



# MLN Connects™

## Weekly Provider eNews

Thursday, May 29, 2014

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### MLN Connects™ National Provider Calls

#### More ICD-10 Coding Basics — Last Chance to Register

Wednesday, June 4; 1:30-3pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

HHS expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. Providers would have an extra year to prepare. During this MLN Connects™ National Provider Call, join us for a keynote presentation on more ICD-10 coding basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with updates from CMS. A question and answer session will follow the presentation.

#### Agenda:

- CMS updates, including the partial code freeze and 2015 code updates

- Why ICD-9-CM is being replaced with ICD-10-CM
- Benefits of ICD-10-CM
- Similarities and differences from ICD-9-CM
- Coding: Process of assigning a diagnosis code, 7<sup>th</sup> character, placeholder "x," excludes notes, unspecified codes, external cause of injury codes, type of encounter
- Documentation tips
- How to obtain answers to coding questions
- How to request modifications to ICD-10-CM

*Target Audience:* Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

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 Shared Savings Program ACO: Application Review — Register Now**

*Tuesday, June 10; 2:30 -4PM ET*

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

During this MLN Connects™ National Provider Call, CMS subject matter experts provide an overview and update to the Medicare Shared Savings Program application process for the January 1, 2015 start date. A question and answer session will follow the presentation. The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

#### *Agenda:*

- Medicare Shared Savings Program application process
- Differences between previous applications and the 2015 application
- Required templates
- Narratives and uploads
- Lessons learned
- Question & Answer

*Target Audience:* Potential 2015 Accountable Care Organization (ACO) applicants who submitted a Notice of Intent to Apply

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### **Open Payments (the Sunshine Act): CMS Registration Overview — Registration Now Open**

*Thursday, June 12; 1:30pm-3pm ET*

*To Register:* Visit [MLN Connects Upcoming Calls](#). Registration will be opening soon.

As a physician or teaching hospital, are you aware of Open Payments (the Sunshine Act)? Do you know the differences between Phase 1 and Phase 2 registration for this first Open Payments reporting year? Did you know that registration in the CMS Enterprise Portal is the required first step to be able to review and dispute any of the data reported about you by industry prior to public posting? Do you understand the process for disputing information with industry that you

believe to be inaccurate or incomplete? Are you aware that you have a defined number of days to initiate a dispute with industry?

As part of Open Payments, physicians and teaching hospitals should register with CMS to review information about payments or other transfers of value given to them by industry prior to public posting of the data. Physicians and teaching hospitals that choose to participate will initially need to register in the CMS Enterprise Portal (the gateway to the CMS Enterprise Management system) in order to access and review the information submitted about them by industry. As a part of this overall process, registered users will be able to dispute information with industry that they believe to be inaccurate or incomplete.

During this MLN Connects™ National Provider Call, CMS experts will give a brief introductory presentation about Open Payments, providing a concise overview of physician and teaching hospital CMS registration phases and the upcoming review and dispute process. This overview will be followed by answers to questions submitted prior to the call and an opportunity for participants to interact with our subject matter experts during a live question and answer session.

*Agenda:*

- Open Payments overview
- Overview of physician and teaching hospital CMS registration phases
- Upcoming review and dispute process
- Answers to submitted questions
- Live Q&A session

*Target Audience:* Physicians, teaching hospitals, professional organizations, physician staff and other interested parties. Additional information is available on the [June 12](#) call web page.

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### **PQRS: 2014 Qualified Clinical Data Registry — Register Now**

*Tuesday, June 17; 1:30-3pm ET*

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

This MLN Connects™ National Provider Call will provide an overview of Qualified Clinical Data Registry (QCDR) Reporting. New for 2014, the QCDR reporting method provides a new method to satisfy Physician Quality Reporting System (PQRS) requirements.

A QCDR is a CMS-approved entity (such as a specialty society, certification board, or regional health collaborative) that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare. This presentation will introduce eligible professionals to this new reporting option and provide steps for successful participation.

*Agenda:*

- Learn the Difference Between a QCDR and a Qualified Registry
- How to Use A QCDR to Qualify for a 2014 PQRS Incentive Payment
- How to Avoid the 2016 PQRS Payment Adjustment

*Target Audience:* Physicians and other health care professionals, medical group practices, practice managers, medical and specialty societies, payers, and insurers

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## Announcements

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### Prior Authorization to Ensure Beneficiary Access and Help Reduce Improper Payments

On May 22, CMS announced plans to expand a successful demonstration for prior authorization for power mobility devices, test prior authorization in additional services in two new demonstration programs, and propose regulation for prior authorization for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Prior authorization supports the administration's ongoing efforts to safeguard beneficiaries' access to medically necessary items and services, while reducing improper Medicare billing and payments. The proposed rule is estimated to reduce Medicare spending by \$100 to \$740 million over the next ten years.

