

Centers for Medicare & Medicaid Services
ICD-10 Implementation Strategies for Physicians National Provider Call
Moderator: Leah Nguyen
August 3, 2011
1:00 p.m. ET

Part 2 of 4 Audio Recordings

Overview and Presentations by CMS Subject Matter Experts

Leah Nguyen: Welcome to the second of four podcasts from the National Provider Call on ICD-10 Implementation Strategies for Physicians. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Wednesday, August 3, 2011.

In this second podcast, Mady Hue from the Hospital and Ambulatory Policy Group continues her review of national ICD-10 implementation, followed by updates on ICD-9-CM to ICD-10-CM Conversion of Clinical Laboratory National Coverage Determinations for Medicare Part B, National ICD-10 Implementation Issues, an Update on Bill Processing, including claims that span the implementation date, and the Home Health Agency Home Health Resource Grouper.

Quick Review of ICD-10 Implementation continued

Mady Hue: Slide 43 mentions some of the differences between ICD-9 and ICD-10 codes. Dr. Duvall just discussed some of the examples using myocardial infarction, so I'll just follow up by stating that when you begin to focus on those diagnoses that you see repeatedly and you are reviewing the ICD-10 codes, you will immediately notice the greater details that is available such as laterality, right and left, and expanded use of the combination codes.

If you're interested in more details, there was an outreach call held on March 23, 2010 called Basic Introduction to ICD-10-CM. You can find the information for those and other calls on the CMS Sponsored ICD-10 Teleconference's web page and the link is provided on slide 52.

Because the ICD-10 codes are longer and use more alpha characters, there will be system changes required as Dr. Duvall mentioned with 5010. Overall, the codes reflect updated terminology and modern medicine.

Slide 44 informs you of the links to the complete versions of the ICD-10 diagnoses and procedure code sets, with those annual updates of the system on our ICD-10 website. Each year when ICD-9 is updated, ICD-10 is updated also. At the Coordination and Maintenance Committee Meeting, we discussed proposed code changes and ICD-10 related updates. So, if you go to the link that's provided in the second bullet, you can find discussions from past meetings there.

Turning to slide 45, we know the tools that are available to convert ICD-9 codes to ICD-10. The General Equivalence Mappings or GEMs assist in converting data from ICD-9 to ICD-10. The GEMs contains forward and backward mappings and there's a link provided. There was also a teleconference held on May 19, 2009 titled Implementation and General Equivalence Mappings that explains in details what the GEMs are and how to use them, as well as information on the MS-DRG Conversion Project and those can also be found on the CMS-Sponsored calls link.

In terms of converting data, on slide 46, we see that the GEMs are not a substitute for learning how to code with ICD-10. You would want to use the GEMs to translate lists of codes or convert a system or application containing I-9 codes. For some small conversion projects, it might be quicker to use an ICD-10 code book instead of the GEMs. Also, if you have access to medical records, it would be more accurate.

Moving to slide 47. At the September 2009 Coordination and Maintenance Committee Meeting, commenters expressed some concerns that the annual ICD-9 and ICD-10 code updates could make transition planning difficult. So,

we have received inquiries from vendors, system maintainers, and payers and they requested a code freeze.

A limited freeze was proposed in March of 2010, where we received several comments which are summarized and posted on our ICD-9-CM website and that link is on page 50 of the handout. At our September 2010 Coordination and Maintenance Committee Meeting, the final decision was announced.

Slide 48 and 49 summarize what updates will take place during the partial freeze. The last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1st, 2011. On October 1st, 2012, there will be only limited code updates to both ICD-9 and ICD-10 code sets to capture new technology and new diseases.

On October 1st, 2013, there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases.

On slide 49, you see that there will be no updates to ICD-9-CM on October 1st, 2013, as the system will no longer be HIPAA standard. Then on October 1st, 2014, regular updates to ICD-10 will begin.

Slide 50, shares the link for information on the Coordination and Maintenance Committee Meetings that I mentioned before. And the last few slides provide links to our CMS resources. For ICD-10 general information, you can go to that website. You will find long and abbreviated code titles that are available on ICD-10-CM as well as other files. Also, with regards to system changes with the 5010, there were provider calls held in June and September of 2010 titled ICD-10 Implementation in a 5010 Environment and you can find information on those with that link.

On slide 52, we give the main CMS ICD-10 website once again, as well as the ICD-10 Teleconference web page where you can find materials such as with today's call, from past presentations with slides and audio podcasts.

On slide 53, we have additional provider resources such as the Medicare Fee-For-Service provider resources and if you go there you could find MLN

Matters Articles. Under Provider Resources, you can find fact sheets such as ICD-10 Basics for Medical Practices.

