

Centers for Medicare & Medicaid Services
Preparing for ICD-10 Implementation in 2011 National Provider Teleconference
Moderator: Leah Nguyen
January 12, 2011
1:00 p.m. ET

Part 3 of 4 Audio Recordings

Question and Answer Session

Leah Nguyen: We have now completed the presentation portion of this call. And we'll move on to the question and answer session. Before we begin I would like to remind everyone that this call is being recorded and transcribed. Before asking a question, please state your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your questions to just one.

And also at this time we did want to remind anyone who may have joined us late that we do have continuing education credits that may be awarded by the American Academy of Professional Coders or the American Health Information Management Association for participation in CMS national provider teleconferences. Please see slides 61 and 62 of the slide presentation for more details.

All right Shannon, at this time you may open the lines for questions.

Question and Answer Session

Operator: We will now open the lines for a question and answer session. To ask a question, press star followed by the number one on your touch tone phone. To remove yourself from the queue, please press the pound key.

Please state your name and organization prior to asking a question and pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question so anything you say or any back ground noise will be heard in the conference.

Your first question comes from the line of Sue Kelly. Your line is now open.

Sue Kelly: Hello, can you hear me?

Sue Bowman: Yes.

Sue Kelly: Our question is we are a long – this is Westbury United Methodist Community in Meadville, Pennsylvania. We are a continuing care community and for the transition for ICD-10 from ICD-9, will it be necessary to do a full change of all of our codes in our system to be prepared for the October deadlines that all codes are ICD-10?

Pat Brooks: This is Pat Brooks. I think if what you're asking is should you go back and recode all of your old data and all of your old claims, the answer would be no.

Sue Kelly: Current diagnosis coding.

Pat Brooks: That's correct. For right now you'll continue coding with ICD-9-CM. What you will do, the action you will take with ICD-10 is beginning for care provided on October 1, 2013. At that point you'll be coding with ICD-10 and no longer using ICD-9. You do not have to go back and recode from times before that. Is that your question?

Sue Kelly: Well our diagnoses are continuous because this is long term care. Do we need to update all our codes because they're all being used in current care, to ICD-10?

Pat Brooks: If what your questions is, if your claims cross the implementation dates, we have not developed an agency position now on how we will instruct people whose claims span the implementation date. But we will be announcing something in the future if that's the nature of your question.

Sue Kelly: I think so. Thank you.

Pat Brooks: Thank you.

Operator: Your next question comes from the line of Anne Dodro. Your line is now open.

Anne Dodro: Thank you. I'm calling from Dr. Gregory Weatherford's office. I'm sorry at the very beginning of the conference you told us where we could find the slide show and I missed that. I'd like to go back there and maybe copy that down.

Leah Nguyen: OK, what you would do is go to the ICD-10 Website at www.cms.gov/icd10, and on the left hand side you would click on the tabs for CMS Sponsored ICD-10 Teleconferences. And then, from that page you'll see like a table with a list of all the conferences. And you would just go ahead and select the January 12, 2011, call. And from that page once you're on the call page you scroll down to the bottom and the presentation is under the Downloads section and the article is under Related Links Inside CMS.

Sue Kelly: Thank you.

Operator: Your next question comes from the line of Sue Thelman. Your line is now open.

Sue Thelman: Hi there, just a quick question in the beginning part of the show, slide show it's partial code freeze. Can you go over that just a little bit more? We're still a little confused on that.

Pat Brooks: Yes, this is Pat Brooks. I'd be happy to do so. It might help you to also review the other document that we posted in addition to the slide presentation was the MLN Matters information that's more clear. But basically it will work like this, each year now there are updates to ICD-9-CM codes, maybe two or three hundred a year. Many people feel like 200 to 300 a year code updates is hard when you go through all the steps that Sue Bowman talks about preparing for ICD-10.

That's a lot to consider when you're updating your systems and payments each year for code updates. So we want to reduce the number of code updates. So basically what's going to happen is that on October 1, 2011, we'll have the last regular updates to ICD-9 and ICD-10 so you can anticipate the usual rather large number of code updates at that time.

After that we will be ratcheting down the number of codes that are updated each year, significantly ratcheting them down so that the only new codes you see on October 1, 2012, are those that would capture what is clearly some type of a new technology or a new disease, the H1N1, something like that.

On October 1, 2013, we will have the same number, a very small number of code updates. Clearly that's the date that ICD-10 starts and there is the possibility that the day it starts we will be adding a few new codes for new technology and new diseases on the day ICD-10 begins.

Then again on October 1, 2014, the public will be able to ask for any needed code updates they want. And there's a possibility of the normal, rather large updates to ICD-10 codes in 2014. ICD-9 will not be updated on October 1, 2013, because it'll no longer be in effect.

So what you can anticipate is business as usual through this October 1, 2011, with large code updates. And then a freeze, which will greatly reduce the number of updates in the following years, does that help?

Sue Thelman: Yes, thank you very much.

Operator: Your next question comes from the line of Joy Haywood, your line is now open.

