MLN Connects®
Provider eNews

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

Thursday, October 1, 2015

ICD-10

MLN Connects® National Provider Calls and Events

MLN Connects Videos

Other CMS Events

Announcements

Medicare Learning Network® Educational Products

ICD-10

Coding around the Compliance Date

Should I Use ICD-9, ICD-10, or Both?
A claim cannot contain both ICD-9 codes and ICD-10 codes:

- For dates of service prior to October 1, submit claims with the appropriate ICD-9 codes, even if you submit the claim on or after the ICD-10 compliance date
- For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 codes

For hospital inpatient reporting, “date of service” is defined as date of discharge. Further guidance is available in MLN Matters® Article #SE1408.

What about Claims Spanning the Compliance Date?
CMS has guidance for providers on claims that span the compliance date. See FAQ 12609.

Will CMS Allow for Dual Processing?
CMS will not allow for dual processing of ICD-9 and ICD-10 codes. See FAQ 12430.

More information is available on the ICD-10-CM/PCS Frequently Asked Questions web page. For questions about commercial and other government insurance plans, please contact that plan.

Keep Up to Date on ICD-10
Visit the CMS ICD-10 website and Roadto10.org for the latest news and resources, including the ICD-10 Quick Start Guide.

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

CMS is not requiring the ordering provider to rewrite the original order with the appropriate ICD-10 code 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).

Products and services that require a diagnosis code on the order will use ICD-9-CM codes if written prior to October 1, 2015. If the order is for a repetitive service that will continue to be delivered and billed after 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 the ICD-9-CM codes on the original order into ICD-10-CM diagnosis codes.

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.

Finding ICD-10 Information Online

Check out the Medicare Fee-For-Service Provider Resources web page to get ICD-10 coding resources and 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

MLN Connects® National Provider Calls and Events

Dialysis Facility Compare: Rollout of Five Star Rating Call — Last Chance to Register

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 Event Video Slideshows, Audio Recordings, and Transcripts

Video slideshow presentations, audio recordings, and transcripts are now available for the following webcasts:

- July 15 — *IQCP for CLIA Laboratory Nonwaived Testing: Workbook Tool Webcast*: video slideshow presentation, audio recording, and transcript. More information is available on the event detail web page. Learn how to customize an Individual Quality Control Plan (IQCP) for your laboratory. This MLN Connects Event introduces participants to "Developing an IQCP, a Step-by-Step Guide," a new workbook developed by CMS and the Centers for Disease Control and Prevention.
- September 17 — *Overview of the 2014 Annual Quality and Resource Use Reports Webcast*: video slideshow presentation, audio recording, and transcript. More information is available on

the event detail web page. This MLN Connects Event provides an overview of the 2014 Annual Quality and Resource Use Report and explains how to interpret and use the information.

MLN Connects Videos

Video Available on PQRS and VM: What You Need to Know in 2015

Watch What Medicare Eligible Professionals Need to Know in 2015 to get the facts on how your 2015 Physician Quality Reporting System (PQRS) participation determines how the Value-Based Payment Modifier (VM) is applied to your 2017 reimbursement. Run time: 45 minutes: 10 seconds.

More information about the programs is available on the PQRS and Medicare FFS Physician Feedback Program/Value-Based Payment Modifier websites. For a list of videos on PQRS and VM, as well as videos on a variety of other Medicare topics, visit MLN Connects Videos.

Other CMS Events

Webinar for Comparative Billing Report on Modifiers 24 and 25: Orthopedic Surgeons

Wednesday, October 21; 3-4pm ET

Join us for an informative discussion of the comparative billing report on Modifiers 24 and 25: Orthopedic Surgeons (CBR201509). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201509 is an educational tool designed to assist orthopedic surgeons who submitted claims for established patient Evaluation and Management (E/M) services appended with modifiers 24 and/or 25.

Agenda:

- Opening remarks
- Overview of comparative billing report (CBR201509)
- 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

Questions

If you have any questions about this webinar or CBR201509, visit the CBR website or contact the CBR Support Help Desk at CBRSupport@eglobaltech.com or 800-771-4430.

Announcements

Talk to Your Patients about Mental Illness and Depression

Are you talking to your patients about their mental health? October 4 through 10 is Mental Illness Awareness Week, and October 8 is National Depression Screening Day®. Mental health problems are very common in America. In 2011, about one in five American adults experienced a mental health issue, and about one in 20 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

Medicare covers several preventive services that can be used to help monitor your patients' mental health, including the Annual Wellness Visit, Initial Preventive Physical Examination, and Depression Screening.

For More Information:

- Preventive Services Educational Tool
- The ABCs of the Annual Wellness Visit Educational Tool
- The ABCs of the Initial Preventive Physical Examination Educational Tool.
- Centers for Disease Control and Prevention Mental Health and Aging website

CMS Proposes New Medicare Clinical Diagnostic Laboratory Tests Fee Schedule

Proposed initiative would begin data collection process to set new payment rates

On September 25, CMS announced its next step in implementing the Protecting Access to Medicare Act of 2014 (PAMA), requiring clinical laboratories to report on private insurance payment amounts and volumes for lab tests. This data will be used to determine Medicare's payment for lab tests beginning January 1, 2017.

