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Countdown to ICD-10

Clarifying Questions and Answers Related to CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities

On July 6, 2015, CMS and the American Medical Association (AMA) released a [joint statement](#) about their efforts to help the provider community get ready for ICD-10. This statement included [guidance from CMS](#) that allows for flexibility in the claims auditing and quality reporting processes.

In response to questions from the health care community, CMS has released [Clarifying Questions and Answers Related to the July 6, 2015 CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities](#), which provides answers to the most commonly asked questions.

Visit the CMS [ICD-10](#) website and [Roadto10.org](#) for the latest news and resources to help you prepare.

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, AHA and AHIMA
- 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, skilled nursing facilities, home health agencies, 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.

List of Valid ICD-10-CM Codes

CMS has posted a complete list of the [2016 ICD-10-CM valid codes and code titles](#) on the [2016 ICD-10-CM and GEMs](#) web page. The file is named `icd10cm_codes_2016.txt`. This file will be useful for physician offices and other providers who want to check to make sure that they are reporting all characters in a valid ICD-10-CM code. The codes are listed in tabular order (the order found in the ICD-10-CM code book). This list should assist providers who are unsure if additional characters are needed, such as the addition of a 7th character in order to arrive at a valid code.

A similar list of the [2016 ICD-10-PCS valid codes and code titles](#) is available on the [2016 ICD-10 PCS and GEMs](#) web page. The file is named `icd10pcs_codes_2016.txt`.

Use of Unspecified Codes in ICD-10-CM

CMS has a number of resources that explain unspecified codes and how they should be used in ICD-10-CM:

- [MLN Matters® Article SE1518](#), “Information and Resources for Submitting Correct ICD-10 Codes to Medicare”
- [ICD-10 Basics MLN Connects National Provider Call](#) - Call Materials from August 22, 2013
- [More ICD-10 Coding Basics MLN Connects Call](#) - Call Materials from June 4, 2014
- [ICD-10 Coding Basics MLN Connects Video](#) - January 2014
- [Coding for ICD-10-CM: More of the Basics MLN Connects Video](#) - December 2014

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for a complete list of Medicare Learning Network educational materials.

Coding for ICD-10-CM: Continue to Report CPT/HCPCS Modifiers for Laterality

On October 1, 2015, ICD-10-CM will replace the ICD-9-CM code set currently used by providers for reporting diagnosis codes. Implementation of ICD-10-CM will not change the reporting of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, including CPT/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, providers will continue to follow CPT and CMS guidance in reporting CPT/HCPCS modifiers for laterality.

Transition to ICD-10 for Home Health

Medicare requires the use of ICD-10 codes on home health (HH) claims and Requests for Anticipated Payment (RAPs) with a “Through” date on or after October 1, 2015. Since HH claims are submitted for a 60-day payment episode, there may be cases where an episode spans October 1. In these cases, the RAP for an episode will be submitted using ICD-9 codes and the corresponding claim will be submitted using ICD-10 codes. For more information, see [MLN Matters Article SE1410](#).

Medicare does not require ICD-10 coding of these episodes in advance of the ICD-10 implementation date. Home Health Agencies should determine whether identifying the ICD-10 codes in advance will benefit them.

Claims that Span the ICD-10 Implementation Date

Do you have claims that will span the ICD-10 implementation date of October 1, 2015? CMS has guidance for providers:

- [MLN Matters Special Edition Article SE1408](#), “Medicare FFS Claims Processing Guidance for Implementing ICD-10 – A Re-Issue of MM7492”
- [MLN Matters Special Edition Article SE1325](#), “Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date”
- [MLN Matters Special Edition Article SE1410](#), “Special Instructions for ICD-10 Coding on Home Health Episodes that Span October 1, 2015”

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for a complete list of Medicare Learning Network educational materials.

MLN Connects® National Provider Calls and Events

Proposed Reform of Requirements for Long-Term Care Facilities Call — Register Now

Tuesday, August 11; 2:30-4pm 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 [proposed rule](#) to reform the requirements for long-term care facilities. These requirements are the federal health and safety standards that long-term care facilities must meet in order to participate in the Medicare or Medicaid programs. This presentation provides background for updating these requirements and briefly walks through many of the changes included in the proposal. A question and answer session will follow the presentation.

Agenda:

- Highlights of the proposed rule
- Overarching themes of the proposed rule
- Methods for reviewing and commenting on the proposed rule

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

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

Hospital Compare Overall Star Ratings Methodology Call — Register Now

Thursday, August 13; 1:30-3pm ET

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

The Hospital Compare Overall Star Rating encompasses a wide range of quality measures publicly reported on [Hospital Compare](#). This MLN Connects National Provider Call will help you understand the proposed methodology for determining your Hospital Compare Overall Star Rating. A question and answer session will follow the presentation.

Agenda:

- Star ratings methodology
- Hospital specific reports
- Lessons learned from the dry run

Target Audience: Hospitals, consumers, researchers, reporters, and hospital associations.

