

Thursday, September 3, 2015

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## Countdown to ICD-10

### Access the ICD-10 Code Set

You can access complete versions of both ICD-10-CM (diagnoses) and ICD-10-PCS (procedures), as well as the General Equivalence Mappings (GEMs) and Reimbursement Mappings on the [2016 ICD-10-CM and GEMs](#) and [2016 ICD-10-PCS and GEMs](#) web pages.

### 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 7<sup>th</sup> 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.

### **“General Equivalence Mappings Frequently Asked Questions” Booklet — Revised**

The “[General Equivalence Mappings Frequently Asked Questions](#)” Booklet (ICN 901743) was revised and is now available in hard copy format. 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 the following information: use of external cause and unspecified codes in ICD-10-CM; background; Frequently Asked Questions; and resources.

### **“ICD-10-CM/PCS ICD-10-CM/PCS Myths and Facts” Fact Sheet — Revised**

The “[ICD-10-CM/PCS ICD-10-CM/PCS Myths and Facts](#)” Fact Sheet (ICN 902143) was revised and is now available in hard copy format. 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; use of external cause and unspecified codes in ICD-10-CM; responses to myths on ICD-10-CM/PCS; and resources.

### **“ICD-10-CM Classification Enhancements” Fact Sheet — Revised**

The “[ICD-10-CM Classification Enhancements](#)” Fact Sheet (ICN 903187) was revised and is now available in hard copy format. 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; use of external cause and unspecified codes in ICD-10-CM; 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 resources.

### **“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet — Revised**

The “[ICD-10-CM/PCS The Next Generation of Coding](#)” Fact Sheet (ICN 901044) was revised and is now available in hard copy format. 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; 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 International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; and resources.

## Get Ready Now: Assess How ICD-10 Will Affect Your Practice

With ICD-10 less than a month away, now is the time to get ready. You can make sure your practice is prepared by following the [ABCs of ICD-10](#):

- Assess how ICD-10 will affect your practice
- Be sure your systems are ready
- Contact your vendors

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

## Prepare for ICD-10 with MLN Connects Videos

Prepare for the transition to ICD-10 on October 1, 2015. MLN Connects videos are available on coding basics, testing, home health, and more:

- [ICD-10 Coding Basics](#)
- [Coding for ICD-10-CM: More of the Basics](#)
- [Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments](#)
- [Medicare's Testing Plan for ICD-10 Success](#)
- [Converting the Home Health Prospective Payment System Grouper to ICD-10-CM](#)
- [ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project](#)

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

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

*Thursday, September 17; 2:30-4pm ET*

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

Soon, 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 model, or the Comprehensive Primary Care 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.

### **Hospital Inpatient and LTCH PPS FY 2016 Final Rule Call — Registration Now Open**

*Friday, September 18; 1:30-3pm ET*

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

On July 31, CMS issued a [final rule](#) to update FY 2016 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Acute Care Hospital (LTCH) Prospective Payment System (PPS). The final rule will apply to approximately 3,400 acute care hospitals and 435 LTCHs. It will affect discharges occurring on or after October 1, 2015. This MLN Connects National Provider Call will provide an overview of the major provisions in the final rule. The call also provides details on the quality initiatives included in the final rule. A question and answer session will follow the presentation.

*Target Audience:* Hospital inpatient and long-term acute care providers 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.

### **Medicare Quality Reporting Programs: 2017 Payment Adjustments Call — Register Now**

*Thursday, September 24; 1:30-3pm ET*

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

This MLN Connects National Provider Call will provide guidance and instructions on how individual Eligible Professionals (EPs) and group practices can avoid the 2017 Physician Quality Reporting System negative payment adjustment, satisfy the clinical quality measure component of the Medicare Electronic Health Records Incentive Program, earn an incentive based on performance, and avoid the automatic 2017 downward payment adjustment under the Value-Based Payment Modifier.

Various scenarios on how EPs and group practices will be affected by the 2017 payment adjustments will be presented, along with a preview of the Remittance Advice messaging that affected EPs will receive in 2017.

#### *Agenda:*

- Presentation
- Resources/where to call for help
- Question and answer session

*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.

## Announcements

### **CMS to Extend Initiative to Improve Care for Nursing Facility Residents**

*Funding would allow testing of new payment model for nursing facility care*

On August 27, CMS announced a new funding opportunity designed to enhance the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. The funding opportunity will allow the organizations currently participating in the Initiative to apply to test whether a new payment model for nursing facilities and practitioners will further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by nursing facility residents.