Joy Haywood: Thank you, my name is Joy Haywood. I work with Montgomery County Health Department. And we have just converted to the HIS system. And I just would like to know if these codes are going to be rolled over into that system or is somebody from Raleigh going to have to key each one of these codes in?

Pat Brooks: I would say that – and I'm not familiar with your system but that's one of the things that Sue might want to address how she would tell you to ask about that system. Sue, did you want to go through that part of your slide presentation?

Sue Bowman: Yes, I would refer you to the slide about talking to your vendors. You know a lot of the vendors are going to provide an upgrade to your system for ICD-10. So you might want to talk to your vendor about when – if they're going to do

that - when they plan to have that ready. And issues like is the cost going to be part of their routine maintenance contract or are they going to charge separately for making that upgrade.

Joy Haywood: OK, thank you, ma'am.

Operator: Your next question comes from the line of Linda Timberlo, your line is now open.

Lisa: Hi, this is Lisa calling from the University of Rochester Medical Center in Rochester, New York. My question is who do you recommend in your facility to establish the steering committee? And also to head up the impact assessment? Is it the responsibility of the HIMSS department or is it the responsibility of compliance? Who is the best person to head up this steering committee?

Sue Bowman: This is Sue and I'll take that question. It kind of varies depending on the structure of your organization and roles and responsibilities. In many organizations it is someone from HIM who has headed that up. And then put the steering committee together with people from IT, someone from – I urge you to include somebody from the medical staff to have that linkage with the physician and business office manager.

Key people that are going to be significantly affected by the transition should be on the committee. But it may depend internally on how your organization works, who is the best person to lead that. In many cases it may be an HIM person.

Lisa: Would compliance be able to lead such a committee? Would that be recommended or is it preferred that HIMSS do that?

Sue Bowman: It's possible Compliance could do it. It's best if someone who and it sort of depends what the – I guess what the background and knowledge of the person in a particular position is - but it is helpful if the person who leads the steering committee has some knowledge about the code sets and what's involved with the process because that's sort ensures that it gets off on the right foot, that its

got the right time and resources associated with it because someone is estimating accurately what this all entails.

Lisa: OK and I also have another question. Do you recommend that facilities send people to have – be certified trainers and have training done within? Or is it perhaps better to have your training outsourced?

Sue Bowman: That really depends on your own organization and whether you want to have – I don't know how many people, how many coders you have to train. Sometimes if you have a large number of coders to train, it's easier logistically, cost-wise and so forth to have one person become a trainer to come back and train everybody in your organization.

Sometimes people prefer to actually send their coders somewhere to be trained by somebody else. It really depends on the size of your organization, how many people you have. You know where you're located. What kinds of travel costs there might be in sending people somewhere else versus having the training done internally.

That's all part of what really needs to be discussed through this whole Phase 1 process moving forward is how do you normally do training for new projects and new initiatives. And what will work best given the size and structure and number of people in your organization.

Lisa: OK that's great, thank you very much.

Operator: Your next question comes from the line of Cindy Schuster, your line is now open.

Cindy Schuster: Hi, my question is that right now we don't get coding books in our facility. Well we do for the clinic but not for medical records because we use an encoder online. And do you recommend that we would get the ICD-10 code book or continue to go with just what's online.

Sue Bowman: If you are used to using electronic coding tools you know I would say it's fine to continue that. As a matter of fact, ICD-10 is even more amenable to electronic coding than ICD-9 is. So there's no reason to buy a book just

because you're moving to ICD-10. You'll be able to do the same things with an encoder. So I would say just continue with the encoder products.

Cindy Schuster: OK and then that would also give us the – like the code sets you know like right now if you have diabetes and renal failure, you end up with two codes. It would also do that for ICD-10, is that correct?

Sue Bowman: Right, I mean you could – again you could talk to your encoder vendor exactly about their transition process of converting their product. But I assume that whoever your vendor is, they would convert it to be just as strong of an encoding product if they have for 9.

So if it requires two codes to complete a diagnostic statement or there's instructional notes saying you need another code from over here to go with that you know all of those kinds of pieces of the coding system would still be part of your encoding product – that they would upgrade the product to do the same sort of coding, only with ICD-10 and the ICD-10 rules.

Cindy Shuster: OK. Thank you.

Operator: Your next question comes from the line of Patrice Ostro. Your line is now open.

Patrice Ostro: Good afternoon and thank you for the presentation. My question is, as this conference relates to billing for Medicare and Medicaid services, have you been informed from the other major carriers across the country that they're going to also be on board with usage of ICD-10 codes at the same time that Medicare and Medicaid services will be implementing?

Pat Brooks: This is Pat Brooks and, yes – they have some standards that require Medicare and Medicaid to go to ICD-10 – also mandates that all others using these electronic billing formats have to go, and the compliance date is dictated in the regulations. So you should assume that your other payers – your Blue Crosses – your – whoever – as a matter fact, many of them may even be on the phone now – they have been working very hard to convert their payment system, so that they can receive the codes at the same time that we do.

Patrice Osto: OK – I know we’re limited to one question, but I do have one quick one – do you have any word on workman’s comp?

Pat Brooks: No – we do not have any word on workman’s comp, but I believe that a different part of our agency is working on that – they are working with them – and perhaps we will have some statements later.

