**, page 3



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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.

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ICD-10

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prior to ICD-10 implementation that are no longer considered acceptable.

CR 11229 makes changes to the following ICD-10 codes:

- NCD110.18 - Aprepitant
- NCD220.13 - Percutaneous Image-Guided Breast Biopsy
- NCD20.31 - Intensive Cardiac Rehabilitation (ICR) Programs
 - NCD20.31.1 - ICR Pritkin Program
 - NCD20.31.2 - ICR Ornish Program
 - NCD20.31.3 - ICR Benson-Henry Program
- NCD150.3 - Bone (Mineral) Density Studies

Find the NCD spreadsheets included with this CR at <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11229.zip>

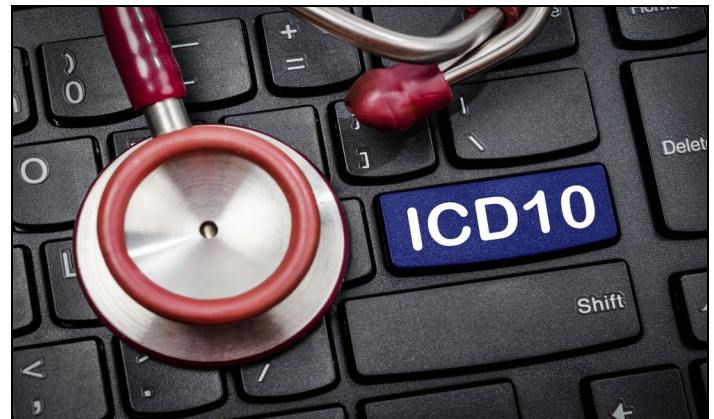
When denying claims associated with the above NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/ or 119. See latest CAQH CORE update.
- Group Code PR (Patient Responsibility); assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating that a signed Advance Beneficiary Notice (ABN) is on file).
- Group Code CO (Contractual Obligation), assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).
- For modifier GZ, use CARC 50.

Note: MACs will adjust any claims processed in error associated with CR 11134 that are brought to their attention.

Additional information

The official instruction, CR11229, issued to your



MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2298OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <https://go.cms.gov/MAC-website-list>.

Document history

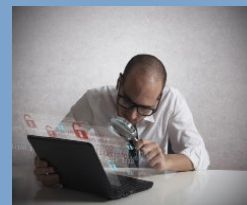
Date of change	Description
May 7, 2019	Initial article released.

MLN Matters® Number: MM11229
 Related CR Release Date: May 3, 2019
 Related CR Transmittal Number: R2298OTN
 Related Change Request (CR) Number: 11229
 Effective Date: October 1, 2019
 Implementation Date: October 7, 2019 - MAC local edits 60 days from issuance

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Where do I find...

Looking for something specific and don't know where to find it? Find out how to perform routine tasks or locate information that visitors frequently visit our site to accomplish or find. Check out the "Where do I find" page.



Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2019 Update

Provider type affected

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider action needed

CR 11293 informs providers that the Centers for Medicare & Medicaid Services (CMS) has issued payment files to the MACs based upon the 2019 Medicare Physician Fee Schedule (MPFS) Final Rule. CR 11293 amends those payment files, to be effective for services furnished between January 1, 2019, and December 31, 2019. Be sure your billing staffs are aware of these updates.

Background

Below is a summary of the changes for the July update to the 2019 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2019.

HCPCS Codes and Actions.

Code	Action
27369	Multiple Procedure indicator = 2, Bilateral Surgery = 1, Assistant Surgery = 1
28740	Bilateral Surgery indicator = 1

Revised MP RVU and HCPCS

The malpractice relative value unit (MP RVU) has been revised for numerous HCPCS codes. These MP RVU changes have minimal impact on payment. The complete list of the revised MP RVUs is a part of the CR, which is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4292CP.pdf>.

J and Q Code Changes

The MPFSDB file will reflect the changes below effective for dates of service July 1, 2019, and after. Other instructions convey the implementation of these “J” and “Q” code changes are being communicated via other instructions. The descriptors and more information are available at <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update.html>.