Slide 54 shows sites where you can obtain additional ICD-10 resources. Both WEDI and HIMSS, they offer provider resources such as a vendor resource directory and various tools including assessments and worksheets

Update on ICD-9-CM to ICD-10-CM Conversion of Clinical Laboratory National Coverage Determinations (NCDs) for Medicare Part B

Lisa Eggleston: As you heard Leah say, my name is Lisa Eggleston. I worked for CMS within the Coverage and Analysis group and the Office of Clinical Standards and Quality. My colleague, Dr. Jeff Roche, who's not here today, as well as myself, together with other CMS staff and our expert contractors, have been working on the ICD-10 conversion of Clinical Laboratory Services that are currently covered by Medicare Part B, and today I'd like to briefly update you on what we've accomplished and what lies ahead.

Slide 56 talks what we've done so far and what remains to be done, but I would like to emphasize we will not be releasing any ICD-10 versions of the Clinical Labs Services coverage policies at this time, and we're not at this time announcing any expected date on which CMS will post such updates. However, we can suggest that you check the CMS ICD-10 web pages, and the web page has been noted a number of times and will be noted at the end of my presentation, for more information as when it becomes available.

So, let's go ahead and summarize the work so far on slide 57. We have learned to use the General Equivalence Mappings, or the GEM files, as you heard Dr. Duvall talk about within his presentation, as well as Mady. CMS has posted the GEM files and documentations – and documented their use at the cms.gov/ICD10 website.

Second, we used the GEM files to convert ICD-9 codes in most of the current lab service coverage policies. This can be done manually, especially since there are relatively few ICD-9 GEM codes. However, we found that for our needs, we were able to use an off-the-shelf, commercially-available database program for desktop computers, and so far we've converted thousands of

ICD-9 GEM codes that are currently included in Medicare Part B coverage policies for Clinical Laboratory Services. However, this part of the project is definitely ongoing.

Slide 58, it continues with what we've done so far. And we really want to acknowledge all of the help that we have received from other CMS staff as well as the subject experts at our Medicare Contractors, as well as other contractors that we have been utilizing who have kept us on the right track.

Finally, and we covered this in detail during our May 18th CMS ICD-10 conference call, Jeff and I explained how the conversion process works for us for our lab projects and some of the choices that we made along the way, and if you care to look at that presentation, you can download those slides from the ICD-10 web page to find out more.

Slide 59 briefly talks about what remains to be done. We will continue our conversion of our lab NCDs over the coming months, particularly as ICD-9 codes and ICD-10 codes continue to be updated as Mady talked about in her comments. And we will incorporate these ICD-10-CM converted versions into CMS system modules.

For slide 60, we will also continue to coordinate our work with other ICD-10 CM conversion efforts within CMS. This will include periodic updates for Pat Brooks and Mady Hue and the rest of the folks on that team. And, finally, because there were many listeners on May 18th who had questions about it, I just want to emphasize that at this time we are not releasing any I-10 conversions of the clinical labs service coverage policies, and we don't have an expected date when that will come, and just want to re-emphasize to check the I-10 web pages for more details as it becomes available.

National ICD-10 Implementation Issues

Kyle Miller: Thank you, Leah, and we'll go ahead and get started on slide 63, with the implementation date, which everyone knows is October 1st of 2013. And of course there will be no delays, and, again, repeat, there will be no delays.

CMS does not intend to delay Version 5010 or ICD-10 implementation. And, as so, Version 5010 and ICD-10 are both foundational to other health care initiatives, including meaningful use of electronic health records, and the adoption of additional standards and operating rules for electronic health care transactions under the Affordable Care Act. All of us here at CMS are committed to meeting these regulatory compliance deadlines, and we expect the industry to do the same.

So, on to slide 64, paper claims. Providers can use paper to submit their claims to payers for reimbursement payments. As we all know, HIPAA requirements only apply to electronic transactions. But CMS will require ICD-10 on all claim submissions, electronic or paper. I will re-emphasize that CMS will require ICD-10 on all claim submissions, electronic or paper.

On the UB-04 hospital paper claim form, also known as a Form CMS-1450, it has been upgraded to accommodate the ICD-10 codes. The National Uniform Claim Committee recently closed a public comment period on July 21st for revisions to the CMS-1500 Form. And, from a practical standpoint, overall, the industry, both covered and non-covered entities, are all migrating towards ICD-10.

