

Thursday, September 17, 2015

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## Medicare Learning Network<sup>®</sup> Educational Products

“Medicare-Required SNF PPS Assessments” Educational Tool — Released  
“Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries” MLN Matters Article — Revised

## Countdown to ICD-10

### Physician Orders for Lab, Radiology Services, and Other Services after ICD-10 Implementation

CMS is not requiring updated physician (or non-physician practitioner) orders for lab, radiology services, or any other services after ICD-10 implementation on October 1, 2015, including Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). However, these claims must contain a valid ICD-10-CM diagnosis code. When providing services that were ordered before the ICD-10 implementation date of October 1, 2015, providers have the option to use the General

Equivalence Mappings (GEMs) posted on the [2016 ICD-10-CM and GEMs](#) web page to translate ICD-9-CM codes into ICD-10-CM diagnosis codes. Physician orders written after the transition to ICD-10 must use ICD-10-CM codes.

## 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.

## Get ICD-10 Answers in One Place

The [ICD-10-CM/PCS Frequently Asked Questions](#) web page has answers to your questions about:

- Claims processing and billing
- Coding
- General Equivalence Mappings (GEMs)
- Home Health
- National Coverage Determinations (NCDs)
- Local Coverage Determinations (LCDs)

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

### Hospital Inpatient and LTCH PPS FY 2016 Final Rule Call — Last Chance to Register

*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 — Last Chance to Register**

*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 — Register Now**

*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 — Register Now**

*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.

### **Improving Medicare Post-Acute Care Transformation Act — Registration Now Open**

*Wednesday, October 21; 1:30-3pm ET*

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

During this MLN Connects National Provider Call, CMS subject matter experts will discuss the [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act](#) of 2014. The IMPACT Act, through transformation and the use of standardized data, will improve the long-term outcomes of beneficiaries receiving post-acute services across the nation. This call includes information on opportunities for provider participation and stakeholder engagement. The call will be more meaningful if you read the entire [Act](#), since there are multiple sections that apply to each setting.

#### *Agenda:*

- Legislative requirements of the IMPACT Act related to the use of standardized data, quality measures, and resource use and other measures for Skilled Nursing Facilities (SNFs),

Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Home Health Agencies (HHAs)

- Participation in the quality measure assessment and development process
- Opportunities for stakeholder engagement and input

*Target Audience:* All SNFs, IRFs, LTCHs, HHAs, 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.

## Other CMS Events

### Physician Compare Public Reporting Information Sessions

Learn more about how your 2014 Physician Quality Reporting System (PQRS) quality measures may be publicly reported on [Physician Compare](#). All sessions will present the same information. During the webinar, the Physician Compare Support Team will present information about public reporting of 2014 quality measures and the 30-day preview period and address your questions.

[Registration](#) ends on Friday, September 18. Webinars will be conducted via WebEx at the following times:

- Tuesday, September 22 at 1pm ET
- Wednesday, September 23 at 4pm ET
- Thursday, September 24 at 11am ET

### Medicare Learning Network Webinar: Medicare Basics for New Providers Part Three: Medicare Claim Review Programs, POE, and Protecting the Medicare Trust Fund

*Tuesday, September 29; 2-3pm ET*

The Medicare Basics series is designed to assist providers new to the Medicare Program. This webinar is the final offering in the three-part series offered by the Medicare Learning Network and will provide information regarding Medicare claims review programs, Provider Outreach and Education (POE), and protecting the Medicare Trust Fund. This activity is designed for new Medicare providers and healthcare providers interested in becoming Medicare providers.

By the end of this webinar learners should be able to:

- Identify the different Medicare claim review programs
- Recognize provider responsibilities in responding to Review Contractors
- Identify examples of Medicare fraud and abuse
- Identify the associated laws pertaining to fraud and abuse
- Identify where to locate the resources within the Medicare Learning Network
- Recognize what Medicare Administrative Contractor POE programs offer to providers and suppliers

[Register](#) for this webinar. This webinar will offer both continuing education units (CEU) and continuing medical education (CME) credit.

## Announcements

### Medicare-Covered Cardiovascular Disease Preventive Services

September is National Cholesterol Education Month and September 29 is World Heart Day. These national health observances serve to raise awareness about cardiovascular disease, the role that high cholesterol plays, and the importance of early detection and screening services. Medicare provides coverage for several preventive services and screenings that can help your patients learn about and prevent their risk factors for high cholesterol, cardiovascular disease, and stroke, including:

- Annual Wellness Visit (providing Personalized Prevention Plan Services)
- Cardiovascular Disease Screening
- Initial Preventive Physical Examination (IPPE) (also commonly referred to as the “Welcome to Medicare” Preventive Visit)
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Tobacco-Use Cessation Counseling

The coinsurance/copayment and Medicare Part B deductible are waived for these services.