Code	Action
J9031	Procedure Status = I
J9355	Short Descriptor = Inj trastuzumab excl biosimi



Code	Action
J1444	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J7208	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J7677	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9030	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9036	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9356	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5112	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5113	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5114	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5115	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

New CPT Codes

The new CPT codes listed below (0543T through 0562T, and 90619) are effective for dates of service July 1, 2019, and after. On the MPFSDB file, codes 0543T through 0562T are all Procedure Status C and have no RVUs. The Global Days are YYY for 0543T through 0546T and 0548T through 0553T; XXX for 0547T, 0554T through 0559T, and 0561T; and ZZZ for 0560T and 0562T. Code 90619 is Procedure Status N; there are no RVUs and payment policy indicators do not apply.

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Table: CPT Codes Effective for dates of service July 1, 2019, and After

Code	Short descriptor	Long descriptor
0543T	TA MV RPR W/ARTIF CHORD TEND	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae
0544T	TCAT MV ANNULUS RCNSTJ	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture
0545T	TCAT TV ANNULUS RCNSTJ	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
0546T	RF SPECTRSC NTRAOP MRGN ASMT	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
0547T	B1 MATRL QUAL TST MCRIND TIB	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score
0548T	TPRNL BALO CNTNC DEV BI	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
0549T	TPRNL BALO CNTNC DEV UNI	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
0550T	TPRNL BALO CNTNC DEV RMVL EA	Transperineal periurethral balloon continence device; removal, each balloon
0551T	TPRNL BALO CNTNC DEV ADJMT	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume

Code	Short descriptor	Long descriptor
0552T	LOW-LEVEL LASER THERAPY	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
0553T	PERQ TCAT ILIAC ANAST IMPLT	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention
0554T	B1 STR & FX RSK ANALYSIS	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report
0555T	B1 STR&FX RSK TRANSMIS DATA	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data
0556T	B1 STR & FX RSK ASSESSMENT	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density
0557T	B1 STR & FX RSK I&R	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report

UPDATE

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Code	Short descriptor	Long descriptor
0558T	CT SCAN F/ BIOMCHN CT ALYS	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
0559T	ANTMC MDL 3D PRINT 1ST CMPNT	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
0560T	ANTMC MDL 3D PRINT EA ADDL	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
0561T	ANTMC GUIDE 3D PRINT 1ST GD	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0562T	ANTMC GUIDE 3D PRINT EA ADDL	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)

Code	Short descriptor	Long descriptor
90619	MENACWY-TT VACCINE IM	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use

Additional information

The official instruction, CR 11293, issued to your MAC regarding this change, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4292CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <https://go.cms.gov/MAC-website-list>.

Document history

Date of change	Description
May 3, 2019	Initial article released.

MLN Matters® Number: MM11293
 Related CR Release Date: May 3, 2019
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CMS posts preliminary FY 2021 wage index PUF availability and timeline

For fiscal year (FY) 2021, the Centers for Medicare & Medicaid Services (CMS) have issued the wage index development timetable. The wage index development process starts in May with the posting of the preliminary worksheet S-3 PUF.

The FY 2021 IPPS wage index will be calculated based on Federal FY 2017 hospital cost reports; that is, cost reports with fiscal year begin (FYB) dates of on or after October 1, 2016 and on or before September 30, 2017. As part of the posting of the FY 2021 preliminary wage index PUFs,

CMS also posted the CY 2016 Occupational Mix survey data. (This occupational mix file that CMS posted is also the latest available survey data that is being used for the FY 2020 wage index).The following are links to the final FY 2021 wage index PUF availability and timeline.

[Final FY 2021 Hospital Wage Index Development Timetable](#)

[Letter to hospitals on the “Availability of the Final FY 2021 Wage Index Development Timetable”](#)

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 web page at <https://medicare.fcso.com/Landing/139800.asp> 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 go to <https://medicare.fcso.com/Header/137525.asp>, 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, available at https://medicare.fcso.com/coverage_find_lcds_and_ncds/lcd_search.asp, 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, located at http://medicare.fcso.com/Fee_lookup/fee_schedule.asp. 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.