The announcement builds upon lessons learned from the Medicare Prior Authorization of Power Mobility Device Demonstration. Launched in 2012, the demonstration established a prior authorization process for certain power mobility devices. Based on September 2013 claims data, monthly expenditures for certain power mobility devices decreased from \$12 million in September 2012 to \$4 million in August 2013 across the seven demonstration states (California, Florida, Illinois, Michigan, New York, North Carolina, and Texas) with no reduction in beneficiary access to medically necessary items.

CMS seeks to leverage this success by extending the demonstration to an additional 12 states. These states include Arizona, Georgia, Indiana, Kentucky, Louisiana, Maryland, Missouri, New Jersey, Ohio, Pennsylvania, Tennessee, and Washington. This will bring the total number of states participating in the demonstration to 19.

CMS also proposes to establish a prior authorization process for certain DMEPOS items that are frequently subject to unnecessary utilization. Through a proposed rule, CMS will solicit public comments on this prior authorization process, as well as criteria for establishing a list of durable medical items that are frequently subject to unnecessary utilization that may be subject to the new prior authorization process. The [proposed rule](#) is currently on display and will be published in the Federal Register on May 28, 2014. The deadline to submit comments is July 28, 2014.

CMS will launch two payment model demonstrations to test prior authorization for certain non-emergent services under Medicare. These services include hyperbaric oxygen therapy and repetitive scheduled non-emergent ambulance transport. Information from these models will inform future policy decisions on the use of prior authorization.

Prior authorization does not create additional documentation requirements or delay medical service. It requires the same information that is currently necessary to support Medicare payment, but earlier in the process. CMS believes prior authorization is an effective way to ensure compliance with Medicare rules for some items and services. For more information, go to the [Medicare Fee-For-Service Compliance Programs](#) website

Full text of this excerpted CMS [press release](#) (issued May 22).

### Application Deadlines for the 2015 Medicare Shared Savings Program

*Notice of Intent to Apply due by May 30; Form CMS-20037 due by June 9*

If you are interested in applying for participation in the Medicare Shared Savings Program (Shared Savings Program) for the January 1, 2015 program start date, you must submit a Notice of Intent (NOI) to Apply by this Friday, May 30, 2014, 8pm ET.

Potential applicants who submitted an NOI for the 2015 Shared Savings Program need to submit form CMS-20037 "Application For Access to CMS Computer Systems" to obtain your CMS User ID no later than Monday, June 9,

2014. Please do not wait until the deadline. Submit form CMS-20037 as soon as possible by using the link and instructions provided in your NOI acknowledgement email. Mail your completed form to CMS via tracked mail (FedEx, UPS, etc.) to: Attention: Adam Foltz, Centers for Medicare & Medicaid Services, 7500 Security Blvd, Mailstop C4-18-13, Baltimore, MD 21244.

Visit the [Shared Savings Program Application](#) web page for deadline dates for the 2015 Application cycle. [Register](#) to attend the June 10 MLN Connects™ National Provider Call on the application process.

### Hospice Item Set Implementation Begins July 1

Medicare-certified hospices will be required to complete and submit a Hospice Item Set (HIS) Admission record and a HIS-Discharge record for all patient admissions on or after July 1, 2014. Implementation of the HIS is part of the Hospice Quality Reporting Program (HQRP). CMS encourage you to visit the [HIS](#) website in order to access the Guidance Manual, training videos, and other resources. You should also visit the [HIS Technical](#) website for the final HIS data specifications and for additional technical-related material.

### Updated Information on Post-Acute Transfer Adjusted Cases in IPPS Proposed Rule

The number of post-acute care transfer adjusted cases for certain Medicare Severity Diagnosis Related Groups (MS-DRGs) included in the FY 2015 Inpatient Prospective Payment System (IPPS) [proposed rule](#) were inadvertently miscalculated. CMS has posted an updated [file](#) with revised post-acute care transfer adjusted cases and associated MS-DRG relative weights on the [FY 2015 Proposed Rule Data Files](#) web page.

