MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, August 15, 2013

Your *eNews* has a new format. The "MLN Educational Products Update" section is now located at the beginning of the *eNews*, following "MLN Connects™ National Provider Calls." Items that formerly would have appeared in "Other Calls, Meetings and Events" are now located in "Announcements, Events and Reminders".

MLN Connects™ National Provider Calls

ICD-10 Basics — Register Now

Did You Miss This MLN Connects™ Call?

MLN Educational Products Update

"Quick Reference Chart: Short & Long Descriptors for Therapy Functional Reporting G-codes" Educational Tool – Released

"Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens" Fact Sheet -- Revised

"Hospital Value Based Purchasing Program" Fact Sheet – Revised

"Health Care Professional Frequently Used Web Pages" (Educational Tool) – Now Available in Electronic Publication Format

"ICD-10-CM/PCS The Next Generation of Coding" Fact Sheet

"ICD-10-CM Classification Enhancements" Fact Sheet

"General Equivalence Mappings Frequently Asked Questions" Booklet

"Mobile Apps for the OPEN PAYMENTS Program (Physician Payments Sunshine Act)" MLN Matters® Article – Released

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Erroneous Rejection of Outpatient Hospital Claims for SNF Consolidated Billing

MLN Connects™ National Provider Calls

ICD-10 Basics — Register Now
Thursday, August 22; 1:30-3pm ET

To Register: Visit MLN Connects™ Upcoming Calls. Space may be limited, register early.

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

Are you ready to transition to ICD-10 on October 1, 2014? Join us for a keynote presentation on ICD-10 basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with an implementation update by CMS. A question and answer session will follow the presentation.

Agenda:
- Benefits of ICD-10
- Similarities and differences from ICD-9
- Coding
  o Basics of finding a diagnosis code
  o Placeholder "x"
  o Unspecified codes
  o External cause of injury codes
  o Type of encounter
- Training needs and timelines
- Resources for coding and training
- National implementation issues

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the Continuing Education Credit Information web page to learn more.

Did You Miss This MLN Connects™ Call?

Call materials for MLN Connects™ Calls are available on the Calls and Events web page. New materials are now available for the following call:
- July 31 — How to Register to Select your PQRS Group Reporting Option for 2013: audio and transcript

MLN Educational Products Update

"Quick Reference Chart: Short & Long Descriptors for Therapy Functional Reporting G-codes" Educational Tool – Released

The "Quick Reference Chart: Short & Long Descriptors for Therapy Functional Reporting G-codes" Educational Tool (ICN 908924) has been released and is now available in downloadable format. This educational tool is designed to provide short & long descriptors for each of the 42 non-payable functional G-codes. It also lists seven severity/complexity modifiers.

"Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens" Fact Sheet -- Revised

The "Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens" Fact Sheet (ICN 900863) was revised and is now available in downloadable format. This fact sheet is designed to provide education on available funding, eligibility, and program enrollment requirements for undocumented aliens, as detailed in Section 1011 of the Medicare Modernization Act (MMA). It includes information on the states that have exhausted payment and reimbursable services under this program.

"Hospital Value Based Purchasing Program" Fact Sheet – Revised

The "Hospital Value Based Purchasing Program" Fact Sheet (ICN 907664) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Hospital Value-Based Purchasing Program. It includes information on how Medicare will make incentive payments to hospitals in Fiscal Year (FY) 2013 based on performance and scoring of Clinical Process of Care Measures and Patient Experience of Care Dimensions.

"Health Care Professional Frequently Used Web Pages" (Educational Tool) – Now Available in Electronic Publication Format

The "Health Care Professional Frequently Used Web Pages" (Educational Tool) (ICN 908466) was released and is now available as an electronic publication (EPUB®) and through a QR code. This educational tool is designed to provide education on the most frequently used web pages on the CMS website. It includes information on coverage, billing and payment, and Medicare contracting.

The EPUB format is available under the 'Related Links' section of the publication's detail page. The QR code is also located on the detail page. Instructions for downloading the EPUB and how to scan a QR code are available at "How To Download a Medicare Learning Network® (MLN) Electronic Publication" on the CMS website.

Three ICD-10 Publications Now Available in Electronic Publication Format:

"ICD-10-CM/PCS The Next Generation of Coding" Fact Sheet

The "ICD-10-CM/PCS The Next Generation of Coding" Fact sheet (ICN 901044) is now available as an electronic publication (EPUB) and through a QR code. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; ICD-10-CM/PCS – an improved classification system; ICD-10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; continued use of Current Procedural Terminology codes; and use of external cause and unspecified codes in ICD-10-CM.