Retired LCD

Noncovered service – dopamine transporter single-photon emission computed tomography (DAT-SPECT) with iodine I-123 ioflupane – retired Part A and B LCD

LCD ID number: DL37804 (Florida/Puerto Rico/U.S. Virgin Islands)

The proposed local coverage determination (LCD) for noncovered service – dopamine transporter single-photon emission computed tomography (DAT-SPECT) with iodine I-123 ioflupane is being retired after review of extensive clinical literature provided during the comment period between May 17, 2018, and July 5, 2018. The contractor would like to thank those who submitted comments, and the contractor considers there is sufficient clinical literature in support of DAT-SPECT for its Food and Drug Administration (FDA) approved indication.

Effective date

The retirement of this proposed LCD is effective for services rendered **on or after May 2, 2019**.

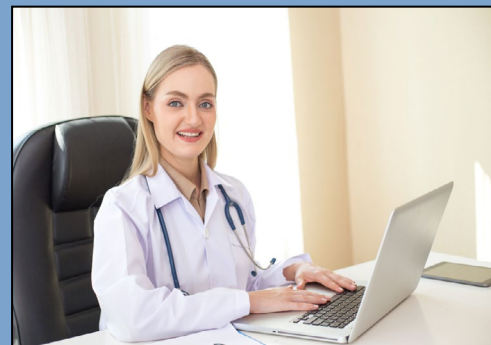
LCDs are available through the CMS Medicare coverage database at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A billing and coding article for an LCD (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](#).

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 quarterly updates (Part A)

Date: Tuesday, June 11
Time: 10:00 a.m. - 11:30 a.m.
Type of Event: Webcast

<https://medicare.fcso.com/Events/0430194.asp>

Medicare Speaks 2019 Tallahassee

Date: June 25-26
Time: 8:00 a.m. - 4:30 p.m.
Type of Event: Face-to-face

<https://medicare.fcso.com/Events/0434630.asp>

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 [Request 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, medicare.fcso.com, for details and newly scheduled educational events (teleconferences, webcasts, etc.) or call the First Coast Provider Education Registration Hotline at 1-904-791-8103 to learn more about the about our newest training opportunities for providers.

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® – Special Edition for April 23, 2019**CMS Proposes 5 Rules Affecting FY20 Payment & Quality Programs**

- Proposed FY 2020 IPPS and LTCH PPS Address Rural Health & Medical Innovation
- IRF: FY 2020 Proposed Payment and Policy Changes
- IPF: FY 2020 Proposed Payment and Quality Reporting Updates
- SNF: FY 2020 Proposed Payment and Policy Changes
- Hospice: FY 2020 Proposed Payment Rate Update

Proposed FY 2020 IPPS and LTCH PPS Address Rural Health & Medical Innovation

On April 23, the Trump Administration proposed changes that build on the progress made over the last two years and further the agency’s priority to transform the health care delivery system through competition and innovation while providing patients with better value and results. The proposed rule would update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for FY 2020 and advances two key CMS priorities, “Rethinking Rural Health” and “Unleashing Innovation,” by proposing historic changes to the way Medicare pays hospitals.

“One in five Americans are living in rural areas and the hospitals that serve them are the backbone of our nation’s health care system,” said CMS Administrator Seema Verma. “Rural Americans face many obstacles as the result of our fragmented health care system, including living in communities with disproportionately higher poverty rates, more chronic conditions, and more uninsured or underinsured individuals. The Trump administration is committed to addressing inequities in health care, which is why we are proposing historic Medicare payment changes that will help bring stability to rural hospitals and improve patients’ access to quality health care.”

In last year’s proposed rule, CMS invited comments on changes to the Medicare inpatient hospital wage index. Many responses reflected a common concern that the current wage index system makes the disparities between high and low wage index hospitals worse. To address these disparities, we are proposing to increase the wage index of low wage index hospitals. This change would ensure that people living in rural areas have access to high

quality, affordable health care. We are considering several ways to implement this change, and the agency looks forward to comments on the different approaches.

We are also announcing proposals that would ensure Medicare beneficiaries have access to a world-class health care system by unleashing innovation in medical technology and removing potential barriers to innovation and competition in order to expedite access to novel medical technology.

“Transformative technologies are coming to the private market, but Medicare’s antiquated payment systems have not contemplated these technologies,” said CMS Administrator Seema Verma. “I am particularly concerned about cases that have been reported to the agency in which Medicare’s inadequate payment has led hospitals to curtail access to needed therapies. We must continually update our policies in response to the rapid pace of advancement in medical science.”

