

**Centers for Medicare & Medicaid Services  
CMS ICD-10 Conversion Activities National Provider Teleconference,  
Including a Lab Case Study  
Moderator: Leah Nguyen  
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Operator: Welcome to the CMS ICD-10 Conversion Activities National Provider Teleconference - Including a Lab Case Study. All lines will remain in a listen-only mode until the question and answer session. Today's conference call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. Thank you for participating in today's call.

I will now turn the call over to Ms. Leah Nguyen. Ms. Nguyen, you may begin.

### **Introduction**

Leah Nguyen: Thank you, Sara. Hello; I am Leah Nguyen from the Provider Communications Group here at CMS. I would like to welcome you to the CMS ICD-10 Conversion Activities National Provider Teleconference. Subject matter experts will discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the CMS Coverage and Analysis Group and their transition to ICD-10 for the Lab National Coverage Determinations. A question and answer session will follow the presentation.

Before we get started, there are a few items that I need to cover. This call is being recorded and transcribed. An audio recording and written transcript will be posted to the CMS Sponsored ICD-10 Teleconferences section of the CMS ICD-10 website in approximately two weeks following this teleconference. The website address is [www.cms.gov/icd10](http://www.cms.gov/icd10).

There is a slide presentation for this session. If you have not already done so, this handout may be downloaded now from the CMS ICD-10 website, located at [www.cms.gov/icd10](http://www.cms.gov/icd10). At the left side of the web page, click on CMS Sponsored ICD-10 Teleconferences. Select the May 18th, 2011, call and scroll down the page to the Downloads section for the slide presentation.

And last, please be aware that continuing education credits 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 53, and 54, of the slide presentation for more information. If you have any questions regarding the

awarding of credits for this teleconference, please contact that organization. We encourage you to retain your presentation materials and confirmation e-mails.

We have a lot to cover today, so without further delay, we will get started. At this time, I would like to introduce our speakers, who are subject matter experts on ICD-10. We are pleased to have with us: Pat Brooks, Senior Technical Advisor in the Center for Medicare, Hospital and Ambulatory Policy Group; Lisa Eggleston, Health Insurance Specialist in the Office of Clinical Standards and Quality, Coverage and Analysis Group; Joan Proctor, Health Insurance Specialist in the Center for Medicare, Chronic Care Policy Group; Robin Dowell, Nurse Consultant in the Office of Clinical Standards and Quality, Quality Measurement and Health Assessment Group; Sarah Shirey-Losso, Hospital Team Lead in the Center for Medicare, Provider Billing Group; and finally, Denise Buening, Director in the Office of E-Health Standards and Services, Administrative Simplification Group.

And now it is my pleasure to turn the call over to our first speaker, Pat Brooks, from the Center for Medicare at CMS.

### **ICD-10 Implementation: Slides 3-19**

Pat Brooks: Thank you. I'd like to begin by discussing some basic ICD-10 implementation issues. As you'll see in slide three, October 1<sup>st</sup>, 2013, is the compliance date for the implementation of ICD-10-CM, and that's the diagnosis part of ICD-10, as well as ICD-10-PCS, which is the procedure part of ICD-10. On slide four, you will see that ICD-10-CM diagnoses will be used by all providers in every health care setting.

So, if you currently code and use ICD-9-CM diagnoses, you will be impacted by this, and you will begin to report ICD-10-CM diagnosis. ICD-10-PCS, the procedure part, will only be used for hospital claims for inpatient hospital procedures. ICD-10-PCS will not be used on physician claims, even for those physician claims which capture inpatient visits.

On slide five, you will see that the implementation of ICD-10 will have no impact at all on either CPT or HCPCS codes. Both CPT and HCPCS will continue to be used to – for physician and ambulatory services, including physician visits to inpatients.

On slide six, we describe that there is a single implementation date of October 1<sup>st</sup> 2013, for all users. It's the date of service for the ambulatory and physician reporting, so for ambulatory and physician services provided on or after October 1<sup>st</sup>, 2013, all of these will begin to use ICD-10-CM diagnosis codes to report and capture those services. The date of discharges will be used on hospital claims for inpatient settings. So, for inpatient discharges that occur on or after October 1<sup>st</sup>, 2013, you will use ICD-10-CM diagnosis and ICD-10-PCS procedure codes.

On slide seven, we want to stress the fact that ICD-9 codes will not be accepted for services provided on or after October 1<sup>st</sup>, 2013, and conversely, ICD-10 codes will not be accepted for services provided prior to October 1<sup>st</sup>, 2013.

