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Countdown to ICD-10

MLN Connects National Provider Call: Countdown to ICD-10 — Last Chance to Register

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. CMS Acting Administrator Andy Slavitt will be opening the call with a national implementation update. Then, 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, CMS Acting Administrator Andy Slavitt
- 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.

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.

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`.

ICD-10 Clinical Concepts Guides for Specialties

CMS has launched the ICD-10 Clinical Concepts Series for Specialties to help physicians and other providers get up to speed. Each guide in the series compiles key information from the [Road to 10 online tool](#) in a PDF format that can be readily shared, emailed, posted to websites, and printed. The guides include common ICD-10 codes, clinical documentation tips, clinical scenarios, and links to interactive cases studies, in-depth webinars, and other Road to 10 features.

- [Family Practice](#)
- [Internal Medicine](#)
- [Cardiology](#)
- [OB/GYN](#)
- [Orthopedics](#)
- [Pediatrics](#)

MLN Connects® National Provider Calls and Events

National Partnership to Improve Dementia Care and QAPI Call — Register Now

Thursday, September 3; 1:30-3pm ET

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

During this MLN Connects National Provider Call, two nursing homes will share how they successfully implemented person-centered care approaches and overcame the barriers of cost and staff. Additionally, CMS subject matter experts will update you on the progress of the National Partnership and Quality Assurance and Performance Improvement (QAPI). A question and answer session will follow the presentations.

The [National Partnership to Improve Dementia Care in Nursing Homes](#) and [QAPI](#) are partnering on MLN Connects Calls to broaden discussions related to quality of life, quality of care, and safety issues. The National Partnership was developed to improve dementia care in nursing homes through the use of individualized, comprehensive care approaches to reduce the use of unnecessary antipsychotic medications. QAPI standards expand the level and scope of quality activities to ensure that facilities continuously identify and correct quality deficiencies and sustain performance improvement.

Discussion Topics:

- Person-Centered Care Implementation Success - Hillcrest Health Services and Washington Rehabilitation & Nursing
- QAPI
- National Partnership

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.

Overview of the 2014 Annual Quality and Resource Use Reports Webcast — Register Now

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

In late August 2015, CMS will make the 2014 Annual Quality and Resource Use Reports (QRURs) available to group practices and solo practitioners nationwide, including groups and solo practitioners who participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization (ACO) model, or the Comprehensive Primary Care (CPC) initiative in 2014. This MLN Connects Event provides an overview of the 2014 Annual QRUR and explains how to interpret and use the information in the report.

The 2014 Annual QRURs contain quality and cost performance data for CY 2014, which is the performance period for the Value-Based Payment Modifier that will be applied to physician payments for items and services furnished under the Medicare Physician Fee Schedule for groups of 10 or more eligible professionals in 2016. Learn more about the reports on the [2014 QRUR website](#). The event will be more meaningful if you have your QRUR in front of you to follow along. Visit [How to Obtain a QRUR](#) and access your report prior to the event.

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:

- Overview of the 2014 Annual QRUR
- How to understand and use the 2014 Annual QRUR

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

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.

CMS Events

Webinar for Comparative Billing Report on CT of the Abdomen and Pelvis for Referring Providers

Wednesday, August 26; 3-4:30pm ET

Join us for an informative discussion of the comparative billing report on Computed Tomography (CT) of the abdomen and pelvis for referring providers (CBR201507). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201507 is an educational tool designed to assist physicians who order CT of the abdomen and pelvis using Current Procedural Terminology (CPT®) codes 74176, 74177, and 74178.

Agenda:

- Opening remarks
- Overview of comparative billing report (CBR201507)
- Coverage policy
- Methods and results
- References and resources

- Question and answer session

Presenter Information:

- Speakers: Craig Defelice, Cyndi Wellborn, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Register and Event Replay:

- [Register](#)
- [Access a recording](#) of the webinar five business days following the event

Hospital Quality Reporting Program Webinars: Impact of FY 2016 Payment Rule

August 27, September 2

CMS is hosting webinars that will summarize the impact of the FY 2016 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) [Final Rule](#) on Hospital Quality Reporting Programs. These presentations have been approved for one continuing education (CE) credit each. Complete details are available below:

- *August 27, 2-3 p.m. ET* [Cancer Hospital Inpatient Quality Reporting Program \(Register\)](#)
- *September 2, 2-3:30 p.m. ET* [Hospital Quality Inpatient Reporting Program \(Register\)](#)

Presentations: available the day prior to the webinar on the [Quality Reporting Center events page](#).

Participants will be able to:

- Find the FY 2016 Final Rule text
- Identify specific changes within the FY 2016 Final Rule
- Discuss Final Rule measures as part of process improvement strategies

Hospital Quality Reporting Webinar Series: Early Management Bundle, Severe Sepsis/Septic Shock

Mondays: August 24: September 2, October 26

CMS is hosting a three-part educational webinar on the Hospital Inpatient Value, Incentives and Quality Reporting (VIQR) SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock measure. It will provide an in-depth study to help abstractors and healthcare providers better understand the data elements and how to report them. This presentation has been approved for one Continuing Education (CE) Credit. Complete details are available in the [announcement](#).

Presentation: available the day prior to the webinar on the [Quality Reporting Center events page](#).

