

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Don't Delay - Send Your MIPS 2019 Data Before the March 31 Deadline

Plus: Get the details on the revised CMS-855R.

If you're struggling to send your 2019 Merit-Based Incentive Payment System (MIPS) performance data, there is still time to submit. Beware, though, the submission window closes soon.

Context: If you've confirmed that you are a MIPS-eligible clinician for the 2019 Performance Year (PY) of the Quality Payment Program (QPP), you have until March 31, 2020 at 8 p.m. EST to send your data to the Centers for Medicare & Medicaid Services (CMS). You can also update your data in the system up until that deadline.

"The data submission period for accountable care organizations and pre-registered groups and virtual groups also closes on March 31," reminds an MLN Connects on the QPP deadline.

Sign in, check your eligibility, review resources, and more at <https://qpp.cms.gov>.

In other news...

If you're getting ready to submit a Medicare reassignment of benefits application - also known as the CMS-855R form - you may want to check the Centers for Medicare & Medicaid Services (CMS) website or with your Medicare Administrative Contractor (MAC) for impending revisions.

Why: A revised version of the CMS-855R was expected in early February 2020 but has not been uploaded yet. Providers should continue to check the CMS forms site for the revision, a release from Part B MAC NGS Medicare indicates. MACs "will accept current and revised versions of the form through 4/30/2020. Starting 5/1/2020 you must use the revised form," NGS says.

Review CMS forms at www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.

Details: There are two important form updates that physicians and non-physician practitioners (NPPs) should be aware of. According to NGS, providers can now "select Change of Reassignment Information as [a] submission reason" as well as have the "option to identify a secondary practice address."

Reminder: If you need to reassign your right to bill Medicare and receive payments from CMS for either a portion or all of your administered services to beneficiaries or end a current reassignment of benefits, you must submit a CMS-855R form.

All providers should review their arrangements with Medicare and check in with their MACs for more information on enrollment, form changes, and more.

Review Medicare enrollment details at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.