Under the proposed rule, certain laboratories would be required to report private payor rate and volume data if they receive at least $50,000 in Medicare revenues from laboratory services and more than 50 percent of their Medicare revenues from laboratory and physician services. Laboratories would collect private payor data from July 1, 2015, through December 31, 2015, and report it to CMS by March 31, 2016. CMS will post the new Medicare rates by November 1, 2016; these rates will be effective on January 1, 2017.

CMS is soliciting comments until November 24.

For More Information:

- Fact Sheet
- Proposed Rule

See full text of this excerpted CMS press release (issued September 25).

HHS Announces $685 Million to Support Clinicians Delivering High Quality, Patient-Centered Care

On September 29, HHS Secretary Sylvia M. Burwell announced $685 million in awards to 39 national and regional health care networks and supporting organizations to help equip more than 140,000 clinicians with the tools and support needed to improve quality of care, increase patients' access to

information, and reduce costs. The Transforming Clinical Practice Initiative is one of the largest federal investments designed to support doctors and other clinicians in all 50 states through collaborative and peer-based learning networks.

Today's awards will support 29 medical group practices, regional health care systems, and regional extension centers in offering peer-to-peer support to primary and specialty physicians, nurse practitioners, physician assistants, clinical pharmacists, and their practices. These efforts include:

- Helping providers give patients better tools for communication through email and other information technology applications
- Providing dedicated coaches to help practices better manage chronic disease and offer preventive care
- Offering real-time notification alerts for clinicians caring for high-risk patients
- Improving screening and treatment of mental health and substance abuse across multiple care settings and increasing patient medication management education
- Centralizing data reporting and providing technical assistance with quality improvement targets and mid-course corrections
- Promoting patient, provider, and community engagement through advisory boards and community engagement in learning collaboratives

In addition, 10 national organizations and health care professional associations will receive up to $27 million to:

- Align clinical practice guidelines across multiple medical specialties and disseminate those findings through well-established communications channels
- Offer Continuing Medical Education credit to clinicians to support transformation efforts and ensure that coordinated education programs are offered to participating clinicians
- Share best practices and provide technical assistance and coaching to their members that may be struggling with how to participate in emerging alternative payment models
- Provide educational materials and access to registry data information, including training on how to use the data to improve care

For More Information:

- Fact Sheet, including a list of awardees and their project abstracts.
- Transforming Clinical Practice Initiative website

See full text of this excerpted HHS press release (issued September 29).

CMS Awards $110 Million to Continue Improvements in Patient Safety

Hospital Engagement Networks will continue patient safety improvement efforts in hospitals

On September 25, CMS awarded $110 million in Affordable Care Act funding to 17 national, regional, or state hospital associations and health system organizations to continue efforts in reducing preventable hospital-acquired conditions and readmissions. Round two of the Hospital Engagement Networks will continue to work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety. The organizations will be required to:

- Conduct intensive training programs to teach and support hospitals in making patient care safer
- Provide technical assistance to hospitals so that hospitals can achieve quality measurement goals
- Establish, implement, and improve the system to track and monitor hospital progress in meeting the Partnership for Patients' quality improvement goals

For More Information:

- Fact Sheet
- Partnership for Patients website

See full text of this excerpted CMS press release (issued September 25) for more information, including a list or organizations receiving contracts for round two.

2014 Supplemental Quality and Resource Use Reports Available

The 2014 Supplemental Quality and Resource Use Reports (QRURs) are now available for every medical group practice and solo practitioner nationwide. Medical group practices and solo practitioners are identified in the Supplemental QRURs by their Taxpayer Identification Number (TIN). The Supplemental QRURs are also available for medical group practices and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization Model, or the Comprehensive Primary Care initiative in 2014, in addition to those consisting of non-physician eligible professional.

The 2014 Supplemental QRURs provide information to TINs on the management of their Medicare Fee-For-Service patients based on episodes of care. The 2014 Supplemental QRURs are for informational purposes only and complement the per capita cost and quality information provided in the 2014 Annual QRURs. Learn more about the reports on the Supplemental QRURs and Episode-Based Payment Measurement web page.

Authorized representatives of group and solo practitioners can access the 2014 Supplemental QRURs on the CMS Enterprise Portal using an Enterprise Identify Data Management (EIDM) account with the correct role. Only TINs with at least one attributed episode will receive a full 2014 Supplemental QRUR. See Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs.

For information about the 2014 Supplemental QRURs, contact the QRUR Help Desk at pvhelpdesk@cms.hhhs.gov or call 888-734-6433 (select option 3).

