

Thursday, October 29, 2015

**Editor's Note:**

If you order or refer items or services for Medicare beneficiaries and do not have a Medicare enrollment record, you need to submit an enrollment application to Medicare. See the revised [MLN Matters<sup>®</sup> Special Edition Article #SE1305](#). Also, see the revised [MLN Matters Special Edition Article #SE1434](#) on provider enrollment requirements for writing prescriptions for Medicare Part D drugs. Learn how to enroll to order/refer or prescribe Part D drugs using the 855O and more.

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## ICD-10

### Qualifiers for ICD-10 Diagnosis Codes on Electronic Claims

What qualifier do I use for ICD-10 diagnosis codes on electronic claims? See [FAQ 12889](#).

- For X12 837P 5010A1 claims, the HI01-1 field for the Code List Qualifier Code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code being sent. When sending more than one diagnosis code, use the qualifier code “ABF” for the Code List Qualifier Code to indicate up to 11 additional ICD-10 diagnosis codes that are sent.
- For X12 837I 5010A1 claims, the HI01-1 field for the Principal Diagnosis Code List Qualifier Code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code being sent. When sending more than one diagnosis code, use the qualifier code “ABF” for each Other Diagnosis Code to indicate up to 24 additional ICD-10 diagnosis codes that are sent.
- For NCPDP D.0 claims, in the 492.WE field for the Diagnosis Code Qualifier, use the code “02” to indicate an ICD-10 diagnosis code is being sent.

### 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
- Home Health
- National Coverage Determinations
- Local Coverage Determinations

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

### Clinical Diagnostic Laboratory Test Payment System Proposed Rule Call — Register Now

Tuesday, November 10 from 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.

### **National Partnership to Improve Dementia Care and QAPI Call — Registration Now Open**

Tuesday, December 1 from 1:30-3pm ET

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

This MLN Connects National Provider Call will focus on nursing home providers, as well as transitions of care between acute and long-term settings. A physician will share approaches to effectively manage high-risk medications, and a pharmacist will discuss the importance of drug regimen reviews and medication reconciliation. Additionally, CMS subject matter experts will update you on the progress of the National Partnership and Quality Assurance and Performance Improvement (QAPI). A question and answer session will follow the presentations.

The [National Partnership to Improve Dementia Care in Nursing Homes](#) and [QAPI](#) are partnering on MLN Connects Calls to broaden discussions related to quality of life, quality of care, and safety issues. The National Partnership was developed to improve dementia care in nursing homes through the use of individualized, comprehensive care approaches to reduce the use of unnecessary antipsychotic medications. QAPI standards expand the level and scope of quality activities to ensure that facilities continuously identify and correct quality deficiencies and sustain performance improvement.

#### Discussion Topics:

- Discussion from Washington Post ([Popular blood thinner causing deaths, injuries in nursing homes](#))
- Medication Management
- Drug Regimen Review & Medication Reconciliation
- QAPI
- National Partnership

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

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### **New MLN Connects National Provider Call Audio Recording and Transcript**

The [audio recording](#) and [transcript](#) are available from the October 15 call — 2014 Supplemental QRUR Physician Feedback Program. See the [call detail](#) web page for more information. This call provided 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.

## **Other CMS Events**

## Webinar for Comparative Billing Report on Optometry Services

Wednesday, November 18 from 3-4pm ET

Join CMS for an informative discussion of the comparative billing report on optometry services (CBR201510). CBR201510 is an educational report created to assist optometrists billing for general ophthalmological services, Evaluation and Management (E/M) services, and/or diagnostic ophthalmic imaging services.

### Agenda:

- Overview of comparative billing report (CBR201510)
- Coverage policy
- Methods and results
- References and resources
- Question and answer session

### Presenter Information:

- Speakers: Cheryl Bolchoz, 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 CBR201510, visit the [CBR](#) website or contact the CBR Support Help Desk at [CBRSupport@eglobaltech.com](mailto:CBRSupport@eglobaltech.com) or 800-771-4430.

## Long-Term Care Hospital Quality Reporting Program Provider Training

November 19 and 20 from 8:45am to 5pm 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. Register by Friday, October 30 to receive a discounted rate on room reservations.

## Announcements

### October is National Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month. About 1 in 8 women born today in the United States will get breast cancer at some point. Many women can survive breast cancer if it is found and treated early.

This national health observance is an excellent opportunity to talk to your Medicare patients about breast cancer screening. Medicare Part B provides coverage for screening mammography. A clinical breast exam is also covered as part of the screening pelvic examination for beneficiaries who meet coverage criteria.

