

Thursday, October 22, 2015

ICD-10

Learn How to Assign an ICD-10-CM Diagnosis Code with MLN Connects Videos
Video Slideshow from August 27 MLN Connects Call Available
5 Ways to Check Your Claim Status
Contact List for ICD-10 Questions

MLN Connects[®] National Provider Calls and Events

Clinical Diagnostic Laboratory Test Payment System Proposed Rule Call — Registration Now Open
New MLN Connects National Provider Call Audio Recording and Transcript

Other CMS Events

EHR Incentive Programs: Recording from Final Rule Webinar Available

Announcements

HHS Awards more than \$240 Million to Expand the Primary Care Workforce
HHS Awards up to \$22.9 Million in Planning Grants for Certified Community Behavioral Health Clinics
2016 Value Modifier: Informal Review Request Period Open through November 9
2016 PQRS Payment Adjustment: Informal Review Request Period Open through November 9
IRF Quality Reporting Program Data Submission Deadline: November 15
LTCH Quality Reporting Program Data Submission Deadline: November 15
MACRA Request for Information: Comments Accepted through November 17
Dialysis Facility Compare: Submit your Comments through December 4
New Survey Process for Duodenoscopes/ Endoscopes/ Reusable Medical Devices
Hospice Quality Reporting Program: New Training Modules Available

Claims, Pricers, and Codes

Mass Adjustments of IRF PPS Claims that Require a Special Wage Index

Medicare Learning Network[®] Educational Products

"Infection Control: Environmental Safety" Web-Based Training Course — Released
"Infection Control: Injection Safety" Web-Based Training Course — Released
"PECOS for Provider and Supplier Organizations" Fact Sheet — Revised

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Learn How to Assign an ICD-10-CM Diagnosis Code with MLN Connects Videos

MLN Connects videos are available on [ICD-10 Coding Basics](#) and [Coding for ICD-10-CM: More of the Basics](#). Learn about the characteristics and unique features of ICD-10-CM, as well as similarities and differences between ICD-9-CM and ICD-10-CM:

- How to assign a diagnosis code using ICD-10-CM
- ICD-10-CM code structure
- Coding process and examples: Combination codes, 7th character, placeholder “x,” excludes notes, unspecified codes, external cause codes
- Resources for coders

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for a complete list of Medicare Learning Network educational materials.

Video Slideshow from August 27 MLN Connects Call Available

A [video slideshow](#) is 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.

5 Ways to Check Your Claim Status

You can check your claim status by:

- Interactive Voice Response (IVR): IVR gives providers access to Medicare claims information through a toll-free telephone number. Visit your [Medicare Administrative Contractor \(MAC\)](#) website for information on the Provider Contact Center and IVR user guide.
- Customer Service Representative (CSR): Visit your [MAC](#) website for information on the Provider Contact Center only if you are unable to access claims information via IVR.
- MAC portal: Visit your [MAC](#) website for portal features and access.
- Direct Data Entry (DDE): Providers that bill institutional claims are also permitted to submit claims electronically via DDE screens. Visit your [MAC](#) website for more information.
- ASC X12: The ASC X12 Health Care Claim Status Request and Response (276/277) is a pair of electronic transactions you can use to request the status of claims (via the 276) and receive a response (via the 277). Visit your [MAC](#) website for more information.

Contact List for ICD-10 Questions

Help is available if you experience any challenges using ICD-10. To locate ICD-10 information and contacts quickly:

- Find resources on the [ICD-10](#) website and [Road to 10](#) online tool.
- For Medicare claim questions, contact your [Medicare Administrative Contractor \(MAC\)](#). *Note:* MACs cannot respond to questions about Medicaid or commercial health plans.
- For Medicaid claim questions, contact your [state Medicaid agency](#).
- If you have a commercial or private health plan claim question, contact your health plan directly.
- The [ICD-10 Resource Guide and Contact List](#) gives MAC and Medicaid contact information organized by state.
- Contact the [ICD-10 Ombudsman](#) for questions. The ICD-10 Ombudsman is an impartial advocate with a dedicated team of experts to answer your questions. Responses will typically be sent within 3 business days of receipt.

