

Thursday, September 10, 2015

Countdown to ICD-10

Updated Results for ICD-10 End-to-End Testing Week in July
ICD-10 Coding and Clinical Documentation Resources
New Webcasts Cover Dental, Lab, Pharmacy, and Radiology Services
Audio Recording and Written Transcript from August 27 MLN Connects Call Available
Finding ICD-10 Information Online Just Got Easier
Revised ICD-10 Products Now Available in Hard Copy Format

MLN Connects[®] National Provider Calls and Events

Overview of the 2014 Annual Quality and Resource Use Reports Webcast — Last Chance to Register
Hospital Inpatient and LTCH PPS FY 2016 Final Rule Call — Register Now
Medicare Quality Reporting Programs: 2017 Payment Adjustments Call — Register Now
Dialysis Facility Compare: Rollout of Five Star Rating Call — Registration Now Open
2014 Supplemental QRUR Physician Feedback Program Call — Registration Now Open

Announcements

HIV Screening for Older Adults and Others with Medicare
2014 Annual Quality and Resource Use Reports Available Soon
CMS to Release CBR on Orthopedic Surgeons' Use of Modifiers 24 and 25 in September

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Delay in Implementing Single Chamber and Dual Chamber Cardiac Pacemakers

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"Skilled Nursing Facility (SNF) Consolidated Billing (CB)" Web-Based Training Course — Revised
"HIPAA EDI Standards" Web-Based Training Course — Revised

Countdown to ICD-10

Updated Results for ICD-10 End-to-End Testing Week in July

On August 27, CMS [announced](#) results from the second successful ICD-10 end-to-end testing week in July. View the [updated results](#), which include provider types from the January, April, and July end-to-end testing weeks.

ICD-10 Coding and Clinical Documentation Resources

As with ICD-9, ample resources are available to assist you with coding and clinical documentation for ICD-10.

- Official government coding guidelines cover: [Diagnosis coding](#) and [inpatient procedure coding](#).
- CMS offers documentation and coding basics for clinicians in the [Road to 10](#) Clinical Concepts Series with tailored guidance for: [family practice](#), [internal medicine](#), [pediatrics](#), [OB/GYN](#), [cardiology](#), and [orthopedics](#).
- Free lists of codes and ICD-9/ICD-10 mappings are available from [CMS](#), as well as vendors and trade associations.
- Several free and low-cost smartphone apps are available, and [ICD10Data.com](#) is a mobile-friendly website.
- Many Electronic Health Record (EHR) products and practice management systems prompt users for required documentation and feature computer-assisted coding.
- Some system vendors and clearinghouses offer training to customers and potential customers.
- Some health care trade associations and medical societies provide coding resources at no or little cost to their members, with premium costs sometimes charged to nonmembers.

Membership is not required to submit coding questions to the American Hospital Association's [codingclinicadvisor.com](#) or [view AHA's free webinars](#) (registration is required). When contacting the Coding Clinic Advisor for free assistance, include documentation and specify whether your question refers to a specific setting like a skilled nursing facility or home health services. Please note that the Coding Clinic Advisor will not respond to inquiries that include personal health information (PHI) or the names of providers or health care facilities. Please see the [Coding Clinic Advisor FAQs](#) for more, including a list of topics that are out of scope for this service.

Remember: The process for looking up an ICD-10 code—whether in a book or in an electronic product—remains essentially the same as the process for looking up an ICD-9 code.

Keep Up to Date on ICD-10:

Visit the [ICD-10](#) website and [Roadto10.org](#) for the latest news and resources to help you prepare, including the [ICD-10 Quick Start Guide](#).

New Webcasts Cover Dental, Lab, Pharmacy, and Radiology Services

New webcasts on Roadto10.org cover ICD-10 clinical concepts for:

- [Dental](#)
- [Lab](#)
- [Pharmacy](#)
- [Radiology](#)

Presented by American Health Information Management Association (AHIMA)-certified coders, the webcasts focus on ICD-10 clinical documentation needs and hot topics, including:

- Physician perspective/clinical impact of ICD-10
- Documentation requirements for certain conditions
- Documentation changes and new concepts
- Use of “unspecified” in ICD-10

Visit [Roadto10.org](#) to find additional [webcasts](#) on ICD-10 documentation for specialties, [customizable action plans](#), and more. Visit the [ICD-10](#) website for the latest news and resources to help you prepare.