To ensure that Medicare payment supports broad access to transformative technologies, we are proposing several payment policy changes. These include proposing to increase the new technology add-on payment, which provides hospitals with additional payments for cases with high costs involving new technologies, including potentially new antimicrobial therapies. The increase would apply to all technologies receiving add-on payments starting on October 1, so that when a physician determines that a patient needs a qualifying new therapy, the hospital at which the therapy is administered would be able to more completely cover its costs. This change would promote patient access and reduce the uncertainty that innovators face regarding payment for new medical technologies for Medicare beneficiaries.

We are also proposing to modernize payment policies for medical devices that meet the Food and Drug Administration’s (FDA’s) Breakthrough Devices designation. For devices granted this expedited FDA approval, real-world data regarding outcomes for the devices in different patient populations is often limited. At the time of approval, it can be challenging for innovators to meet the requirement for evidence demonstrating “substantial clinical improvement” in order to qualify for new technology add-on payments.

Therefore, we are proposing to waive for two years the requirement for evidence that these devices represent

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a “substantial clinical improvement.” Waiving this requirement would provide additional Medicare payment for the technologies for a period of time while real-world evidence is emerging, so Medicare beneficiaries do not have to wait for access to the latest innovations. In the proposed rule, we highlight the unique challenges associated with paying for CAR-T technology in particular, the first-ever gene therapy to treat certain forms of cancer for which no other treatment options exist.

For More Information:

- [Proposed Rule](#)
- [Fact Sheet](#), includes proposed changes to payment rates and quality programs

See the full text of this excerpted [CMS Press Release](#) (issued April 23).

IRF: FY 2020 Proposed Payment and Policy Changes

On April 17, CMS proposed a rule that would update Medicare payment policies for facilities under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the Inpatient Rehabilitation Quality Reporting Program for FY 2020. We are proposing to update IRF PPS payment rates using the most recent data to reflect an estimated 2.5 percent increase factor (reflecting an IRF-specific market basket estimate of 3.0 percent increase factor, reduced by a 0.5 percentage point multifactor productivity adjustment). We are proposing that if more recent data becomes available, we would use the more recent estimates to determine the FY 2020 market basket update and multi-factor productivity adjustment in the final rule. Accounting for an additional update to the outlier threshold so that estimated outlier payments remain at 3.0 percent of total payments, we project that IRF payments will increase by 2.3 percent (or \$195 million) for FY 2020, relative to payments in FY 2019.

The proposed rule also includes:

- Proposed case-mix group revisions (using FY 2017 and FY 2018 data)
- Proposal to rebase and revise the IRF market basket
- Ensuring quality and safety/interoperability

CMS will accept comments on the [proposed rule](#) until June 17. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 18).

IPF: FY 2020 Proposed Payment and Quality Reporting Updates

On April 18, CMS proposed a rule that would update Medicare payment policies and rates for the Inpatient Psychiatric Facility (IPF) Prospective Payment System and the IPF Quality Reporting Program for FY 2020. We estimate total IPF payments to increase by 1.7 percent or \$75 million in FY 2020. The IPF market basket update, which is used to update IPF payment rates, is 3.1 percent. After adjusting that 3.1 percent by two reductions required

by law (the productivity adjustment of 0.5 percentage point and a 0.75 percentage point reduction), the net market basket update to IPF payment rates is 1.85 percent. Additionally, estimated payments to IPFs are reduced by 0.15 percentage point due to updating the threshold amount used in calculating outlier payments. For FY 2020, we are proposing to rebase and revise the IPF market basket to reflect a 2016 base year from a 2012 base year.

CMS will accept comments on the [proposed rule](#) until June 17. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 18).

SNF: FY 2020 Proposed Payment and Policy Changes

On April 19, CMS issued a proposed rule for FY 2020 that updates the Medicare payment rates and the quality programs for Skilled Nursing Facilities (SNFs). Effective October 1, we will begin using a new case-mix model, the Patient Driven Payment Model (PDPM). The PDPM focuses on the patient’s condition and resulting care needs, rather than on the amount of care provided, in order to determine Medicare payment.