The intent of the new payment model is to reduce avoidable hospitalizations by funding higher-intensity interventions in nursing facilities for residents who may otherwise be hospitalized upon an acute change in condition. Improving the capacity of nursing facilities to treat medical conditions as effectively as possible within the facility has the potential to improve the residents' care experience at lower cost than a hospital admission. The model also includes payments to practitioners similar to the payments they would receive for treating beneficiaries in a hospital. Practitioners would also receive new payments for engagement in multidisciplinary care planning activities.

This new four-year payment phase of the Initiative, slated to begin October 2016, will be subject to a rigorous external evaluation to determine the effects on cost and quality of care. Successful Enhanced Care and Coordination Provider (ECCP) applicants would implement the payment model with both their existing partner facilities, where they provide training and clinical interventions, and in a comparable number of newly recruited facilities. See the [fact sheet](#) for more information.

See full text of this excerpted [CMS press release](#) (issued August 27).

### **DMEPOS Competitive Bidding Program: Prepare for Round 1 2017**

Round 1 2017 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program is here – follow these three steps to prepare for bidding:

1. [Review and update your enrollment records: Validate contact information, get licensed, and get accredited](#)
2. [Register for the DMEPOS Bidding System \(DBidS\) in the CMS Enterprise Identity Management \(EIDM\) system](#)
3. [Prepare your hardcopy financial documents](#)

For a listing of the product categories, competitive bidding areas, timeline, and other important bidding information, please visit the Competitive Bidding Implementation Contractor (CBIC) website at [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com). We also encourage you to register on the CBIC website to receive [E-mail Updates](#) about the program.

The 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.

The CBIC participates in numerous educational events to assist stakeholders in understanding the rules that govern the DMEPOS Competitive Bidding Program. Visit the CBIC website for a listing and schedule of educational events under the “Educational Information” section of the [Round 1 2017](#) web page.

#### *Questions?*

Call the CBIC customer service center at 877-577-5331 from 9am to 7pm prevailing ET, Monday through Friday. Hours are extended to 9pm during the last two weeks of the registration and bidding windows.

### **New ST PEPPER Available**

A new release of the Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the second quarter of FY 2015, is available for short-term acute care hospitals nationwide. PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

PEPPER summarizes hospital-specific data statistics for Medicare severity diagnosis-related groups and discharges at risk for improper payments. It is distributed by TMF® Health Quality Institute under contract with CMS. For more information on obtaining PEPPER and to access resources for using PEPPER, including the [user's guide](#), recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using PEPPER, visit [PEPPERresources.org](#).

Do you have questions or comments about PEPPER or need help obtaining your report? Visit the [Help Desk](#) or provide feedback/suggestions through the [feedback form](#).

### **EHR Incentive Programs: Determine Broadband Speed in Your Area**

[The National Broadband Map \(NBM\)](#) is a searchable and interactive tool that allows users to view broadband availability across every neighborhood in the United States. The NBM is particularly helpful for providers in the Electronic Health Record (EHR) Incentive Programs that need to determine their broadband download speed for exclusion criteria. Providers can use the NBM to search, analyze, and map broadband availability in their area to determine if these exclusions apply. CMS has posted [instructions](#) on how to use the NBM to help providers determine how they can use the tool for the EHR Incentive Programs. If you have any questions about how to use the data or to tell us how you are using it, send an email to [SBDD@ntia.doc.gov](mailto:SBDD@ntia.doc.gov) and visit the [National Telecommunications and Information Administration](#) website for more information.

For more information about the EHR Incentive Programs, visit the [EHR Incentive Programs](#) website.

## Claims, Pricers, and Codes

### October 2015 Average Sales Price Files Now Available

CMS has posted the October 2015 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2015 ASP Drug Pricing Files](#) web page.

## Medicare Learning Network® Educational Products

### “837P and Form CMS-1500” Web-Based Training Course — Revised

The “837P and Form CMS-1500” Web-Based Training course (WBT) was revised and is now available. This one hour WBT is designed to provide guidance for health care administrators; medical coders; billing and claims processing personnel; and other medical administrative staff who are responsible for submitting Medicare professional and supplier claims for Medicare payment using the 837P or Form CMS-1500. It includes information on the fundamental Medicare requirements for health care professional or supplier claims; key aspects and requirements regarding electronic and paper claims; information required when submitting claims to Medicare; and how to recognize important Medicare claims processing actions. Continuing education credits are available to learners who successfully complete this course.

To access the WBT, log into the [Learning Management and Product Ordering System](#).

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