

Thursday, July 9, 2015

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## Countdown to ICD-10

### CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10

With less than three months remaining until the nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures, CMS and the American Medical Association (AMA) are announcing efforts to continue to help physicians get ready ahead of the October 1 deadline. In response to requests from the provider community, CMS is releasing additional guidance

that will allow for flexibility in the claims auditing and quality reporting process, as the medical community gains experience using the new ICD-10 code set.

Recognizing that health care providers need help with the transition, CMS and AMA are working to make sure physicians and other providers are ready ahead of the transition to ICD-10 that will happen on October 1. Reaching out to health care providers all across the country, CMS and AMA will, in parallel, be educating providers through webinars, on-site training, educational articles, and national provider calls to help physicians and other health care providers learn about the updated codes and prepare for the transition.

Free help from CMS includes the “[Road to 10](#),” aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help with implementation. CMS has also released provider training videos that offer helpful ICD-10 implementation tips. See the [ICD-10](#) website for more information.

The AMA also has a broad range of materials available to help physicians prepare for the October 1 deadline. To learn more and stay apprised on developments, visit [AMA Wire](#).

CMS also details its operating plans for the ICD-10 implementation. Upcoming milestones include:

- Setting up an ICD-10 communications and coordination center, learning from best practices of other large technology implementations that will be in place to identify and resolve issues arising from the ICD-10 transition
- Sending a letter in July to all Medicare Fee-For-Service providers, encouraging ICD-10 readiness and notifying them of these flexibilities
- Completing the final window of Medicare end-to-end testing for providers this July
- Offering ongoing Medicare acknowledgement testing for providers through September 30
- Providing additional in-person training through the “Road to 10” for small physician practices
- Hosting an MLN Connects National Provider Call on August 27

In accordance with the coming transition, the Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of services after September 30, 2015, nor will they be able to accept claims for both ICD-9 and ICD-10 codes.

Also, at the request of the AMA, CMS will name a CMS ICD-10 Ombudsman to triage and answer questions about the submission of claims. The ICD-10 Ombudsman will be located at the CMS ICD-10 Coordination Center.

Full text of this excerpted [CMS press release](#) (issued July 6).

## **MLN Connects National Provider Call: Countdown to ICD-10**

*Thursday, August 27; 2:30-4pm ET*

*To Register:* Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Don't miss the August 27 MLN Connects Call — five weeks before ICD-10 implementation on October 1, 2015. Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) will be joining us with coding guidance and tips, along with updates from CMS.

*Agenda:*

- National implementation update
- Coding guidance
- How to get answers to coding questions
- Claims that span the implementation date
- Results from acknowledgement and end-to-end testing weeks
- Provider resources

*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.

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

### **“ICD-10 Website Wheel” Educational Tool — Released**

The “[ICD-10 Website Wheel](#)” Educational Tool (ICN 909222) was released and is now available in downloadable format. This educational tool is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes links to the ICD-10 Implementation Planning; Statute and Regulations; Medicare Fee-For-Service Provider Resources; and Medicare Learning Network Products web pages.

### **“Medicare FFS Claims Processing Guidance for Implementing ICD-10 — A Re-Issue of MM7492” MLN Matters® Article — Revised**

[MLN Matters Article #SE1408](#), “Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” was revised and is now available in downloadable format. This article is designed to provide education on the required use of the ICD-10 code sets for dates of service on and after October 1, 2015. It includes tables for providers on claims that span the periods where ICD-9 and ICD-10 codes may both be applicable. This article updates MLN Matters Article #MM7492 to reflect the October 1, 2015, implementation date. This article was revised to clarify language under “Claims that Span the ICD-10 Implementation Date.”

### **Medicare Learning Network ICD-10 Products Available In Electronic Publication Format**

The following products are now available as an electronic publication (EPUB) and through a QR code. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network Electronic Publication](#).”

- The “[General Equivalence Mappings Frequently Asked Questions](#)” Booklet (ICN 901743) 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 the following information: use of external cause and unspecified codes in ICD-10-CM; background; Frequently Asked Questions; and resources.
- The “[ICD-10-CM/PCS ICD-10-CM/PCS Myths and Facts](#)” Fact Sheet (ICN 902143) is designed to provide education on ICD-10-CM/PCS. It includes the following information: ICD-

10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; responses to myths on ICD-10-CM/PCS; and resources.

- The “[ICD-10-CM Classification Enhancements](#)” Fact Sheet (ICN 903187) is designed to provide education on ICD-10-CM/PCS. It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; benefits of ICD-10-CM; similarities and differences between ICD-9-CM and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and resources.
- The “[ICD-10-CM/PCS The Next Generation of Coding](#)” Fact Sheet (ICN 901044) is designed to provide education on ICD-10-CM/PCS. It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; Current Procedural Terminology and Healthcare Common Procedure Coding System codes; ICD-10-CM/PCS – an improved classification system; ICD-10-CM/PCS examples; structural differences between ICD-9-CM and ICD-10-CM/PCS; and resources.

