Centers for Medicare & Medicaid Services
Preparing for ICD-10 Implementation in 2011 National Provider Teleconference
Moderator: Leah Nguyen
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Part 4 of 4 Audio Recordings

Question and Answer Session Continued

Operator: Your next question comes from the line of Brandy Enright. Your line is now open.

Brandy Enright: Are physicians to inpatients – see patients – that are inpatients in the hospital, and I just want to confirm that we can continue using the HCPCS codes that we have now.

Pat Brooks: That is absolutely correct. We tried to make that just as clear as we could on slide five –and slide six – where we say ICD-10-PCS will not be used on physician claims even those – the physician claims for inpatient visits. So that's on slide five – and on slide six – there'll be no impact on CPT or HCPCS, so everywhere you're recording CPT or HCPCS now, you'll continue doing that, even after ICD-10 is implemented.

Brandy Enright: Thank you so much.

Operator: Your next question comes from the line of Dana Koffman. Your line is now open.

Dana Koffman: Yes, this is Dana Koffman from Healthcare Computer Corporation, and I have a question regarding – when – or has anything been determined about how to handle items that have a span date that will cross the timeline of 10/1/2013?

Pat Brooks: No – I told one of the previous questioners – the issue of span of service that crosses the October 1st implementation date – we do not have a CMS position to release yet. Hopefully, on one of the future calls, or in definitely, this information would be released formally, once it's decided, but at this point in time, those that span the service – spans the implementation date – we do not

have any agency position on that yet – and it may be that different payers will handle it differently.

Dana Koffman: And have they posted any updates on when they're going to start revising the Medicare LCDs and the CMNs?

Pat Brooks: I can just tell you that when we're for – first out of the gate to an MS-DRGs, we get a lot of work at other parts of the agency, including those working on the NCDs and LCDs – are actively working on that. We don't have anything to share with you now about when that will be completed and when that will be shared, but there are a lot of efforts on the way on that activity within CMS.

Dana Koffman: OK. That sounds good – thank you.

Operator: Your next question comes from the line of Louann Hitener. Your line is now open.

Louann Hitener: Yes – hi – thank you. My question is, some of your documentation there states that the ICD-10 will affect scheduling and registration, and I'm just wondering how that impacts them?

Sue Bowman: This is Sue. In some cases – in some departments or some facilities – the registration area uses the codes to determine coverage issues and medical necessity requirements and that sort of thing. So that's an example of an area where there might be codes being used that you don't even know about.

Louann Hitener: Thank you very much.

Question and Answer Session Continued

Operator: Your next question comes from the line of Gail Whaley. Your line is now open.

Gail Whaley: Hello – this is Gail Whaley from St. John Medical Center in Tulsa, Oklahoma. We had a question about – referring to state registries – can the states require

us to still continue to use ICD-9 codes after 2013, or will they allow us to use the new codes?

Pat Brooks: That I don't know. Sue, are you aware of that?

Sue Bowman: I'm not aware of anyone who is planning to continue to use ICD-9 codes. I'm aware of a lot of activities from registries and performance measures and so on that they're involved in transitioning to ICD-10. While they may not be some of these registries and so forth aren't covered HIPAA entities, the fact is that, as Pat mentioned, ICD-9 will no longer be maintained. Ultimately, you won't even, I imagine, be able to buy an ICD-9 book or an ICD-9 product. So it really doesn't behoove anyone to continue to use the ICD-9 codes, particularly in areas such as registries where the quality of the data is so critically important.

So I guess my answer to that is I have not heard of anyone who was planning not to move to ICD-10 for that type of data.

Gail Whaley: Great, thank you very much.

Operator: Your next question comes from the line of Clare Capello. Your line is now open.

Clare Capello: Yes, hi.

I'm wondering if you could talk about the paper claims. Do you think it's actually possible that come October 1, 2013, some hospitals will be billing paper with I-9 and electronic with I-10?

Pat Brooks: This is Pat Brooks. I can tell you for Medicare purposes if they do that they wouldn't get paid because our logic is converting to ICD-10. So our inpatient and outpatient payment logic would not work at all if an ICD-9 code came through there.