Events and Registration:

- August 24 2-3:30 p.m. ET Early Management Bundle, Severe Sepsis/Septic Shock Part I
- September 21: 2-3 p.m. ET Early Management Bundle, Severe Sepsis/Septic Shock Part II
- October 26 2-3 p.m. ET Sepsis Mock Case review and FAQs

Announcements

Additional Participants in Pilot Project to Improve Care and Reduce Costs for Medicare

CMS has announced that over 2,100 acute care hospitals, skilled nursing facilities, physician group practices, long-term care hospitals, inpatient rehabilitation facilities, and home health agencies transitioned from a preparatory period to a risk-bearing implementation period in which they assumed financial risk for episodes of care. The participants include 360 organizations that have entered into agreements with CMS to participate in the Bundled Payments for Care Improvement initiative and an additional 1,755 providers who have partnered with those organizations.

The initiative includes four models of bundled payments tied to inpatient hospital admission. The models vary by the types of providers involved and the length of the bundle after the hospitalization.

CMS announced a new Medicare Part A and B payment model, the [Comprehensive Care for Joint Replacement Model](#). Although the Comprehensive Care for Joint Replacement Model is distinct from the Bundled Payments for Care Improvement initiative, both initiatives are part of the innovative framework established by the Affordable Care Act to move our health care system toward one that rewards providers based on the quality, not quantity, of care they deliver to patients.

For more information:

- [Full press release](#) (issued August 13)
- [Fact Sheet](#)
- [List of Participants](#)

CMS Implements Changes in its Medical Review Education and Enforcement Strategies

CMS has announced implementation of changes in its Medical Review Education and Enforcement Strategies. On July 1, 2015, CMS released the CY 2016 Hospital Outpatient Prospective Payment System [proposed rule](#) that includes proposed updates to the “Two-Midnight” rule. CMS also announced changes in its approach to educating providers and enforcing instruction surrounding the appropriateness of Part A payment for short stay inpatient hospital admissions (i.e., patient status reviews).

Beginning on October 1, 2015, the Quality Improvement Organizations will assume responsibility for conducting initial patient status reviews of providers to determine the appropriateness of Part A payment for short stay inpatient hospital claims, which were previously conducted by the Medicare Administrative Contractors.

For more information, visit the [Inpatient Hospital Reviews](#) web page.

ESRD QIP PY 2016 Preview Period Extended

New Deadline—August 31, 2015; 5pm EDT

CMS will extend the End Stage Renal Disease (ESRD) Quality Incentive Program’s (QIP) ongoing Preview Period for PY 2016 for an additional two weeks, through 5pm EDT on August 31. This will ensure facilities have sufficient time to access ESRD QIP 1.0.0, as well as to pose clarification questions and/or formal inquiries through that system. CMS urges facilities to participate in the Preview Period due to potential implications for facility ESRD Medicare payment in 2016. [Read more.](#)

Get Ready for DMEPOS Competitive Bidding

The Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program Round 1 2017 is coming soon.

If you are a supplier interested in bidding, prepare now – don't wait.

If you haven't already:

- Review and update your enrollment records
- Get licensed
- Get accredited

Learn more about how to prepare on the [latest news and announcements](#) web page.

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders and bidder education. CMS cautions bidding suppliers about potential inaccurate information concerning the Competitive Bidding Program posted on non-government websites. Suppliers that rely on this information in the preparation or submission of their bids could be at risk of submitting a non-compliant bid. Visit the [CBIC website](#) to:

- Find a listing of the product categories, competitive bidding areas, timeline, and other bidding information
- View a schedule of educational events
- Register to receive email updates

If you have any questions or need assistance, please contact the CBIC customer service center at 877-577-5331 between 9am and 7pm prevailing ET, Monday through Friday. Hours are extended to 9pm ET during the last two weeks of the registration and bidding windows.

Claims, Pricers, and Codes

Claims Hold for Diabetic Test Strips and Other Supply Items

A systems problem is causing incorrect denials of Healthcare Common Procedure Coding System (HCPCS) codes A4253, A4255, A4256, and A4259 for dates of service prior to July 1, 2015. CMS is actively working to resolve the issue, and will be holding affected claims until the system is corrected.

Medicare Learning Network® Educational Products

“National Site Visit Verification (NSV) Initiative” MLN Matters Article — Released

[MLN Matters Special Edition Article #SE1520](#), “National Site Visit Verification (NSV) Initiative” has been released and is now available in downloadable format. This article is designed to provide education on CMS efforts to prevent fraud and abuse in the Medicare program starting with the enrollment process. It includes the latest information about the NSV initiative.

“Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims” MLN Matters Article — Released

[MLN Matters Special Edition Article #SE1521](#) , “Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims” has been released and is now available in downloadable format. This article is designed to provide education on the scope of review for redeterminations requests received on or after August 1, 2015.

“PECOS Technical Assistance Contact Information” Fact Sheet — Revised

The “[PECOS Technical Assistance Contact Information](#)” Fact Sheet (ICN 903766) was revised and is now available in downloadable format. This fact sheet is designed to provide Provider Enrollment, Chain and Ownership System (PECOS) technical assistance contact information. It includes a list of contacts and other resources.

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