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Medicare Learning Network Product Available In Electronic Publication Format

Countdown to ICD-10

Use ICD-10 to Successfully Bill for Your Services

CMS released a new [infographic](#) to help you successfully bill for your services.

- Can't submit claims with ICD-10 codes?
- Can your staff code in ICD-10?
- Are your clinicians familiar with ICD-10 coding and documentation concepts?

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](#).

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

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 released [Clarifying Questions and Answers Related to the CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities](#), which provides answers to the most commonly asked questions. On September 22, CMS reissued these questions and answers with revisions to questions 1 and 9, as well as 9 new questions and answers.

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](#).

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 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 is 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.

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”

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.

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

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 — Register Now

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.

New MLN Connects National Provider Event Audio Recording and Transcript

The [audio recording](#) and [transcript](#) are now available for the September 3 call — *National Partnership to Improve Dementia Care and QAPI*. More information is available on the [call detail](#) web page. During this call, two nursing homes shared how they successfully implemented person-centered care approaches and overcame the barriers of cost and staff. CMS subject matter experts gave updates on the progress of the National Partnership and Quality Assurance and Performance Improvement (QAPI).

Other CMS Events

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.

Long-Term Care Hospital Quality Reporting Program Provider Training

*November 19; 8:45am to 5pm ET and
November 20; 9am to 4:30pm ET*

[Register](#) for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) provider training on the implementation of new LTCH QRP quality measures and LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Version 3.00. This training is open to all LTCH providers, associations, and organizations. Visit the [LTCH QRP Spotlight and Announcements](#) web page for additional information.

Announcements

September is Prostate Cancer Awareness Month

Please join CMS during Prostate Cancer Awareness Month to increase awareness of prostate cancer and the importance of early detection. In 2012, about 177,489 American men were diagnosed with this disease according to the Centers for Disease Control and Prevention. Medicare provides coverage of two screening tools for the early detection of prostate cancer for eligible beneficiaries.

[Read More.](#)

Prepare for DMEPOS Competitive Bidding Round 1 2017: Three Steps to Get Ready

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Round 1 2017 is here – follow these three steps to prepare for bidding on October 15, 2015:

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](#)

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 websites other than the CBIC website. 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](#)

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

EHR Incentive Program 2016 Payment Adjustment Fact Sheet for Hospitals Available

CMS posted a new Medicare EHR Incentive Program [fact sheet](#) on the 2016 payment adjustments for Medicare eligible hospitals. Visit the [Payment Adjustments & Hardship Exceptions](#) web page to review the fact sheet and additional information about how Medicare eligible hospitals could be affected by payment adjustments and how to avoid them.

2016 Reconsiderations

For the eligible hospitals who received a Medicare payment adjustment letter for 2016, the application submission period for reconsiderations is October 1 through November 30, 2015. The application will be posted on October 1.

Want More Information about the EHR Incentive Programs?

Visit the [EHR Incentive Programs](#) website for the latest news and updates on the programs.

Medicare Learning Network® Educational Products

“PECOS for Physicians and Non-Physician Practitioners” Fact Sheet — Revised

“[PECOS for Physicians and Non-Physician Practitioners](#)” Fact Sheet (ICN 903764) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how physician and non-physician practitioners should enroll in the Medicare Program and maintain their enrollment information using the Provider Enrollment, Chain and Ownership System (PECOS). It includes information on how to complete an enrollment application using PECOS and a list of frequently asked questions and resources.

Medicare Learning Network Product Available In Electronic Publication Format

The following product is now available as an electronic publication (EPUB) 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 Basics of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Accreditation](#)” Fact Sheet (ICN 905710) is designed to provide education on DMEPOS. It includes information so suppliers can meet DMEPOS quality standards established by CMS and become accredited by a CMS-approved independent national Accreditation Organization (AO). There is also information on the types of providers who are exempt.

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