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

New MLN Connects National Provider Call Audio Recording and Transcript

The [audio recording](#) and [transcript](#) are now available for the July 16 call — *2016 Physician Fee Schedule Proposed Rule: Medicare Quality Reporting Programs*. More information is available on the [call detail](#) web page. This presentation covers proposed updates to the Physician Quality Reporting

System, Value-Based Payment Modifier, Electronic Health Record Incentive Program, and Comprehensive Primary Care Initiative.

Announcements

On Its 50th Anniversary, More than 55 Million Americans Covered by Medicare

As Medicare and Medicaid celebrate their 50th anniversary protecting the health and well-being of millions of seniors, people with disabilities, and low-income individuals, CMS released updated Medicare state-by-state enrollment numbers, showing that more than 55 million Americans are covered by Medicare.

In 1966, approximately 19.1 million Americans were covered by Medicare. In 2012, there were nearly 52 million beneficiaries covered by Medicare. Today's enrollment numbers represent a three million person increase during the last three years as the Baby Boom generation has started to retire. Medicare beneficiaries depend on the program to provide critical health services such as preventive services, including flu shots and diabetes screenings, hospital stays, lab tests, and critical supplies like wheelchairs and prescription drugs.

See the full text of this excerpted [CMS press release](#) (issued July 28).

Temporary Moratoria Extended on Enrollment of Home Health Agencies and Ambulance Suppliers

On July 28, 2015, CMS published a notice in the Federal Register ([CMS-6059-N3](#)) announcing that the temporary moratoria on the enrollment of new home health agencies, home health agency sub-units, and Part B ground ambulance suppliers is being extended for an additional 6 months in certain geographic areas in Florida, Illinois, Michigan, Texas, Pennsylvania, and New Jersey to prevent and combat fraud, waste, and abuse.

For more information see [MLN Matters Article #SE1425](#), "Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers."

eCQM: Version 2 Schematron Rules for 2016 QRDA Implementation Guide Now Available

Version 2 Schematron rules for the [2016 Quality Reporting Document Architecture \(QRDA\) Implementation Guide \(IG\)](#) are now available on the [Electronic Clinical Quality Measure \(eCQM\) Library](#) web page. The new Schematron rules contain fixes for validating the National Provider Identification number.

Program-specific Schematron rules can be used to validate QRDA-I and QRDA-III files that conform to the 2016 CMS QRDA IG:

- QRDA-I Schematron rules for Physician Quality Reporting System (PQRS), Comprehensive End-Stage Renal Disease Care Initiative, and Hospital Quality Reporting
- QRDA-III Schematron rules for Comprehensive Primary Care Initiative, Electronic Health Record Incentive Program, and PQRS

For questions about each specific program's reporting requirements using the 2016 QRDA IG, please refer to the specific program's help desk or information center.

Medicare Learning Network® Educational Products

July 2015 Version of the Medicare Learning Network Catalog — Released

The Medicare Learning Network [July 2015 Catalog](#) is now available. In this latest edition, you will find all of the products and services now available through the Medicare Learning Network. The Catalog is a free interactive and downloadable document that links you to online versions of Medicare Learning Network products, services, and the product ordering page for hardcopy materials. Once you have opened the catalog, you may either click on the title of an individual product or on “Formats Available” to quickly access the material you have selected.

“Medicare Claim Review Programs” Booklet — Revised

The “[Medicare Claim Review Programs](#)” Booklet (ICN 006973) was revised and is now available in downloadable format. This booklet is designed to provide education on the different CMS claim review programs and assist providers in reducing payment errors; in particular, coverage and coding errors. It includes information on the various programs including Medical Review, Recovery Audit Program, and the Comprehensive Error Rate Testing Program, as well as valuable resources.

Medicare Learning Network Products Available in Electronic Publication Format

The following products are now available as Electronic Publications (EPUBs) 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 “[Medicare Appeals Process](#)” Fact Sheet (ICN 006562) is designed to provide education on the five levels of claims appeals in Original Medicare (Medicare Part A and Part B). It includes details explaining how the Medicare appeals process applies to providers, participating physicians, and participating suppliers in addition to including more information on available appeals-related resources.
- The “[Home Oxygen Therapy](#)” Booklet (ICN 908804) is designed to provide education on the coverage of home oxygen therapy under the Medicare Program. It includes the following information: covered oxygen items and equipment for home use; coverage requirements; criteria you must meet to furnish oxygen items and equipment for home use; Advance Beneficiary Notice of Noncoverage; Advance Beneficiary Notice of Noncoverage; oxygen equipment, items, and services that are not covered; payments for oxygen items and equipment; billing and coding guidelines; and resources.

New Medicare Learning Network Educational Web Guides Fast Fact

A new fast fact is now available on the [Medicare Learning Network Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services; Guided Pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational

and informational resources related to certain CMS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.

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