Clare Capello: So even though it's not HIPPA mandated it would be payer mandated?

Pat Brooks: If it's just like what Sue says, ICD-9 would not be maintained. It's a – will not be – they won't have code books for that. With people changing to ICD-10, simply because you use a paper claim I think you should not expect your local – your non-Medicare, your private insurer to decide to set up dual systems to pay you. I think you should expect that you'll have to convert your paper claims. You'll start to have to learn to use ICD-10 codes and put those on your paper claims, too.

Clare Capello: Well, I hope you're right. Thank you.

Operator: Your next question comes from the line of Rowena Rojos. Your line – I apologize – the line of Steven Palmore, your line is now open.

Dr. Kelly Butler: Hello, this is Hello Medical Center. This is Dr. Kelly Butler with Health Information Resource Group.

I'm going to be the cynic. I worked with coding for well over 30 years and the documentation. I am preparing to go with I-10, but we get messages from different of our vendors and payers that there is a possibility that 2013 date is not going to happen.

We're really worried about putting a lot of time and expense and preparation into something that might not happen or be delayed that will cause us additional expense and resources.

How rigid is that 2013 date so that we can proceed – and again I say this because of working 30 years with coding, every two to five years there's been this message of, oh get ready, ICD-9 – ICD-10 is going to happen in two to five years.

Pat Brooks: Well, let me just say this. We have talked about the possibility of that happening, but what's different now is we actually have that final rule that went out. And CMS versus other payers are actively converting their payment and internal systems to get ready for ICD-10. They're going to have payment systems ready to go live on October 1, 2013. To turn that back would be quite difficult.

The message we're giving you strongly is that we're spending a lot of internal time here at CMS doing just what Sue Bowman just said. We're doing implementation, planning. We're converting our systems. We are doing payment policy updates, and I think you and the provider community should do equally. You should get ready and assume we're serious because that's what we're doing. You should get ready and move forward.

Dr. Kelly Butler: Thank you.

Operator: Your next question comes from the line of Val Thompson. If your line is on mute, will you please unmute your line.

Your next question comes from the line of Mary Vio. Your line is now open.

Mary Vio: Yes hi, my name is Mary Vio, and I'm calling from Monarch HealthCare in Irvine, California. My question pertains to the GEMs. Can you tell me how the CMS file differs from those being offered by various vendors?

Pat Brooks: This is Pat Brooks. You know that's a question like Sue says that you may want to do your own planning for. I would assume, but I do not know that the other vendors have taken all of the work that CMS did cause picked up the logic of the GEMs on our website. We did that. Anyone can take that for free. They can take that logic, and they can automate it.

How the bells and whistles work, how the automation would vary from one to the other I would assume that no vendor decided they disagreed with our GEM logic and changed it, but that is a question certainly if you were concerned about it then, then you could ask them. Does this work based on the official, annually updated GEM style based on CMS' website? If they say yes then you know this is exactly what you have. If it doesn't then you might investigate what they have and to see if it's something you want to use.

Mary Vio: OK, thank you.

Pat Brooks: Sue, do you have anything else more to add about vendor evaluations?

Sue Bowman: Yes, one thing I would add is I do, I agree with you Pat. I do use one of the vendor provided mapping – products. And it's exactly what you said. They have just automated the GEMs similar to taking the code set and creating and encoder from it where nobody has changed the codes or done anything different with the code, but they might have made it more user friendly.

Added some bells and whistles to find things, but it's still the basic code set. That too is my understanding of what the vendor GEM products are, but it is a good question to ask your vendor just to make sure that that's what it is.

Mary Vio: OK, thank you.

Operator: Your next question comes from the line of Sherry Kennedy. Your line is now open.

Sherry Kennedy: Yes, this is Sherry Kennedy with Knowledge Solutions in Bevins, Texas, and my question, first of all, will more specific information as to implementation for nursing home providers be provided by CMS, and if so, when can that be expected?

Pat Brooks: This is Pat Brooks. I'll just answer you generically as I did earlier. All the payment policy updates are in the work now, and those that have regular means of updating their policies like formal rule making, the year we moved out to ICD-10, you can expect that ICD-10 will be part of that rule making.