On slide eight, we point out that ICD-10 codes are different from ICD-9. ICD-10 codes provide more detail in describing both diagnosis and procedures and there are more ICD-10 codes than we have currently with ICD-9-CM. ICD-10 codes are longer, and they also use alpha characters, so system changes are required before one can accommodate ICD-10 codes.

On slide nine, we show you that we post the complete current versions of both ICD-10-CM diagnoses and ICD-10-PCS, the procedures, on the CMS website, and we give you the link. If you go to that link on the left side of the page, you can click on the 2011 version of either of these coding systems. We also provide you a link to get information about the maintenance and updates of those coding systems, and both ICD-9-CM and ICD-10 are discussed at ICD-9-CM Coordination & Maintenance Committee.

On slide 10, we point out that we've developed tools to help the public in converting codes from ICD-9 to ICD-10 and these are called the General Equivalent Mappings or GEMs. These mappings go forwards for ICD-9 to

ICD-10 and they go backwards from ICD-10 back to ICD-9. You can get complete information on those, user guides, and detailed information with code titles at the link that I've given you. We also provided a link to an ICD-10 conversion project, where we are converting the MS-DRGs from ICD-9 to ICD-10 and we've spoken about that in detail at previous calls.

Slide 11 points out that GEMs are not a substitute for learning how to code with ICD-10. You will need to learn how to use this new coding system if you use ICD-9 now. And frankly, for small conversion projects, it is going to be quicker and more accurate to simply pick up an ICD-10 code book anyway, instead of using the GEMs.

An addition issue that I'd like to point out is that we are beginning a period of a partial code freeze. The public has pointed out to us that annual updates to both ICD-9 and ICD-10 have made transition planning very difficult and so many in the public requested a code freeze.

Slide 13 describes the exact nature of that freeze. The last regular annual update to both ICD-9-CM and ICD-10 will be made on October 1<sup>st</sup>, 2011, so that next update, you'll see the last big update. On October 1<sup>st</sup>, 2012, we'll have only limited code updates to both ICD-9 and ICD-10, which will capture just new technology and new diseases. On October 1<sup>st</sup>, 2013, the day we implement ICD-10 for that date of services, there'll be only limited code updates to ICD-10 to capture new technologies and new diseases.

Slide 14 shows that there will be no updates to ICD-9-CM on October 1<sup>st</sup>, 2013, as it will no longer be the HIPAA standard. And then on October 1<sup>st</sup>, 2014, we will begin regular updates to ICD-10.

Slide 15, once again, shows you a website where you can get information on the Coordination & Maintenance Committee if you're interested in the upcoming maintenance of these coding systems. And then we provide additional information in the next few slides for CMS resources, including on 16, general information, the MS-DRG Conversion Project. And at the bottom of the slide, if you want to know about the 5010 conversion, you can follow that link.

On slide 17, we provide you links to get the latest information on ICD-10 and resources for providers, links to the ICD-10 teleconferences, such as the one we're having today, and you can also look at prior teleconferences and listen to those, along with the presentation materials. Slide 18 gives you resources that you might find useful if you want to train your own in-house staff. We've provided a lot of educational resources that you are encouraged and free to use.

And my last slide, slide 19, discusses two organizations that provide ICD-10 resources. So, if you're looking for software systems products, then you can look at the WEDI and HIMSS websites to see if perhaps they have listed resources that would be useful to you.

Thank you.

Leah Nguyen: Thank you, Pat.

Our next speaker is Lisa Eggleston, who is presenting a case study on the Lab NCDs. I will now turn the call over to Lisa.

### **Translating Lab NCDs: Slides 20-43**

Lisa Eggleston: Thank you, Leah, and good afternoon, everyone. My name is Lisa Eggleston, and I work in the Coverage and Analysis Group within the Office of Clinical Standards and Quality here at CMS.

Dr. Jeff Roche and I have been working with Pat Brooks and her team, as well as a host of other individuals along with our contractors, in order to accomplish just one part of CMS' preparation for ICD-10-CM, specifically the part that involves coverage for clinical laboratory testing.

Jeff and I would like to tell you about what we've learned during this project. I would like to emphasize that Jeff and I are simply sharing how we handle the translation of the diagnosis code from ICD-9 to ICD-10 in the Laboratory National Coverage Determinations, or as we call them, Lab NCDs. And this is merely an example done by one area within CMS, and is not meant to be interpreted as direction from CMS on how to do your own translations.