For More Information:

- [Preventive Services](#)
- [Screening Pelvic Examinations](#)
- [National Breast Cancer Awareness Month](#) website

## Protect Your Patients against Influenza and Pneumonia

Influenza activity usually begins in October. Do you know if your patients are protected against influenza and pneumonia? Influenza is unpredictable and even healthy individuals can get it and suffer from related complications, like pneumonia. The Centers for Disease Control and Prevention (CDC) recommends an influenza vaccine each year for everyone 6 months of age and older to reduce the risk of illness and hospitalization. Now is a great time to vaccinate – to protect your patients, your staff, and yourself.

Generally, Medicare Part B covers:

- One influenza vaccination and its administration each influenza season for Medicare beneficiaries. If medically necessary, Medicare may cover additional seasonal influenza vaccinations.
- An initial pneumococcal vaccine and a different, second pneumococcal vaccine one year after the first vaccine was administered.

For More Information:

- [Preventive Services](#)
- [Influenza Vaccine Payment Allowances](#)
- [Influenza Resources for Health Care Professionals](#)
- [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#)
- [CDC Influenza](#) website
- Use [HealthMap Vaccine Finder](#) to help your patients locate the influenza vaccine in their community

## Hospital Value-Based Purchasing Program: FY 2016 Results

The Hospital Value-Based Purchasing Program adjusts what CMS pays hospitals under the Inpatient Prospective Payment System based on the quality of care they give patients. See the fact sheet for:

- FY 2016 quality domains
- FY 2016 program results
- FY 2017 domain weighting
- FY 2018 measures, domains, and weighting
- FY 2019, 2020, 2021, and 2022 measures

For more information, see the [FY 2016 value-based incentive payment adjustment factors](#).

See full text of this excerpted [CMS fact sheet](#) (issued October 26).

CMS recently released revised Public Use File (PUF) formats for the CY 2016 Durable Medical Equipment Prosthetics Orthotics Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) fee schedules. Revised 2016 Durable Medical Equipment (DME) and PEN text file formats are now available. Visit the [Durable Medical Equipment Center](#) web page for more information.

## Antipsychotic Drug use in Nursing Homes: Trend Update

CMS is [tracking the progress](#) of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome. In the fourth quarter of 2011, 23.9% of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 24.8% to a national prevalence of 18.0% in the second quarter of 2015. Success varies by state and CMS region, with some states and regions seeing a reduction greater than 20%.

For More Information:

- [Register](#) for the next MLN Connects National Provider Call on December 1
- Visit the [National Partnership](#) web page
- Send correspondence to [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov)

## EHR Incentive Programs: New Public Health Reporting FAQ

On October 6, CMS released the [final rule](#) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. CMS also released an FAQ in response to inquiries about the public health reporting objective in 2015.

Question: For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted? See [FAQ 12985](#).

## Claims, Pricers, and Codes

### Claims Processing Issue for non-Pneumococcal and Influenza Vaccines

CMS discovered a systems error when vaccine services other than pneumococcal and influenza are reported without condition code A6 for dates of service on or after October 1, 2015. Condition code A6 is only required when reporting pneumococcal and influenza vaccines. Your Medicare Administrative Contractor (MAC) will correct claims returned to you in error with reason code 32200. No provider action is required.

### Correction of Mammography Claims

CMS discovered a systems error with reason code 32016 assigning on mammography services with diagnosis code Z1231 for dates of service on or after October 1, 2015. Your Medicare Administrative Contractor (MAC) will correct claims returned to you in error with reason code 32016. No provider action is required.

## October 2015 OPPS Pricer File Update

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) web page has been updated with Pricer file and outpatient provider data for October 2015, under “4th Quarter 2015 Files.”

## Medicare Learning Network® Educational Products

### “Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs” MLN Matters Article — Revised

[MLN Matters Special Edition Article #SE1434](#), “Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs” was revised and is now available in a downloadable format. This article is designed to provide education on writing prescriptions for Medicare beneficiaries for Medicare Part D drugs. It includes background information and examples. The article was revised to communicate changes to and the delayed enforcement of the Part D prescriber enrollment requirement until June 1, 2016, and to provide clarifying information regarding the enrollment process.

### “Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A HHA Claims” MLN Matters Article — Revised

[MLN Matters Special Edition Article #SE1305](#), “Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)” was revised and is now available in downloadable format. This article is designed to educate certain ordering/referring providers on the implementation of the Phase 2 denial edits, and if applicable, the urgency to submit their Medicare enrollment application. It also provides background information; a list of questions and answers relating to the edits and their resulting impact on providers; as well as additional resources regarding the Medicare enrollment process. The article was revised to add a statement on page 8, item c, regarding a legislative change impacting the two year opt-out period.

### 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.

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