"ICD-10-CM Classification Enhancements" Fact Sheet

The ICD-10-CM Classification Enhancements Fact Sheet (ICN 903187) is now available as an electronic publication (EPUB) and through a QR code. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; benefits of ICD-10-CM; similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and use of external cause and unspecified codes in ICD-10-CM.

"General Equivalence Mappings Frequently Asked Questions" Booklet

The General Equivalence Mappings Frequently Asked Questions Booklet (ICN 901743) is now available as an electronic publication (EPUB) and through a QR code. This booklet is designed to provide education on the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes background information and General Equivalence Mappings Frequently Asked Questions.

The EPUB format is available under the 'Related Links' section of the publication's detail page. The QR code is also located on the detail page. Instructions for downloading the EPUB and how to scan a QR code are available at "How To Download a Medicare Learning Network® (MLN) Electronic Publication" on the CMS website.

"Mobile Apps for the OPEN PAYMENTS Program (Physician Payments Sunshine Act)" MLN Matters® Article – Released

MLN Matters® Special Edition Article #SE1329, "Mobile Apps for the OPEN PAYMENTS Program (Physician Payments Sunshine Act)," was released and is now available in downloadable format. This article is designed to provide education on new mobile applications available to help health care professionals successfully track data and report payments under the program. It includes information on the reporting requirements of OPEN PAYMENTS and how to download the mobile apps.

Announcements, Events, and Reminders

OPEN PAYMENTS Program News

As of August 1, 2013, applicable manufacturers and applicable group purchasing organizations (GPOs) will begin formally collecting financial relationship data for OPEN PAYMENTS reporting. *Please note that physicians are not required to take any action right now.* However, like applicable manufacturers and applicable GPOs, physicians should start tracking the following information needed to comply with OPEN PAYMENTS program requirements:

- Payments or other transfers of value made to physicians and teaching hospitals, and
- Certain ownership or investment interests held by physicians or their immediate family members.

For each payment, transfer of value, ownership, or investment interest that is documented, certain data elements should be captured (such as names, dates, etc.). The OPEN PAYMENTS program website includes the data submission file specifications for 2013. Physicians, applicable manufacturers, and applicable GPOs should become familiar with the categories used to describe reportable payments or other transfers of value and ownership or investment interests. These specifications are critical, as they will be needed for data submission in early 2014. The Office of Management and Budget (OMB) control number is 0938-1173.

Note: the first OPEN PAYMENTS program cycle (August 1, 2013 through December 31, 2013) is a partial data collection period of only five months, as compared to future program cycles which will run for the entire year. For this first period, the data collected by applicable manufacturers and GPOs through December 31, 2013 will be submitted to CMS in early 2014. Physicians do not need take any action or submit data to CMS. They will have the opportunity to review the submitted data and work with the applicable manufacturer and applicable GPO to correct their submitted information before CMS makes it public.

OPEN PAYMENTS Training Modules for Providers

Two Continuing Medical Education Activities are Available
Continuing medical education (CME) activities are available for physicians to learn more about OPEN PAYMENTS (Physician Payments Sunshine Act). Two such activities are available and accessible via Medscape; both are accredited by the Accreditation Council for Continuing Medical Education:

1. "Are You Ready for the National Physician Payment Transparency Program?" Physicians can receive a maximum of 1.00 AMA PRA Category 1 Credit™ by participating in the activity and receiving a minimum score of 70% on the post-test. Through the activity, participants will learn more about OPEN PAYMENTS, the steps involved in collecting and reporting physician data, key dates for implementation, and actions they can take to verify physician information in advance of website publication.
2. "The Physician Payment Transparency Program and Your Practice" Physicians can receive a maximum of 0.25 AMA PRA Category 1 Credit™ by participating in the activity and receiving a minimum score of 70% on the post-test. Through this activity, participants will be able to identify opportunities for physicians to review transfers of value attributed to them and differentiate types of transfers of value that will or will not be reported under OPEN PAYMENTS.

Medscape accounts are free and users do not have to be health care professionals to register. Registration can be found on the Medscape website.

Seeking Nominations for Physician Compare Quality Measurement Technical Expert Panel — August 22 Deadline

CMS is seeking nominations for the Physician Compare Quality Measurement Technical Expert Panel (TEP). The TEP will provide expert feedback on physician quality measures that have been proposed for public reporting and make recommendations regarding future quality measures for public reporting on the Physician Compare website. CMS is seeking nominations from individuals with the following areas of expertise and perspectives:

- Public reporting of health care performance data/CMS Compare sites
- Reliability and validity testing
- Risk models and risk adjustment
- Performance measurement
- Quality improvement
- Consumer perspective
- Health care disparities

CMS is also looking for patients or their caregivers to join the TEP to provide feedback on the Physician Compare website. To nominate an individual for the TEP, please submit the following set of materials:

- A completed and signed TEP Nomination/Disclosure/Agreement form
- A letter of interest (not to exceed two pages), highlighting experience/knowledge relevant to the expertise described above and involvement in measure development
- Curriculum vitae and/or list of relevant experience (e.g., publications), a maximum of 10 pages total

More information is available on the TEP web page. If you wish to nominate yourself or other individuals for consideration, please complete the form and e-mail it to PhysicianCompare@Westat.com. Nominations are due by *close of business August 22, 2013 ET.*

Prepare for Upcoming CMS Physician Quality Reporting System (PQRS) Program Milestones

Providers considered **eligible** and able to participate in PQRS may be subject to a payment adjustment beginning in 2015. Eligible professionals (EPs) that do not report data on quality measures for covered professional services during the 2013 program year will be subject to a 1.5% payment adjustment beginning in 2015.

Below are important dates to guide successful participation in PQRS.

October 15, 2013
- Milestones:
    - Last day for individuals and groups participating in the Group Practice Reporting Option (GPRO) to elect to participate in the administrative claims-based reporting mechanism to **avoid a payment adjustment** in 2015
    - Last day for groups to **register** to participate in GPRO for the 2013 PQRS program year via Web Interface or registry reporting
- Helpful Resources:
    - **2013 PQRS: 2015 PQRS Payment Adjustment**
    - **2013 PQRS GPRO Made Simple**

December 31, 2013
- Milestone: Reporting for the 2013 PQRS program year ends for both group practices and individuals
- Helpful Resources:
    - **2013 PQRS GPRO Made Simple**
    - **Physician Quality Reporting System: Updates for 2013**

February 28, 2014
- Milestones:
    - Last day to submit 2013 PQRS data through some reporting methods (deadline for submission of PQRS data varies by reporting method, but all methods require data to be submitted by end of first quarter in 2014)
    - Last day to submit CQMs for the PQRS-Medicare EHR Incentive Pilot Reporting Pilot Program
    - Last day that 2013 claims will be processed to be counted for PQRS reporting
- Helpful Resources:
    - **2013 PQRS: EHR Reporting Made Simple**

For more information about PQRS, visit the **CMS PQRS** website. You can also learn about other eHealth initiatives at CMS by visiting the **CMS eHealth website**.

Claims, Pricer, and Code Updates

CMS Furnishes Final List of Off-The-Shelf Orthotic HCPCS Codes

On February 9, 2012, CMS issued initial guidance identifying specific Healthcare Common Procedure Coding System (HCPCS) codes that are considered Off-The-Shelf (OTS) orthotics and provided a 60-day comment period. CMS received approximately 185 comments. The comments have been thoroughly reviewed and CMS is now providing response to those comments. In addition, a final list of the 2014 codes identified as OTS orthotics is being codified.

Section 1847(a)(2) of the Social Security Act (the Act) defines OTS orthotics as those orthotics described in section 1861(s)(9) of the Act for which payment would otherwise be made under section 1834(h) of the Act, which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit to the individual. OTS Orthotics that are currently paid under section 1834(h) of the Act and are described in section 1861(s)(9) of the Act are leg, arm, back and neck braces. The Medicare Benefit Policy Manual (Publication 100-02), Chapter 15, Section 130 provides the longstanding Medicare definition of "braces." Braces are defined in this section as "rigid or semi-rigid devices which are used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body."

CMS regulations at 42 CFR 414.402 also define the term "minimal self-adjustment" to mean an adjustment that the beneficiary, caretaker for the beneficiary, or supplier of the device can perform and that does not require the services of a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification) or an individual who has specialized training.

To view the final list of 2014 OTS orthotic HCPCS codes, please visit the CMS Durable Medical Equipment Center web page and click on "OTS Orthotics".

Erroneous Rejection of Outpatient Hospital Claims for SNF Consolidated Billing

CMS was recently made aware of erroneous rejection of outpatient hospital claims containing CPT codes 11042, 11043 and/or 11044 for Skilled Nursing Facility (SNF) consolidated billing (CB). These rejections are occurring because the codes were not removed from the minor surgery inclusion list in the 2013 SNF CB File for Fiscal Intermediary (FI) billing. Contractors are now instructed to bypass SNF CB Common Working File (CWF) edits for outpatient hospital bill types 13x and 85x with dates of service on or after January 1, 2013 when one or more of these CPT codes is present on the hospital claim. Providers need to adjust/resubmit any claims that may be affected by this change.

Inpatient Prospective Payment System PC Pricer Updated

The FY 2013 Inpatient Prospective Payment System (PPS) PC Pricer has been updated with the July provider data. The latest version is now available on the Inpatient PPS PC Pricer web page in the "Downloads" section.

Register for an opportunity to rate your Medicare Administrative contractor. Learn more