MLN Connects® National Provider Calls and Events

Clinical Diagnostic Laboratory Test Payment System Proposed Rule Call — Registration Now Open

Tuesday, November 10; 2-3pm 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 proposed policy changes in the Clinical Diagnostic Laboratory Test Payment System proposed rule ([CMS-1621-P](#)). The proposed rule would significantly revise the Medicare payment system for clinical diagnostic laboratory tests and implement a related data collection system. This call will not include a question and answer session.

You can submit comments on the proposed rule until November 24, 2015.

Target Audience: Clinical diagnostic laboratory industry.

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 Call Audio Recording and Transcript

The [audio recording](#) and [transcript](#) are now available from the October 7 call — *Dialysis Facility Compare: Rollout of Five Star Rating*. More information is available on the [call detail](#) web page. During this call, learn about the first year of Dialysis Facility Compare star ratings and future plans.

Other CMS Events

EHR Incentive Programs: Recording from Final Rule Webinar Available

The [presentation](#) and [webinar recording](#) from the Electronic Health Record (EHR) Incentive Programs webinar on the final rule are available on the [2015 Program Requirements](#) web page. The October 8 webinar covered:

- Overview of the final rule
- Requirements for 2015 through 2017 (Modified Stage 2)
- Stage 3 requirements for 2018 and beyond
- What you need to know to participate in 2015
- New CMS resources

Announcements

HHS Awards more than \$240 Million to Expand the Primary Care Workforce

On October 14, HHS Secretary Sylvia Burwell announced more than \$240 million – including about \$176 million in Affordable Care Act funding – to support the [National Health Service Corps](#) and

[NURSE Corps](#) scholarship and loan repayment programs to increase access to primary health care in the communities that need it most. These programs provide funding to primary care clinicians and students in exchange for their service in underserved communities. They also assist in removing financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

See full text of this excerpted [HHS press release](#) (issued October 14), including a list of programs supported by the awards.

HHS Awards up to \$22.9 Million in Planning Grants for Certified Community Behavioral Health Clinics

Funding supports planning efforts to certify community behavioral health clinics in states across the nation

On October 19, the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with CMS and the Assistant Secretary of Planning and Evaluation (ASPE) awarded a total of \$22.9 million to support states throughout the nation in their efforts to improve the behavioral health of their citizens by providing community-based mental and substance use disorder treatment.

The planning grants will be used to support states to certify community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program. When the planning grant phase ends in October 2016, awardees will have an opportunity to apply to participate in a two-year demonstration program that will begin in January 2017.

For More Information:

- [Planning Grants for Certified Community Behavioral Health Clinics](#)
- [Section 223 Demonstration Program for Certified Community Behavioral Health Clinics](#)

See full text of this excerpted [HHS press release](#) (issued October 19), including awardees and grant amounts.

2016 Value Modifier: Informal Review Request Period Open through November 9

The period for requesting an informal review of the 2016 Value Modifier is open and ends November 9, 2015. Through the informal review, groups with 10 or more Eligible Professionals (EPs) that are subject to the 2016 Value Modifier can request corrections of perceived errors in their 2016 Value Modifier calculation.

The 2014 Annual Quality and Resource Use Reports (QRURs) are available 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 Model, or the Comprehensive Primary Care initiative in 2014, and to those TINs consisting only of non-physician 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 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](#).

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.hhs.gov or 888-734-6433 (select option 3).

2016 PQRS Payment Adjustment: Informal Review Request Period Open through November 9

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 you have been incorrectly assessed for 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 from 7am to 7pm CT Monday through Friday.