We project that aggregate payments to SNFs will increase by \$887 million, or 2.5 percent, for FY 2020 compared to FY 2019. We attribute this estimated increase to a 3.0 percent market basket increase factor with a 0.5 percentage point reduction for multifactor productivity adjustment.

The proposed rule also includes:

- Sub-regulatory process for ICD-10 code revisions for PDPM
- Aligning SNF PPS group therapy definitions with other post-acute care settings

CMS will accept comments on the [proposed rule](#) until June 18. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 19).

Hospice: FY 2020 Proposed Payment Rate Update

On April 19, CMS issued a proposed rule that would update the hospice payment rates, wage index, and cap amount for FY 2020. This rule also:

- Proposes to rebase the continuous home care, general inpatient care, and inpatient respite care per diem payment rates in a budget-neutral manner
- Proposes to modify the election statement requirements to require the hospice to include additional information aimed at increasing coverage transparency for patients that elect hospice
- Solicits comments on the interaction of the hospice benefit and various alternative care delivery models

As proposed, hospice payment rates are updated by 2.7 percent (\$540 million increase in their payments) for FY 2020. This is based on the proposed FY 2020 hospital market basket increase of 3.2 percent reduced by the multifactor productivity adjustment of 0.5 percentage point,

See [MLN](#), page 13

MLN Connects® for Thursday, April 25, 2019

MLN Connects® for Thursday, April 25, 2019

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News

- HHS To Deliver Value-Based Transformation in Primary Care
- New Part D Opioid Overutilization Policies: Myths and Facts
- Medicare Shared Savings Program: Do You Plan to Apply to be an ACO?
- Open Payments: Review and Dispute Data by May 15
- Proposed Rules on Interoperability: Comment Period Extended to June 3
- Quality Payment Program: MIPS 2019 Call for Measures/Activities Ends July 1
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1
- Ensuring Safety and Quality in America's Nursing Homes

Compliance

- Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims

Claims, Prices & Codes

- DMEPOS 2019 Fee Schedule File Revision

MLN Connects® for Thursday, May 2, 2019

MLN Connects® for Thursday, May 2, 2019

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News

- New Medicare Card: Transition Period Ends in 8 Months
- Addressing Social Determinants of Health Will Help Achieve Health Equity
- Clinical Diagnostic Laboratories: Resources about the Private Payor Rate-Based CLFS
- IRF, LTCH, and SNF Quality Reporting Programs: Submission Deadline May 15
- Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Nursing Home Compare Refresh
- Save Lives: Clean Your Hands

Compliance

- Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities

Events

- DMEPOS Competitive Bidding Webcast Series: Get

Events

- Vitamin D Testing: Comparative Billing Report Webinar — May 7
- Air Ambulance Transports: Comparative Billing Report Webinar — May 9
- Promising Practices for Duals with Substance Use Disorders Webinar— May 16

MLN Matters® Articles

- Appeals of Claims Decisions – Revisions
- New Waived Tests
- NCD: Next Generation Sequencing — Revised
- Implementation to eMDR for Registered Providers via the esMD System — Reissued

Publications

- 2019 MIPS Group Participation
- Provider Compliance Tips for Ordering Lower Limb Orthoses — Revised
- Provider Compliance Tips for Ordering Lower Limb Prostheses — Revised
- Provider Compliance Tips for Ostomy Supplies — Revised

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Ready for Round 2021

- CMS Primary Cares Initiative: Direct Contracting Model Webcast — May 7
- Quality Payment Program: Advanced APMs Webinar — May 9
- CMS Primary Cares Initiative: Primary Care First Model Webcast — May 16

MLN Matters® Articles

- ESRD PPS: Quarterly Update

Publications

- Medicare Billing: CMS Form CMS-1450 and the 837 Institutional — Reminder
- Medicare Billing: CMS Form CMS-1500 and the 837 Professional — Reminder

Multimedia

- Opioid Video

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MLN Connects® for Thursday, May 9, 2019