## Get Ready for ICD-10 with the CMS Infographic

The ICD-10 transition is less than 100 days away, but there is still time to get ready. CMS has an [infographic](#) that offers a visual overview of the 5 steps with links to more details. The infographic can be posted to websites and social media platforms if you would like to share it with colleagues. In addition to the full infographic, the [ICD-10](#) website includes a separate image for each of the 5 steps.

Plan to work on the 5 steps at the same time. Remember that you do not have to necessarily complete one step before working on another step. Visit the [Road to 10](#) tool to build an action plan using the 5 steps.

## ICD-10 Resources for Medicare Providers

CMS has [Medicare Fee-For-Service Provider Resources](#) to help you prepare for the transition to ICD-10 on October 1, 2015:

- Testing resources
- MLN Matters Articles on billing, claims processing, the partial code freeze, Local Coverage Determinations (LCDs), and National Coverage Determinations (NCDs)
- Medicare Learning Network Web Based Training Course on diagnosis coding using ICD-10-CM
- Medicare Learning Network products on billing, payment, coding, and General Equivalence Mappings
- MLN Connects videos on coding basics, home health, testing, and the partial code freeze
- Resources, including links to calls, product ordering, and NCD conversion

## MLN Connects® National Provider Calls and Events

### IQCP for CLIA Laboratory Nonwaived Testing: Workbook Tool Webcast — Last Chance to Register

*Wednesday, July 15; 1:30-3:30pm ET*

*To Register:* Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Individual Quality Control Plan (IQCP) is a Quality Control (QC) option for Clinical Laboratory Improvement Amendments ([CLIA](#)) laboratories performing non-waived testing. IQCP will provide laboratories with flexibility in customizing QC policies and procedures. The IQCP Education and Transition Period will conclude on December 31, 2015.

Learn how to customize an IQCP for your laboratory. This MLN Connects Event will introduce participants to “Developing an IQCP, a Step-by-Step Guide,” a new workbook developed by CMS and the Centers for Disease Control and Prevention (CDC). A question and answer session will follow the presentation.

CMS will use webcast technology for this event with audio streamed through your computer. Please note, if you are unable to stream audio through your computer, phone lines are available.

*Agenda:*

- IQCP Workbook
- Example scenario and forms for performing a Risk Assessment
- Creating a QC Plan
- Identifying Quality Assessment monitors

*Target Audience:* Laboratorians, professional organizations, quality improvement experts, and other interested stakeholders.

This MLN Connects Event is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

## **2016 PFS Proposed Rule: Medicare Quality Reporting Programs Call — Last Chance to Register**

*Thursday, July 16; 1:30-3pm ET*

*To Register:* Visit [MLN Connects Event Registration](#). Space may be limited, register early.

This MLN Connects National Provider Call provides an overview of the 2016 Medicare Physician Fee Schedule (PFS) Proposed Rule. This presentation will cover proposed updates to the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (Value Modifier), Electronic Health Record (EHR) Incentive Program, and Comprehensive Primary Care (CPC) Initiative. A question and answer session will follow the presentation.

*Agenda:*

- Proposed changes to PQRS reporting mechanisms, individual measures, and measures groups for inclusion in 2016
- Proposed PQRS reporting criteria for Payment Year 2016
- Criteria for satisfactorily reporting to avoid a PQRS negative payment adjustment and an automatic Value Modifier downward payment adjustment in 2018
- Certification requirements for reporting electronic clinical quality measures in the Medicare EHR Incentive Program, PQRS, and the CPC Initiative
- A move towards the Merit-based Incentive Payment System and Alternative Payment Models, based on the amendment of the Medicare Access and CHIP Reauthorization Act of 2015

*Target Audience:* Physicians, Medicare eligible professionals, therapists, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

## **ESRD QIP: Proposed Rule for Payment Year 2019 Call — Register Now**

*Wednesday, July 29; 2-3:30pm ET*

*To Register:* Visit [MLN Connects Event Registration](#). Space may be limited, register early.

CMS will host an MLN Connects National Provider Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP), a pay-for-performance quality initiative that ties a facility's quality scores to a payment percentage reduction over the course of a Payment Year (PY). This call will focus on the upcoming ESRD Prospective Payment System (PPS) proposed rule, which would operationalize the ESRD QIP in PY 2019. A question and answer session will follow the presentation.

### *Agenda:*

- ESRD QIP legislative framework
- Proposed measures, standards, scoring methodology, and payment reduction scale for PY 2019
- Methods for reviewing and commenting on the proposed rule.