### Submit Your 2014 PQRS Quality Measures through the GPRO Web Interface Method

Are you part of a group practice of 25 or more eligible professionals that is interested in submitting your PQRS quality data using the [Web Interface method](#)? Resources for 2014 participation are now available for groups that wish to report using this option. Group practices choosing to take part in one of the PQRS Group Practice Reporting Option (GPRO) reporting methods, including the Web Interface, must register by September 30, 2014. Registration must be completed online through the [Physician Value Modifier \(PV\) Physician Quality Reporting System \(PQRS\) Registration System](#).

#### *Group Practices with 25-99 Eligible Professionals*

If you are part of a group practice with 25 to 99 eligible professionals, you will need to:

- Report on the [22 Web Interface measures](#) for the required number of patients.
- Populate data fields for the first 218 consecutively ranked and assigned beneficiaries for each module or preventive care measure.
  - If the pool of beneficiaries is less than the requirement, then you must report on 100 percent of available beneficiaries.

*Note:* Your group can also choose to participate in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS, and would then also report all CAHPS for PQRS summary survey modules via a [CMS-certified survey vendor](#).

#### *Group Practices with 100+ Eligible Professionals*

If you are part of a group practice with 100 or more eligible professionals, you will need to:

- Report on the 22 Web Interface measures for the required number of patients.
- Populate data fields for the first 411 consecutively ranked and assigned beneficiaries for each module or preventive care measure.
  - If the pool of beneficiaries is less than the requirement, then you must report on 100 percent of available beneficiaries.
- Report all CAHPS for PQRS summary survey modules via a [CMS-certified survey vendor](#).

### *For More Information*

Review the [2014: PQRS GPRO Web Interface Reporting Made Simple](#) fact sheet for an overview of the Web Interface reporting method for PQRS in 2014. For more information about how to participate in the 2014 PQRS program through the GPRO, review the [2014 PQRS GPRO Requirements](#) document or visit the [PQRS](#) website.

## **Claims, Pricers, and Codes**

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### **2015 GEMs and Reimbursement Mappings for ICD-10 Now Available**

The 2015 General Equivalence Mappings (GEMs) and Reimbursement Mappings are now available on the [2015 ICD-10-CM and GEMs](#) web page and [2015 ICD-10-PCS and GEMs](#) web page. These mappings can be used to convert policies from ICD-9-CM to ICD-10 codes. The GEMs provide both forward (ICD-9-CM to ICD-10) and backward (ICD-10 to ICD-9-CM) mappings. For detailed information on these mappings, see the accompanying Guides that are posted with the files.

## **MLN Educational Products**

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### **“Proper Use of Modifier 59” MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1418](#), “Proper Use of Modifier 59” has been released and is now available in downloadable format. This article is designed to provide education on how to properly use Modifier 59. It includes background information to help clarify the existing policy and some examples to help guide physicians and providers on the proper use of Modifier 59.

### **“Medical Privacy of Protected Health Information” Fact Sheet — Reminder**

The “[Medical Privacy of Protected Health Information](#)” Fact Sheet (ICN 006942) is available in downloadable format. This fact is designed to provide education on resources and information regarding the HIPAA Privacy Rule and how this applies to customary health care practices. It includes information on accessing the HHS HIPAA web pages resources.

### **New MLN Provider Compliance Fast Fact**

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides the latest [MLN Educational Products](#) and [MLN Matters® Articles](#) designed to help Medicare health care professionals understand common billing errors and avoid improper payments. Please bookmark this page and check back often as a new fast fact is added each month.

### **Electronic Publications Now Available**

The following Fact Sheets are now available as electronic publications (EPUBs) and through QR codes. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#)” on the CMS website.

- The “[DMEPOS Competitive Bidding Program Physicians and Other Treating Practitioners Who Are Enrolled as Medicare DMEPOS Suppliers](#)” Fact Sheet (ICN 900926) is designed to provide education on an exception to regular Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding

program rules for walkers provided by physicians and other treating practitioners who are enrolled DMEPOS suppliers. It includes information on who can be considered under this exemption.

- The “[DMEPOS Competitive Bidding Program Hospitals That Are Not Contract Suppliers](#)” Fact Sheet (ICN 905463) is designed to provide education on an exception to regular DMEPOS competitive bidding program rules for walkers provided by hospitals that are not contract suppliers. It includes payment rules under this exception.

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