MLN Connects® for Thursday, May 9, 2019

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News

- DMEPOS Competitive Bidding: Registration and Bid Window for Round 2021
- Comprehensive Strategy to Foster Innovation for Transformative Medical Technologies
- Recovery Audits: Improvements to Protect Taxpayer Dollars and Put Patients over Paperwork
- New Part D Opioid Overutilization Policies: Myths and Facts
- Open Payments: Review and Dispute Data by May 15
- SNF Provider Preview Reports: Review Your Data by May 30
- Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11
- Promoting Interoperability Programs: Submit Comments on Proposed Changes by June 24
- Part D Prescriber PUF and Opioid Prescribing Mapping Tools Updated with 2017 Data
- Quality Payment Program Look Up Tool: Secure Access for APM Entities
- National Women's Health Week Kicks Off on Mother's Day

Compliance

- Laboratory Blood Counts: Provider Compliance Tips

Events

- DMEPOS Competitive Bidding: Round 2021 Webcast Series
- Medicare Documentation Requirement Lookup Service Special Open Door Forum — May 14

MLN Matters® Articles

- AMCC Lab Panel Claims Payment System Logic
- E/M Services of Teaching Physicians: Documentation
- FISS: Updates for Pricing Drugs Depending on Provider Type

MLN

from page 11

resulting in a proposed 2.7 percent increase in hospice payment rates for FY 2020. Hospices that fail to meet quality reporting requirements receive a 2 percentage point reduction to the annual market basket update for the year.

The hospice payment system includes a statutory aggregate cap. The aggregate cap limits the overall payments per patient made to a hospice annually. The proposed hospice cap amount for the FY 2020 cap year will be \$29,993.99, which is equal to the FY 2019 cap

- HH Patient-Driven Groupings Model Additional Manual Instructions
- IPPS-Excluded Hospitals: System Changes
- Medicare Physician Fee Schedule Database File Record Layout
- Clinical Laboratory Fee Schedule: Quarterly Update
- Medicare Physician Fee Schedule Database: Quarterly Update
- Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims — Revised
- Implementation of the SNF Patient Driven Payment Model — Revised

Publications

- AMCC Lab Panel Claims Payment System Logic
- E/M Services of Teaching Physicians: Documentation
- FISS: Updates for Pricing Drugs Depending on Provider Type
- HH Patient-Driven Groupings Model Additional Manual Instructions
- IPPS-Excluded Hospitals: System Changes
- Medicare Physician Fee Schedule Database File Record Layout
- Clinical Laboratory Fee Schedule: Quarterly Update
- Medicare Physician Fee Schedule Database: Quarterly Update
- Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims — Revised
- Implementation of the SNF Patient Driven Payment Model — Revised

Multimedia

- Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training Course — Revised

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amount (\$29,205.44) updated by the proposed FY 2020 hospice payment update percentage of 2.7 percent.

CMS will accept comments on the [proposed rule](#) until June 18. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 19)

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MLN Connects® for Thursday, May 16, 2019

MLN Connects® for Thursday, May 16, 2019

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News

- New Medicare Card: Need an MBI for a Patient?
- Putting our Rural Health Strategy into Action
- Hospital Quality Reporting: 2020 QRDA I Implementation Guide, Schematron, and Sample File
- eCQM: Specifications and Materials for 2020 Reporting
- Promoting Interoperability Program: Hardship Exception Application
- Emergency Department Services: Comparative Billing Report in May
- Help Prevent Older Adult Falls: New Clinical Tools from the CDC
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Talk to Your Patients about Mental Health

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

- DMEPOS Competitive Bidding Webcast Series: Get Ready for Round 2021

- MIPS Improvement Activities Performance Category in 2019 Webinar — May 23
- Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5

MLN Matters® Articles

- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)
- Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program
- Educational Resources to Assist Chiropractors with Medicare Billing — Revised
- Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits — Revised
- Use of the AT modifier for Chiropractic Billing (New Information Along with Information in MM3449) — Revised

Publications

- Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B — Reminder

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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 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.



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

Provider education/outreach

Event registration hotline

904-791-8103

Overpayments

904-791-8123

SPOT Help Desk

FCOSPOTHelp@fcso.com

855-416-4199

Websites

medicare.fcso.com

medicareespanol.fcso.com

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)

Email: EDOC-CS-FLINQA@fcso.com

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 2711

Jacksonville, FL 32231-0021

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)

(https://www.cms.gov/)

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

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