IRF Quality Reporting Program Data Submission Deadline: November 15

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program data collected between April 1 and June 30, 2015, must be submitted no later than 11:59pm PT on November 15, 2015. For additional information, including a list of quality measure data that is due, visit the [IRF Quality Reporting Spotlight and Announcements](#) web page.

LTCH Quality Reporting Program Data Submission Deadline: November 15

Long-Term Care Hospital (LTCH) Quality Reporting Program third quarter CY 2015 data must be submitted no later than 11:59pm PT on November 15, 2015. For additional information, including a list of quality measure data that is due, visit the [LTCH Quality Reporting Spotlight and Announcements](#) web page.

MACRA Request for Information: Comments Accepted through November 17

The comment period for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Request for Information (RFI) has been extended and will now close on November 17, 2015. This RFI seeks public comment on Section 101 of MACRA, which repeals the Medicare Sustainable Growth Rate methodology for updates to the Physician Fee Schedule (PFS) and implements scheduled PFS updates, including a higher update rate for qualifying participants in Alternative Payment Models beginning in 2026.

For More Information:

- [RFI](#)
- [MACRA](#)
- [Extension of comment period](#)

Dialysis Facility Compare: Submit your Comments through December 4

Help CMS improve [Dialysis Facility Compare](#). Submit your comments and measure recommendations for the October 2016 release to DialysisData@umich.edu through December 4, 2015. CMS subject matter experts discussed the Dialysis Facility Compare selection process during an [MLN Connects National Provider Call](#) on October 7.

New Survey Process for Duodenoscopes/ Endoscopes/ Reusable Medical Devices

CMS updated the survey process for the sterilization of reusable medical devices. Recent survey results continue to reveal problems with the cleaning and disinfection of reusable medical devices. On October 2, The Centers for Disease Control and Prevention and the Food and Drug Administration issued a [Health Advisory](#), urging healthcare administrators, providers, and facilities to immediately review procedures for cleaning, disinfecting, and sterilizing reusable medical devices. Read [more](#).

Hospice Quality Reporting Program: New Training Modules Available

Four Hospice Quality Reporting Program training modules are available to help you successfully submit your Hospice Item Set (HIS) admission and discharge records to CMS:

- Module 1: [HIS Data Submission](#)
- Module 2: [HIS Final Validation Report and Top Ten Submission Errors](#)
- Module 3: [CASPER Reports for Hospice Providers](#)
- Module 4: [Technical User Guide Location and Technical Help Desk Support](#)

For more information, visit the [HIS Technical Information](#) web page.

Claims, Pricers, and Codes

Mass Adjustments of IRF PPS Claims that Require a Special Wage Index

CMS discovered a system's error when calculating payments for Inpatient Rehabilitation Facility (IRF) providers that require a special wage index under the FY 2016 IRF Prospective Payment System (PPS). A system's fix will be implemented around October 26, 2015. Your Medicare Administrative Contractor will mass adjust affected IRF PPS claims with dates of service on or after October 1, 2015. No provider action is required.

Medicare Learning Network® Educational Products

"Infection Control: Environmental Safety" Web-Based Training Course — Released

The "Infection Control: Environmental Safety" Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on proper cleaning practices in health care facilities. It includes information on the categories of environmental surfaces and turnover cleaning versus terminal cleaning. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBT, go to [Medicare Learning Network Products](#), scroll to the bottom of the web page, under "Related Links," and click on "Web-Based Training Courses."

"Infection Control: Injection Safety" Web-Based Training Course — Released

The "Infection Control: Injection Safety" Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on proper injection practices in health care facilities. It includes information on safe injection practices and single-dose/single-use versus multi-dose medications. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBT, go to [Medicare Learning Network Products](#), scroll to the bottom of the web page, under "Related Links," and click on "Web-Based Training Courses."

"PECOS for Provider and Supplier Organizations" Fact Sheet — Revised

"[PECOS for Provider and Supplier Organizations](#)" Fact Sheet (ICN 903767) has been revised. This fact sheet is designed to provide education on how provider and supplier organizations 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.

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