They may actually, like we have on the end patient side, post some of our draft work early so you can see how we're converting our payment logic to let you know in advance. But all the CMS payment policy will go through its usual formal rule making.

Sherry Kennedy: All right thank you, and then you talked about increased documentation specificity. A requirement for that with the ICD-10 coding, and where can I find resources on that?

Pat Brooks: I'm not sure I understand the question. Sue, do you?

Sue Bowman: Could you repeat the question?

Sherry Kennedy: Certainly. Where can I find resources that would meet the requirements for increased documentation specificity?

Sue Bowman: Well there is – I'm trying to think how to answer the questions because it sort of depends on your documentation. What I have suggested doing is, saying for example, take your top diagnoses, your top 25 diagnoses, and pull a random sample of records or a certain sample by physician, and then analyze it against the ICD-10 codes for those diagnoses would be a way of starting to look at that. Sort of just do a random check. See how the documentation matches up in your facility in some of the common cases. Is that the kind of thing you were referring to?

Sherry Kennedy: It is. It is. I didn't know if there was a resource out there that would say specific, if you were using this code, this is the type of documentation that would be required.

Pat Brooks: You know, I think the presentation that Sue Bowman helped us do on the ICD-10-CM basics, I think that may just be something you might want to look at because Sue pointed out some areas where ICD-10-CM changed. And being aware of that, like adding in left and right, things like that...

Sherry Kennedy: Yes.

Pat Brooks: … where, some issues that she may want to review your documentation for. Wouldn't you say Sue that you covered a lot of very good basic parts to the changes with ICD-10-CM? I think that was the…

Sue Bowman: Yes, during that presentation we did cover a number of examples showing how the codes are different in ICD-9 and ICD-10 and where there's greater specificity that would be a good place to start looking for areas that you can look at your documentation in. So yes that would be a good resource.

Pat Brooks: That call was March 23, 2010. It was called Basic Introduction to ICD-9-CM National Provider Call.

Sue Bowman: There's also, a number of organizations have put out resources and ICD-10 books and workbooks showing some of the differences between the code sets. That would be another resource you could possibly look to as well, but I think that's where the knowledge that I talked about, in gaining familiarity from the coding staff of what some of the differences are.

Because then it makes it easier to do some kind of assessment of a sample of records if you have a basic understanding of some of the areas if there's increased specificity either in the type of disease or in the anatomic site for example.

Sherry Kennedy: Excellent. Excellent. Thank you very much.

Operator: Your next question comes from the line of Stacy Barnes. Your line is now open.

Stacy Barnes: Yes, hello. My name is Stacy Barnes. I'm calling from an OB/GYN practice, and I'm just a little confused. I know one of the previous callers had a similar question. It was regarding the ICD-10-PCS. Now we're a doctor's office. Our doctors do go to the hospital to deliver babies, do consults, surgeries. Some are inpatient, some are outpatient. So basically what my question is, do we have to use the ICD-10-PCS or do we still use the regular CPT codes?

Pat Brooks: Yes, this is Pat Brooks again, and the answer to you is, you do not have to use ICD-10-PCS. On slides five and six, what we tried to say is that the only people using ICD-10-PCS will be hospital personnel who are coding hospital claims.

Stacy Barnes: OK.

Pat Brooks: You're coding a physician claim. You use CPT and HCPCs, and as we show on slide six, everything you do with CPT and HCPCs now, you'll be doing when ICD-10 comes out. The only difference you'll see on your claims is that you will be capturing diagnoses using ICD-10-CM. You will not be using ICD-10-PCS.

Stacy Barnes: OK. OK, that clarified everything. Thank you so much.

Pat Brooks: You're welcome.

Operator: Your next question comes from the line of Chmiel Moore. Your line is now open.

John Spencer: Hello, this is John Spencer actually, speaking on behalf of Chmiel from Inter Mountain HealthCare. We just had a question. We're working on how to deal with the dual processing issue. We're a provider, and it sounds like we need to be able to send ICD-9 codes to non-covered entities indefinitely, and rebuild for up to seven years, and maybe even payers that don't make the deadline, but we still need to get paid.