Audio Recording and Written Transcript from August 27 MLN Connects Call Available

An [audio recording](#) and [written transcript](#) are now available from the August 27 MLN Connects National Provider Call on “Countdown to ICD-10.” More information is available on the [call detail](#) web page.

Finding ICD-10 Information Online Just Got Easier

Check out the redesigned [Medicare Fee-For-Service Provider ICD-10 Resources](#) web page to learn 5 things you can do to get ready for ICD-10 and to browse Medicare Learning Network educational materials on these topics:

- Claims processing and billing guidance
- Coding
- Unspecified ICD-10-CM codes
- General Equivalence Mappings (GEMs)
- Home health provider information
- National Coverage Determinations (NCDs)
- Local Coverage Determinations (LCDs)
- Testing and results
- Features and benefits

Revised ICD-10 Products Now Available in Hard Copy Format

To access a new or revised product available for order in a hard copy format, go to [MLN Products](#), scroll down to the bottom of the web page to the “Related Links” section, and click on the “MLN Product Ordering Page.”

- The [“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets”](#) Educational Tool (ICN 900943) was revised. This educational tool is designed to provide education on the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM); International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Edition, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and Healthcare Common Procedure Coding System (HCPCS) code sets. It includes a definition and payment information for each code set.
- The [“General Equivalence Mappings Frequently Asked Questions”](#) Booklet (ICN 901743) was revised. This booklet is designed to provide education on the conversion of ICD-9-CM codes to 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) was revised. This fact sheet 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) was revised. This fact sheet 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) was revised. This fact sheet 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; CPT and HCPCS 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.

MLN Connects® National Provider Calls and Events

Overview of the 2014 Annual Quality and Resource Use Reports Webcast — Last Chance to Register

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

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

The 2014 Annual Quality and Resource Use Reports (QRURs) will be available soon for 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 — Register Now

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.

Dialysis Facility Compare: Rollout of Five Star Rating Call — Registration Now Open

Wednesday, October 7; 1:30—3pm ET

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

Learn about the first year of Dialysis Facility Compare star ratings and future plans during this MLN Connects National Provider Call. CMS adopted star ratings across all Medicare.gov Compare websites to help consumers understand the website's information and make more informed decisions about where to get healthcare. The Dialysis Facility Compare star ratings, launched on January 15, 2015, reflect the overall quality of each dialysis facility.

Agenda:

- History of Dialysis Facility Compare star ratings
- The first year of star ratings
- Description of and findings from the Technical Expert Panel
- Maintenance and updates to star ratings
- The future of Dialysis Facility Compare and star ratings

Target Audience: Dialysis clinics and organizations, nephrologists, End-Stage Renal Disease Networks, hospitals with dialysis units, billers/coders, quality improvement experts, 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.

2014 Supplemental QRUR Physician Feedback Program Call — Registration Now Open

Thursday, October 15; 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 an overview of the 2014 Supplemental Quality and Resource Use Reports (QRURs), confidential feedback reports for medical group practices and solo practices on resource utilization for Fee-For-Service episodes of care. The 2014 Supplemental QRURs report on 26 major episode types and an additional 38 episode subtypes, resulting in 64 total reported episode types. The 2014 Supplemental QRURs are for informational purposes only. Learn more about the reports on the [Supplemental QRURs and Episode-Based Payment Measurement](#) web page.

The call will be more meaningful if you have your 2014 Supplemental QRUR in front of you to follow along. Visit [How to Obtain a QRUR](#) and access your report prior to the call.

Agenda:

- Introduce the basic model of an episode of care
- Describe how episodes are attributed to medical group practices or solo practices
- Review the exhibits and drill down tables included in the 2014 Supplemental QRURs

Target Audience:

Physicians, physician group practices, practice managers, medical and specialty societies.

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

HIV Screening for Older Adults and Others with Medicare

September 18 is National HIV/AIDS and Aging Awareness Day, an annual campaign that draws attention to older Americans aging with HIV/AIDS. Older adults are often overlooked in the ongoing HIV/AIDS conversation, yet the number of people aged 50 and older who are living with AIDS continues to grow. HIV-related challenges facing older Americans include lack of knowledge about

HIV and stigma that discourages them from seeking HIV testing and care. In older adults, HIV is too often diagnosed late in the course of the infection.

The [United States Preventive Services Task Force](#) recommends screening for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened, as well as all pregnant women. Medicare provides coverage of both standard and Food and Drug Administration approved rapid HIV screening tests for eligible beneficiaries: [Read more](#).