MACRA: New Opportunities for Medicare Providers through Innovative Payment Systems

On September 28, CMS released a Request for Information to seek public comment related to new provisions in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA): Merit-based Incentive Payment System (MIPS), Alternative Payment Models (APMs), and a Physician-Focused Payment Model (PFPMs). See the Health Affairs Blog for more information.

Getting Started with the Hospice Item Set: Updated Fact Sheet Available

An updated version of the Getting Started with the Hospice Item Set (HIS) Fact Sheet is now available with more information about HIS reporting requirements. The fact sheet:

- Outlines the three primary phases of HIS reporting and provides resources to help providers successfully execute each of these phases
- Provides instructions for using Final Validation reports to verify that HIS records were successfully received and processed following submission to the QIES ASAP system, and

- Includes a brief list of tips and best practices which were compiled based on feedback received from the provider community following the implementation of the HIS.

Access Ordering and Referring Report through data.cms.gov

The Ordering Referring Report has a new location on the CMS website at https://data.cms.gov. This report contains National Provider Identifiers (NPIs) and names of physicians and non-physician practitioners who have current Medicare enrollment records and are eligible to order and refer. You can search by name/NPI or download the list in multiple formats. CMS will continue to update the report twice a week.

For information about ordering and referring requirements, see MLN Matters Article #SE1305.

Change in Cost Report Appeals Support Contractor for Part A Providers

On July 2, 2015, CMS announced that Federal Specialized Services, LLC (FSS) was awarded the Appeals Support Contract for all Medicare Part A/B hospital cost report appeal related issues. FSS will assume full responsibility of the appeals support function currently handled by the Blue Cross Blue Shield Association (BCBSA) on September 30, 2015:

- All Provider Reimbursement Review Board (PRRB) appeals-related correspondence previously sent to BCBSA will now be sent to FSS at prrb@fssappeals.com unless submitting documents electronically is not an option.
- All intermediary appeals-related correspondence previously sent to BCBSA will be sent to FSS at intermediary@fssappeals.com unless submitting documents electronically is not an option.
- If submitting documents electronically is not an option, use the following address for U.S. mail or express delivery services: PRRB Appeals, Federal Specialized Services, 1701 S. Racine Avenue 2, Chicago, IL 60608-4058.

New EHR Web Page for Past Program Requirements and Resources

CMS created a new web page on Requirements for Previous Years that contains all the program requirements and resources for previous years of the Electronic Health Record (EHR) Incentive Programs:

- 2014 Definition of Stage 2
- 2014 Definition of Stage 1
- 2014 Certified EHR Technology flexibility reporting
- 2014 Clinical Quality Measures (CQMs) reporting
- 2013 Definition of Stage 1
- 2013 CQM reporting
- 2011 and 2012 Definition of Stage 1

Please note: The corresponding web pages for these programs have been removed from the website; all resources can now be found on the new web page.

Guidance on Switching EHR Vendors

CMS recently added two new FAQs on how to continue participation in the Electronic Health Record (EHR) Incentive Programs or apply for a hardship exception after switching vendors:

- Can providers that have switched Certified EHR Technology vendors apply for a hardship exception to avoid the Medicare payment adjustment? See FAQ 12653.
- What if your product is decertified? See FAQ 12657.

For more information, visit the EHR website.

2016 PQRS Payment Adjustment and Informal Review Process

In 2016, CMS will apply a negative payment adjustment to individual eligible professionals, Comprehensive Primary Care practice sites, and group practices participating in the Physician Quality Reporting System (PQRS) group practice reporting option, including Accountable Care Organizations that did not satisfactorily report PQRS in 2014. Individuals and groups that receive the 2016 negative payment adjustment will not receive a 2014 PQRS incentive payment.

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 qnetsupport@hcqis.org from 7am to 7pm CT Monday through Friday.

Medicare Learning Network® Educational Products

"Medicare Enrollment and Claim Submission Guidelines" Booklet — Revised

The "Medicare Enrollment and Claim Submission Guidelines" Booklet (ICN 906764) was revised and is now available in downloadable format. This booklet is designed to provide education on applying for enrollment and submitting claims to Medicare. It includes the following information: enrolling in the Medicare Program; private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements.

"Medicare Enrollment for Institutional Providers" Fact Sheet — Revised

"Medicare Enrollment for Institutional Providers" Fact Sheet (ICN 903783) was revised and is now available in downloadable format. This fact sheet is designed to provide education for institutional providers to determine whether they are eligible to enroll in the Medicare program. It also includes resource information on the Medicare enrollment process.

New Medicare Learning Network Educational Web Guides Fast Fact

A new fast fact is now available on the Medicare Learning Network Educational Web Guides web page. This web page provides information on Evaluation and Management services; Guided Pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain CMS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.

Like the *eNews*? Have suggestions? Please let us know!

Subscribe to the *eNews.* Previous issues are available in the archive.

Follow the MLN on Twitter #CMSMLN, and visit us on YouTube.