It also seems that our internal and external reporting stakeholders will need some kind of continuity over this reporting transition. We're exploring the using the GEMs to try to crosswalk that data to build this blended picture, but we wondered if you had any suggestions or recommendations on how to approach this challenge.

Pat Brooks: The only thing that I can suggest to you is for the inpatient because that's where I work, is that we realize we'll be processing dual claims too, dual coded claims as the ICD-9s come in late for an inpatient claim maybe then you would have expected earlier. We will be going on date of service to determine if the provider should have put down ICD-10 or ICD-9 code, and our logic will be built on date of service.

That's all that I can share with you what we're doing on the inpatient side. Other parts of CMS are working on this problem of dual processing, but it may take different nuances for different people. Perhaps it helps knowing if you focused heavily on the date of service and keying up your own processing logic, that might help.

John Spencer: I think the challenge we were trying to figure out with the reporting. How do we build this picture – because of how the requirements have been set up for the CMS change, it really will be dual processing for a long time so we're just

trying to figure out how do we build reports that will be able to hit both 9's and 10's.

Pat Brooks: Yes, and I wish I could share more, but I think that's – as you learn more too, maybe in some of the future calls as you've worked these issues out, perhaps you can share that during the open part of the meeting. Thank you.

John Spencer: Thank you very much.

Operator: Your next question comes from the line of Val Thompson. Your line is now open.

Lucia Beeler: Hello, can you hear me?

Pat Brooks: Yes I can.

Lucia Beeler: This is Lucia Beeler from VF Christie Health Systems in Wichita, Kansas, and we wondered if you could describe how CMS is implementing the ICD-10 into their own initiatives like PQRI, core measures, medical necessity, and when we might be getting communication about those.

Pat Brooks: Well as I said earlier, all those parts, and many other parts of CMS are actively having discussions and meetings, just like Sue mentioned – we're having internal implementation meetings to discuss how best to convert all those, and the timelines of how to roll them out. We don't have anything firm to announce on that, but we're doing exactly what Sue laid out for us. And, as things are finalized, they'll be – you'll be notified in the usual process for updates.

Lucia Beeler: Very good – thank you.

Operator: Your next question comes from the line of Matt Santegelo. Your line is now open.

Matt Santangelo: Hi – that's Matt Santangelo from First Atlantic Health Care. Will Medicare reimbursement be affected or delayed in any way during the transition?

Pat Brooks: We planned no delays – no grace periods – we are working at least – and I'm – once again, I have to apologize – I'm in the inpatient area – we're working on converting our MS-DRGs so its data driven so there would not be delays. Just like now – when we convert several hundred new codes each year at MS-DRG – date driven on October 1 – the claims come in like that – and we've been successful in handling those.

And we hope that all the parts of CMS will have their payment logic finished, and so that, hopefully there won't be anything more of the small hiccups, or whatever. But we do plan to convert – not to have claims come in and have to map back with the GEMs to a different coding system. I don't know if that helps.

Matt Santangelo: Thank you.

Operator: Your next question comes from the line of Monique Riggins. Your line is now open.

Monique Riggins: Hi – this is Monique Riggins calling from Independence Blue Cross, and I was wondering, since the ICD-10 diagnosis codes are so specific, including things such as left and right, will there be edits in place, or is it recommended that payers put edits in place when an LT modifier or RT modifier is submitted on a HCPCS code, but the diagnosis code is actually contradictory?

Pat Brooks: You know that would be something that hasn't been worked out yet – as we've discussed, we're converting – we're analyzing how we're going to convert our local coverage decisions and our national coverage decisions, but the extra specificity in ICD-10 allows for just what you mentioned.

Right now, if you feel like something is done twice – a fractured arm's reported twice on different dates – sometimes you have to get additional information to verify that they really meant that this is two different extremities and not a repeat. With ICD-10, perhaps some of those things will flow through the system better.

And perhaps, some payers – contractors – will want to take the extra specificity and do edits, just like you mentioned, but I don't think anyone has finalized all those details of edits yet, since we're at the point now where we're doing the implementation planning and looking at how we're going to convert our internal edits and our payment systems using the greater detail in these codes.