2014 Annual Quality and Resource Use Reports Available Soon

The 2014 Annual Quality and Resource Use Reports (QRURs) will be available soon for every group practice and solo practitioner nationwide. Groups and solo practitioners are identified in the QRURs by their Taxpayer Identification Number (TIN). The QRURs are also available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization (ACO) Model, or the Comprehensive Primary Care initiative in 2014, and to those TINs consisting only of non-physician Eligible Professionals (EPs).

The 2014 Annual QRURs show how groups and solo practitioners performed in 2014 on the quality and cost measures used to calculate the 2016 Value Modifier. For groups with 10 or more Eligible Professionals (EPs) that are subject to the 2016 Value Modifier, the QRUR shows how the Value Modifier will apply to physician payments under the Medicare Physician Fee Schedule (PFS) for physicians who bill under the group's TIN in 2016. For all other groups and solo practitioners, the QRUR is for informational purposes only and will not affect their payments under the Medicare PFS in 2016.

Authorized representatives of group and solo practitioners can access the 2014 Annual QRURs on the [CMS Enterprise Portal](#) using an Enterprise Identify Data Management (EIDM) account with the correct role. For more information on how to access the 2014 Annual QRURs, visit [How to Obtain a QRUR](#).

For groups with 10 or more EPs that are subject to the 2016 Value Modifier, CMS established an Informal Review Period, which is open for 60 days following the release of the reports, to request corrections of perceived errors in the 2016 Value Modifier calculation.

Additional information about the 2014 QRURs and how to request an informal review is available on the [2014 QRUR](#) website and through the QRUR Help Desk at pvhelpdesk@cms.hhhs.gov or 888-734-6433 (select option 3).

CMS to Release CBR on Orthopedic Surgeons' Use of Modifiers 24 and 25 in September

CMS will be issuing a national provider Comparative Billing Report (CBR) in September 2015 on orthopedic surgeons' use of modifiers 24 and 25. The CBR, produced by CMS contractor eGlobalTech, will focus on orthopedic surgeons who bill Evaluation and Management (E/M) services, 99211 through 99215, during the global period of a procedure and receive payment by appending modifier 24 and/or modifier 25 to the E/M Service. The CBR will contain data-driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. These reports are only accessible to the providers who receive them; they are not publicly available.

Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating CBRs. Providers should contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk, or visit the [CBR](#) website.

Claims, Pricers, and Codes

Delay in Implementing Single Chamber and Dual Chamber Cardiac Pacemakers

On August 13, 2013, CMS issued a final decision memorandum regarding coverage of implanted permanent cardiac pacemakers, single chamber or dual chamber, and determined they are reasonable and necessary for the treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block.

On February 20, 2015, CMS released Change Request (CR) 9078 transmittals 179 and 3204, implementing National Coverage Determination (NCD) 20.8.3 on July 6, 2015, for claims with dates of service on and after August 13, 2013, for those beneficiaries who meet specific coverage criteria.

There is a temporary delay in implementing NCD 20.8.3, meaning that all editing and decisions on coverage relative to CR 9078 will be made at the local Medicare Administrative Contractor (MAC) level until further CMS notice. CMS will advise you of the new implementation date in the near future.

Medicare Learning Network® Educational Products

“Skilled Nursing Facility (SNF) Consolidated Billing (CB)” Web-Based Training Course — Revised

The “Skilled Nursing Facility (SNF) Consolidated Billing (CB)” Web-Based Training (WBT) course was revised and is now available. This WBT is designed to provide education for providers, suppliers, and other health care professionals about SNF CB requirements. It includes payment information for the majority of services provided to beneficiaries in a Medicare-covered SNF stay, including most services provided by entities other than the SNF. It also includes information on bundled prospective payments made through the Fiscal Intermediary (FI) or Medicare Administrative Contractor (MAC) to the SNF. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBTs, go to [MLN Products](#), scroll to the bottom of the page under “Related Links,” and click on “Web-Based Training Courses.”

“HIPAA EDI Standards” Web-Based Training Course — Revised

The “HIPAA EDI Standards” Web-Based Training (WBT) course was revised and is now available. This WBT is designed to provide education on electronic billing, transaction standards, and code sets. It includes an overview of the steps involved in the Medicare electronic data interchange process. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBTs, go to [MLN Products](#), scroll to the bottom of the page under “Related Links,” and click on “Web-Based Training Courses.”

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