*For More Information:*

- [Preventive Services](#)
- [The ABCs of the Initial Preventive Physical Examination \(IPPE\) - Text only version](#)
- [The ABCs of the Annual Wellness Visit - Text only version](#)
- [Million Hearts®](#) – a national initiative to prevent 1 million heart attacks and strokes by 2017

### Healthy Aging Month — Discuss Preventive Services with your Patients

September is Healthy Aging® Month, a national health observance designed to focus on the positive aspects of growing older. CMS encourages you to talk with your patients about adopting a healthy lifestyle, including appropriate Medicare-covered preventive services. Medicare provides payment for many services that support healthy living and contribute to a higher quality of life that can – in turn – reduce health care costs now and in the future.

*Resources:*

Visit the [Healthy Aging](#) and [Centers for Disease Control and Prevention](#) web pages for helpful suggestions on how to talk to your patients, tips for healthy living, and creative ways to help your patients feel younger.

*For More Information:*

See [Preventive Services](#) for a list of preventive services covered by Medicare Part B, including cancer screenings, alcohol misuse counseling, HIV screening, and more.

### CMS Releases Plan to Address Health Equity in Medicare

On September 8, the CMS Office of Minority Health unveiled the first plan to address health equity in Medicare. The [CMS Equity Plan for Improving Quality in Medicare](#) is an action-oriented plan that focuses on six priority areas and aims to reduce health disparities in four years.

The Equity Plan focuses on Medicare populations that experience disproportionately high burdens of disease, lower quality of care, and barriers accessing care. These include racial and ethnic minorities,

sexual and gender minorities, people with disabilities, and those living in rural areas. Six priority areas and several high-yield activities serve as the plan's foundation. They include:

- Expand the collection, reporting, and analysis of standardized data
- Evaluate disparities impacts and integrate equity solutions across CMS programs
- Develop and disseminate promising approaches to reduce health disparities
- Increase the ability of the health care workforce to meet the needs of vulnerable populations
- Improve communication and language access for individuals with limited English proficiency and persons with disabilities
- Increase physical accessibility of health care facilities

For more information, visit the [CMS Office of Minority Health](#) website.

See full text of this excerpted [CMS press release](#) (issued September 8).

### **Early Flu Treatment Reduces Hospitalization Time, Disability Risk in Older People**

A new [study](#) by the Centers for Disease Control and Prevention (CDC) found that early treatment of flu-hospitalized people 65 and older with flu antiviral medications cut the duration of their hospital stay and reduced their risk of needing extended care after discharge. Because people 65 and older are at high risk of serious flu complications, the CDC recommends that they be treated for flu with influenza antiviral medications as early as possible.

*For More Information:*

- [Press Release](#)
- [CDC Treatment - Antiviral Drugs](#) website

### **2016 PQRS Payment Adjustment and Informal Review Process**

On September 11, CMS began distributing letters to Physician Quality Reporting System (PQRS) individual Eligible Professionals (EPs), EPs providing services at Critical Access Hospitals billing under method II, and group practices about the 2016 PQRS negative payment adjustment. The letter indicates that an individual or group did not satisfactorily report 2014 PQRS quality measures in order to avoid the 2.0% 2016 negative PQRS payment adjustment.

*If I received the payment adjustment letter, what are my options?*

If you believe that you have been incorrectly assessed the 2016 PQRS negative payment adjustment, you can submit an informal review through November 9:

- Requests must be submitted electronically via the Communication Support Page under the Related Links section of the [Physician and Other Health Care Professionals Quality Reporting Portal](#).
- See the [fact sheet](#) and [Analysis and Payment](#) web page for more information.

*Additional Resources:*

- [Payment Adjustment Information](#) web page
- [Payment Adjustment Toolkit](#)
- [Fact Sheet](#)

For additional questions, contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) from 7am to 7pm CT Monday through Friday.

## **Million Hearts: Cardiovascular Disease Risk Reduction Model Application Deadline Extension**

The Million Hearts Cardiovascular Disease Risk Reduction Model [letter of intent](#) and [application](#) deadline has been extended to October 8, 2015. CMS is allowing a short extension to assure that all interested practices have an opportunity to complete their applications to become part of this important initiative. More information about the Model, including frequently asked questions, is available on the [Million Hearts: Cardiovascular Risk Reduction Model](#) web page.

## **Medicare Learning Network® Educational Products**

### **“Medicare-Required SNF PPS Assessments” Educational Tool — Released**

The “[Medicare-Required SNF PPS Assessments](#)” Educational Tool (ICN 909067) was released and is now available in downloadable format. This educational tool is designed to provide education to Skilled Nursing Facilities (SNFs) on Prospective Payment System (PPS) assessment overviews, factors affecting the assessment schedule, and assessment results reporting. It also includes Minimum Data Set (MDS) 3.0 background information and assessment resources.

### **“Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries” MLN Matters Article — Revised**

[MLN Matters Special Edition Article #SE1311](#), “Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries” was revised and is now available in downloadable format. This article is designed to provide education on the necessity to file an affidavit with Medicare to opt-out of Medicare. It also clarifies the difference between providers who are permitted to opt-out and providers who opt-out and elect to order and refer services. This article was revised to eliminate references to a 2-year opt-out period.

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