Monique Riggins: OK. And – second part of that – are the – is the AMA looking at actually revising the CPT codes that – along with the modifiers – in anticipation of ICD-10?

Pat Brooks: You know I can't really speak to them – you would probably have to ask them about the CPT efforts – I'm not on the panel.

Monique Riggins: OK. Thank you.

Operator: Your next question comes from the line of Ted Mycinski. Your line is now open.

Ted Mycinski: Yes – I'm wondering if CMS is planning to publish revisions to the MS-DRGs soon?

Pat Brooks: Well, you know right now we have version 26 of the MS-DRGs and ICD-10 codes – at the September 2010 ICD-9 Coordination and Maintenance Committee, we informed everyone that we were right in the middle of developing version 28 – that matches the current version that we're using in Medicare. We will be posting those files – the version 28 – for fiscal year 2011 on our website in March. And we will welcome anybody to review and comment on that latest update to ICD-10 MS-DRG.

Ted Mycinski: Thank you.

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

Sue Donahue: Hello. I think one of the previous questions answered my question, which was – what would be the timeline for using ICD-10-PCS codes in an outpatient setting?

Pat Brooks: Well, ICD-10-PCS codes will not be used in outpatients ever they're only …

Sue Donahue: Ever?

Pat Brooks: Ever. The ICD-10-PCS will only be used on inpatients – for inpatient claims, and they'll be used for inpatient claims starting October 1, 2013. Outpatient parts of the hospital now use CPT and HCPCS, and they will continue to do so. And that's clarified in slide six. So ambulatory services, which a hospital outpatient department is, uses CPT and HCPCS now – they will continue to do so. The only, very small group that's moving to ICD-10-PCS is hospital inpatient claims on a hospital claim.

Sue Donahue: So, there's no plans whatsoever to move to any 10 coding in outpatient procedure?

Pat Brooks: ICD-10-CMs diagnoses will be used in outpatients – yes. But the procedure code – ICD-10-PCS – no – it will …

Sue Donahue: OK.

Pat Brooks: … not be used in outpatients.

Sue Donahue: I just wondered why, you know.

Pat Brooks: That was part of the HIPAA process with formal rule making. We had comments on all that …

Sue Donahue: Yes.

Pat Brooks: … and that's basically the way it worked out.

Sue Donahue: OK – thank you.

Leah Nguyen: OK, Shannon, I think we have time for just one final question.

Operator: Your final question comes from the line of Kalima Jackson. Your line is now open.

Kalima Jackson: Yes, hi, my name is Kalima Jackson. I'm calling from Patient Services in Arlington, New Jersey. Once the CMS ICD-9, I'm sorry – ICD-10 codes are active, are they – well, will they be able to print on the current CMS claim form?

Pat Brooks: If you're talking about the paper claim – can already hold along the digits, and if you're asking about – will the 4010 format for reporting electronically claims, it will not hold an ICD-10 code – that's why we've had this big internal movement to the 5010. Those two previous conference calls that I spoke of earlier …

Kalima Jackson: Yes.

Pat Brooks: … talked about how our systems are being changed so that your system – that you modified to go along with it – will be able to hold those longer codes that have more alpha characters. And if you want to learn more about that, then you need to listen to the June 15th and September 13, 2010, outreach calls.

Kalima Jackson: OK. OK, thank you.

Leah Nguyen: Unfortunately, that is all the time we have for questions today. Don't forget you can still e-mail your questions to ICD10-National-Calls@cms.hhs.gov. This e-mail address is also listed on slide 63. Also, please note that continuing education credits may be awarded by the American Academy for 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. Oh, right. Please contact these organizations directly to help you, rather than CMS. We would like to thank everyone for participating in Preparing for ICD-10 Implementation in 2011 National Provider Teleconference.

An audio-recording and written transcript of today's call will be posted to the CMS Sponsored ICD-10 Teleconferences section of the CMS ICD-10 Web page at www.cms.gov/icd10 in approximately one to two weeks. I would like to thank Pat Brooks and Sue Bowman for their participation. Have a great day, everyone.

END