So, moving on to the transition to ICD-10 for state Medicaid agencies on slide 65. As of this July, we have 11 states that are at a high risk for meeting the implementation date. We have 21 states that are at a moderate risk, 15 at a low risk, and 4 that did not respond to our readiness assessment in July. And I think it's important to remember, though, that there's still two years to go, and within that time here at CMS, the Center for Medicaid, CHIP, and Survey and Certifications is working with each of those states that we've identified is having a risk, to help mitigate that risk and develop strategies for doing so.

So, moving on to slide 66, concerning non-HIPAA covered entities. Per the National Committee on Vital and Health Statistics testimony, many non-covered entities such as workers comp, property and casualty, as well as others, are all apparently working towards ICD-10. And they have been over the past couple of months requesting information from CMS regarding ICD-

10, as well as conducting research into the implications for their business processes and systems.

So, on to the Version 5010 schedule and impact on ICD-10, on slide 67. As of right now Version 5010 Medicare Fee-For-Service claims are already being accepted in full production mode, and tests indicate that we're having very few problems with those. CMS is actively preparing its business processes and systems for the ICD-10 transition, which is coming along quite well.

And as far as the industry is concerned, there needs to be testing often, specifically for 5010 at this point. And folks want to be checking with their vendors concerning when ICD-10 software is available to ensure that you do meet the compliance date of October 1st, 2013.

Update on bill processing, including claims that span the implementation date

Sarah Shirey-Losso: Hello, and please refer to slides 69 through 71 for the highlights of what I'll be talking about for the next couple of minutes. I know there's been a lot of interest in this topic, and I wanted to give everyone an update of where the Medicare Fee-For-Service side of CMS is in terms of how we will handle claims that cross over the October 1st, 2013 implementation date of ICD-10.

We are actually very, very close to finalizing our decisions for all claim types. This includes professional, supplier, and the various types of institutional claims. Some claims will continue to use the from date; some dates will continue to use the discharge and/or through date; and some claims will be required to be split over the October 1st date.

CMS is anticipating the release of a Change Request discussing how Medicare Fee-For-Service will be handling the various claim types very shortly, hopefully by the end of this month. This Change Request will also address various questions we've received thus far. One example being how will professional claims be billed for anesthesia procedures that begin at 10 P.M. on September 30th, 2013, and end at 2:00 A.M. on October 1st, 2013? These and other questions will be addressed.

In addition, I want you to know that we are actively working on the various internal changes to our Fee-For-Service claims processing systems. This includes very technical items, such as expanding field sizes and screens to accept ICD-10 codes, to the loading of a master ICD-10 file into our system to validate codes, to updating various edits and modules to ensure that your claims will pay the same as it did pre-ICD-10.

So, with that, I want to thank you for your attention, and more to come in the very near future.

Home Health Agency Home Health Resource Grouper (HHRG)

Joan Proctor: Hi. This is Joan Proctor, and I'm going to be presenting on the Home Health Agency Home Health Resource Grouper that we maintain. I am speaking from slide 72. I will be the point of contact going forward on the Home Health Resource Grouper for ICD-10 .

On slide 73 - On July 12th, 2011 CMS released our proposed rule. In our proposed rule, there is information pertaining to our transition to ICD-10. There is the URL, which you can go in and access and take a look at. If you have any public comments, there is a deadline of September 6th on which you can electronically or through hard copy submit your comments on that proposed rule.

We cannot discuss the proposed rule at this time. However, we did want to make the provider community aware that it is out there for public review.

Moving on to slide 74. After the call that we had on May 18th, the National Provider Call on ICD-10, some follow up questions were submitted to CMS. I want to reiterate our response in this forum so that everyone has the answer to those questions in case others have similar questions and were not able to participate.

One of the questions posed was whether or not CMS plans to post the translation lists in a format similar to that outlined for the Lab NCDs, and the answer at this time is we don't know. We have not reached a decision regarding the format. As soon as we do have information pertaining to the

format and the proposed lists, we will be posting information on the ICD-10 section of the CMS website so that everyone has an opportunity to review our plans.

One of the other things that I would like to announce at this time is that during the May 18th call we had suggested October 2011 as the date in which we project that we may be able to post our list of ICD-10 codes for the Home Health Agencies Resource Grouper. At this time, that looks unlikely. Based upon the experiences that we're having thus far, we think that it will be delayed. However, there will be sufficient time for the provider community to take a look at these codes prior to the release of next year's rule and to be able to review and provide us with their feedback.

Moving on to slide 75. CMS does plan to provide more detailed information in next year's 2012 rule regarding those home health ICD-9 – ICD-10 codes that we would be transitioning to and allow public comment and feedback.

Leah Nguyen: Thank you for listening to this ICD-10 national provider education podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

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