Patrice Osto: OK – great – thank you.

Operator: Your next question comes from the line of Noona Seese. Your line is now open.

Noona Seese: Thank you. We are an outpatient behavioral health organization, and I know most of the questions have been to the physical health part of it – could you give me a brief update on what mental health has to look forward to? I understand the CPT codes will stay the same, and we currently use DSM codes – could you please talk in a little bit more detail about mental health?

Pat Brooks: Sue, do you want to go through the comparable DSM mental health tester issues?

Sue Bowman: Well, do you use – do you use ICD-9 codes for billing, though – at all?

Noona Seese: Some of them – yes.

Sue Bowman: Because just as in ICD-9, there is a mental health chapter in ICD-10-CM – it’s actually more robust and more in line with the DSM-IV codes because the American Psychiatric Association has been very involved with the development of that chapter of ICD-10-CM. So wherever you were using ICD-9-CM mental health codes before, you will be converting to ICD-10-CM mental health codes.

Noona Seese: And when we’re using the DSMs, will we still be using the DSM-IV codes?

Sue Bowman: I’m not sure exactly where you’re using them, but yes, DSM-IV, DSM, and the purposes that DSM is used for, is not going away. If you can think of it

as, wherever ICD-9 is being used, it will be replaced by ICD-10. Where a different code set was being used, that would not be affected.

Noona Seese: OK – so if we’re using the DSMs, we should be OK, then?

Sue Bowman: Where you’re using the DSMs – yes. But if you are – it sounded like you are using some ICD-9 codes – that’s where you would be changing to the ICD-10 codes.

Noona Seese: OK.

Pat Brooks: And let me make one small point. Many people use DSMs to look up codes, and the code numbers look like the current ICD-9-CM mental health codes. The numbers are almost identical, if not identical. When ICD-10 comes along, you will have to use an ICD-10 code.

I believe that DSM is going to a comparable look – they were suggesting we move our update up, but HIPAA will not allow it, but I believe by the time that works out, more than likely the DSM entities – code numbers will look just like the ICD-10-CM codes. But for billing purposes, the numbers you sent in – they have to be ICD-10-CM.

Noona Seese: OK. OK – all right – thank you so much for your help.

Operator: Your next question comes from the line of Eudela Lane. Your line is now open.

Eudela Lane: Hi – yes – my question is – who do we contact for training – someone that would come into the facility, or do we need to go out to seminars – or who’s going to train us on ICD-9 coding? I’m calling from – in Loudoun Nursing and Rehab Center in Leesburg, Virginia.

Sue Bowman: Well, this is Sue Bowman. Other – there are actually a lot of organizations that are doing training for trainers – as I mentioned earlier, it’s not really the time to have intensive training for coders except to ...

Eudela Lane: Right.

- Sue Bowman: ... send them to presentations to kind of learn what's going to happen and that kind of thing, but I know that AHIMA, for example – we have academies for training trainers – I believe there are other organizations, as well, that are providing training programs.
- Eudela Lane: Are – is there something I can get off line?
- Pat Brooks: This is Pat Brooks – that's why we've supplied you with the WEDI enhanced locations – the slide – let me find that number for you.
- Eudela Lane: OK. So this is a number I can call for training?
- Pat Brooks: The WEDI and HIMSS slide is the one that lists – yes – slide 28 – and I assume AHIMA even has their self listed there – any organization that has ICD-10 resources, like software, training, whatever – they can sort of self request that WEDI and HIMSS list their products. So you can browse those two websites and see if you see something close by, convenient, or whatever that suits you.
- Eudela Lane: OK – what are the websites?
- Pat Brooks: On 28 of the handout – it's for WEDI – WEDI and HIMSS – HIMSS. We at CMS can't endorse one group or the other, but we did arrange for these two organizations to allow other organizations to post availability of resources since people like yourself would like a place to look for what's available.
- Eudela Lane: OK – So I need to go on the CMS Website and go to the slide number 28 – you're saying?
- Pat Brooks: Yes – did you not print out the slides for this call? It's the slides for this call.
- Eudela Lane: No I didn't – I didn't.
- Pat Brooks: OK – then you do that and look at slide 28.
- Eudela Lane: OK – so I need to go on the website to the CMS Sponsored ICD-9 teleconference?

Pat Brooks: Yes – Leah will give you directions for doing that again – yes.

Eudela Lane: OK.

Leah Nguyen: What you do is, you can go to the CMS ICD-10 Website at www.cms.gov/icd10.

Eudela Lane: Yes.

Leah Nguyen: And then, over on the left-hand side, click on CMS Sponsored ICD-10 Teleconferences.

Eudela Lane: Yes.

Leah Nguyen: And from there you'll see a chart of all the calls that we've held, and you want to select today – the January 12, 2011 – and then scroll down to the bottom, and you'll see the slide presentation under the download section.

Eudela Lane: OK. And I just go to slide 28?

Leah Nguyen: Yes.

Eudela Lane: All right – thank you.

Leah Nguyen: You're welcome.

Eudela Lane: Yes – bye-bye.