*Target Audience:* Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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

## **Check Out the MLN Connects Call Program Collection of Provider Resources**

The CMS MLN Connects National Provider Call Program hosts educational conference calls for the health care community on a variety of topics, including ICD-10, PQRS, chronic care management, Open Payments (the Sunshine Act), CLIA IQCP, Medicare Shared Saving Program, ESRD QIP, and dementia care in nursing homes — just to name a few. Check out our [Calls and Events](#) web page for links to slide presentations, audio recordings, written transcripts, and a list of upcoming calls, or view one of our educational [videos](#) on the CMS YouTube Channel Medicare Learning Network Playlist. Become more informed about the Medicare Program by reading, listening, or viewing these information packed programs at your convenience. Visit [www.cms.gov/npc](http://www.cms.gov/npc) for more information on the MLN Connects National Provider Call Program.

## **CMS Events**

### **PERM Cycle 1 Provider Education Sessions**

CMS is hosting Payment Error Rate Measurement (PERM) provider education sessions for Medicare providers who also provide Medicaid and Children's Health Insurance Program (CHIP) services. Complete details are available in the [announcement](#).

*Presentations will include:*

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation (esMD) program

*The presentations will be repeated for each session:*

- Wednesday, July 15
- Wednesday, July 22

*To join the meeting:*

- All webinars are from 3-4pm ET
- Registration is not required; However, space is limited
- [Join](#) the webinar
- Audio: 877-267-1577

## Announcements

### Proposed Hospital Outpatient and ASC Policy and Payment Changes for 2016, including Two-Midnight Rule

CMS released the CY 2016 hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) payment system policy changes, quality provisions, and payment rates proposed rule [\[CMS-1633-P\]](#) on July 1, 2015. It also includes important proposed changes to the Two Midnight Rule for CY 2016.

The CY 2016 OPPS/ASC proposed rule proposes updates to Medicare payment policies and rates for hospital outpatient departments, ASCs, and partial hospitalization services provided by community mental health centers and refinements to programs that encourage high-quality care in these outpatient settings. OPPS payment amounts vary according to the ambulatory payment classification group to which a service or procedure is assigned.

*For More Information:*

- [OPPS proposed rule fact sheet](#)
- [Two Midnight Rule fact sheet](#)

### New Initiative to Promote Value-Based Home Health Care

*Proposed initiative ties Medicare home health payments to quality performance*

On July 6, CMS announced a proposal to launch a new model designed to support greater quality of care among Medicare beneficiaries. The model is included in the CY 2016 Home Health Prospective Payment System [proposed rule](#), which updates payments and requirements for home health agencies under the Medicare program. As proposed, the Home Health Value-Based Purchasing model would test whether incentives for better care can improve outcomes in the delivery of home health services.

The model would apply a payment reduction or increase to current Medicare-certified home health agency payments, depending on quality performance, for all agencies delivering services within nine randomly-selected states. Payment adjustments would be applied on an annual basis, beginning at five percent and increasing to eight percent in later years of the initiative.

The proposed model is designed so there is no selection bias, participants are representative of home health agencies nationally, and there is sufficient participation to generate meaningful results among all Medicare-certified home health agencies nationally.

CMS will solicit comments until September 4, 2015.

### **PV-PQRS Users: Do Not Log into the Portal until Further Notice**

An important system update is scheduled for Monday, July 13, 2015. The Individuals Authorized Access to CMS Computer Services (IACS) system will be retired, and current IACS user accounts will transition to the Enterprise Identity Management (EIDM). During the transition period, users may experience difficulties while attempting to log in to EIDM. CMS will issue guidance explaining what to do during the first log in after July 13.

### **IRF-PAI Training Manual Updated with Information on New Items Effective October 1, 2015**

An updated Inpatient Rehabilitation Facility (IRF) – Patient Assessment Instrument (PAI) training manual is available in the “Downloads” section of the [IRF-PAI](#) web page. It includes information that was finalized in the IRF PPS FY 2015 [final rule](#), regarding the arthritis attestation item and the therapy information section, which will become effective for IRF discharges occurring on or after October 1, 2015.

View the [video slideshow](#) from the MLN Connects National Provider Call on January 15, which focused on training providers on how to code and complete these new items on the IRF-PAI. Additionally, CMS subject matter experts clarified the signature page requirements.

### **EHR Incentive Programs: Reporting CQMs with a Zero Numerator and/or Denominator**

CMS recently added an [FAQ](#) related to an existing policy for reporting Clinical Quality Measures (CQMs) with a zero numerator and/or denominator. Please note that this FAQ relates to submission for the Electronic Health Record (EHR) Incentive Programs only. Reporting for credit in another CMS quality reporting program may include additional requirements. To learn more, please visit the [2015 CQM Reporting Options](#) web page.

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