CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11128	Date: November 18, 2021
	Change Request 12492

SUBJECT: ESRD Treatment Choices (ETC) Model Performance Payment Adjustment (PPA) - Facility Component (Implementation CR)

I. SUMMARY OF CHANGES: The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is a mandatory model (demo code: 94), for which about a third of the nation's dialysis facilities will be required to participate based on zip code. The model started on January 1, 2021, and ends on June 30, 2027. The model includes, two payment adjustments, the Home Dialysis Payment Adjustment (HDPA) and the Performance Payment Adjustment (PPA), which apply to both the participating ESRD facilities and clinicians managing Medicare fee-for-service beneficiaries with ESRD, referred to as Managing Clinicians. The HDPA is an upward adjustment in home-dialysis related claims and is being implemented through CR 12038. The PPA is an upward and downward payment adjustment made on all dialysis and dialysis-related claims between July 1, 2022 and June 30, 2027. The PPA applies to both participating ESRD facilities and Managing Clinicians and CR 12404 is implementing the PPA for Managing Clinicians, who are paid through the ESRD Monthly Capitation Payment (MCP). Whereas, this CR implements the policy on how to apply the PPA for ESRD Facilities, who are paid through the ESRD Prospective Payment System (PPS).

EFFECTIVE DATE: April 1, 2022 - Begin development FISS; July 1, 2022 - Continue development, testing and implementation FISS; Full implementation of MCS; Full implementation of CWF \*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 4, 2022 - Begin development FISS; July 5, 2022 - Continue development, testing and implementation FISS. Full implementation of MCS and CWF

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R-REVISED, N-NEW, D-DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A	N/A	

#### III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and

# **Internet Only Manual 100 3**

Carol J. Buck

### **Internet Only Manual 100 3:**

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Step-By-Step Medical Coding Carol J. Buck, 2013 Take your first step toward a successful career in medical coding with comprehensive coverage from the most trusted source in the field Step by Step Medical Coding 2013 Edition is the practical easy to use resource that shows you exactly how to code using all of today s coding systems In depth step by step explanations of essential coding concepts are followed by practice exercises to reinforce your understanding In addition to coverage of reimbursement ICD 9 CM CPT HCPCS and inpatient coding the 2013 edition offers complete coverage of the ICD 10 CM diagnosis coding system in preparation for the eventual transition No other text on the market so thoroughly prepares you for all coding sets in one source Dual coding in Units 4 and 5 where both ICD 10 and ICD 9 answers are provided for every exercise chapter review and workbook question ensures you can code using the systems of both today and tomorrow Complete coverage of the new ICD 10 code set in Unit 2 prepares you for the eventual transition from ICD 9 to ICD 10 Official Guidelines for Coding and Reporting boxes in Units 2 3 and 5 present the official outpatient and inpatient guidelines alongside text discussions Concrete real life coding examples help you apply important coding principles and practices to actual scenarios from the field Over 500 total illustrations of medical procedures or conditions help you understand the services being coded Four coding question variations develop your coding ability and critical thinking skills One answer blank for coding questions that require a one code answer Multiple answer blanks for coding questions that require a multiple code answer Identifiers next to the answer blank s to guide you through the most difficult coding scenarios Answer

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**Physical Therapy Documentation** Mia Erickson, Mia L. Erickson, Rebecca McKnight, Ralph Utzman, 2008 Complete accurate documentation is one of the essential skills for a physical therapist This book covers all the fundamentals includes practice exercises case studies throughout

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