On slide 21, you will see a sample of the listing of our 23 Lab NCDs. As you may be aware, CMS covers clinical laboratory diagnostic services under Part B, based on 23 individual coverage policies. We call these collectively the Lab NCDs.

On slide 22, it's showing one particular example of a Lab NCD, 190.25 Alpha-fetoprotein. As you can see on this slide, the Lab NCD indicates the ICD-9 diagnosis codes for which the Medicare program on the Part B side will reimburse the laboratory provider.

Our task in this project was to take these ICD-9-CM codes and translate them into their ICD-10-CM equivalents.

Slide 23 kind of asks you a few questions. What are we doing? For each Lab NCD, we needed to translate those ICD-9 codes, as well as their description, to the ICD-10-CM version, and then update any changes with ICD-9 or ICD-10-CM codes and their descriptions adopted prior to implementation.

We have prepared preliminary versions of the ICD-10-CM translation of the Lab NCDs by the end of January, which is already done, for use in testing systems functions. And we will prepare ICD-10-CM versions for full ICD-10-CM implementation in 2013.

Slide 24 talks about our objectives and goals. And of course, we needed to translate all ICD-9-CM codes and their descriptors in each of the Lab NCD tables of covered codes to the ICD-10-CM equivalents, and translate any other ICD-9-CM codes that might appear in other areas of the Lab NCD Manual.

We provide these translated tables to our contractors, so that the tables can be incorporated into the appropriate document, as well as the shared system files. The goal is to allow consistent and seamless transition of claims for the providers of laboratory test services.

Now, Jeff will continue with the upcoming slide in taking you through a very specific example using 190.25 Alpha-fetoprotein.

Jeff Roche: Thanks, Lisa.

Slide 25 shows an example of the unit of work in the translation process, translating one ICD-9 code from a Lab NCD, like 190.25, into its equivalent ICD-10 code.

Our example is highlighted on this slide by that oval marking. It is the single ICD-9 code 121.3, which represents the parasitic liver disease called Fascioliasis.

Slide 26 illustrates one of the major challenges of this project, how to accomplish a clear and correct translation of this ICD-9 code, 121.3, to its ICD-10 equivalent. Learning how to accomplish this was a key accomplishment in our project.

Slide 27 shows a small part of the GEM file related to our example. Here, in the row marked by an oval, our example code, 121.3, appears in a slightly reformatted version with no decimal points, and with an added final zero.

In the second column of that same row, we see the ICD-10 code, B663, again formatted without a decimal point. This ICD-10 code is linked by this row of the GEM table to the ICD-9 code, 121.3.

Finally, in the flags column for that same row, we see a string of five zeros. We'll see what this means in just a second.

Slide 28 highlights the information in this one row, which provides a direct link from the ICD-9 code, 121.3, to its equivalent ICD-10 code, B66.3.

In addition, the flags field tells us the nature of that mapping relationship. Here, the five zeros indicate that the one ICD-9 code, 121.3, maps to one ICD-10 code, B66.3. In other words, this is a one-to-one mapping in our example.

On slide 29, we see a small section from another useful file provided by CMS, which we used to verify that the ICD-9 and ICD-10 definitions are consistent. As shown in the oval, code B66.3 is assigned by ICD-10 to the disease fascioliasis.

Now, why was this an important step for our translation project?

In our project, as we try to explain on slide 30, we believed it was important to have not only a numerically accurate translation for each ICD-9 code to ICD-10 based on the GEM file, but we also believed it was important to assure that the translation was consistent on the disease or condition level.

Slide 30 essentially summarizes this and shows us that the translated code in ICD-10 version is consistent with the disease represented by the ICD-9 code. In fact, in this example, they match exactly.

While we mentioned the flags field only briefly before, it really deserves a closer look, because of what it tells us about the translation process.

Slide 31 depicts three alternative mapping relationships between ICD-9 and ICD-10 code. These three are called one-to-one, many-to-one, and one-to-many.

Now, we've already seen an example of a one-to-one mapping relationship in the example we just talked about. The flags field indicated five zeros to indicate this kind of mapping relationship.

For the other two kinds, many-to-one and one-to-many, the flags field in the GEM table is different in that a one appears in the first position rather than the zero of the flags field.

Slide 32 shows an example of a one-to-many mapping relationship. Here one ICD-9 code, 017.30 for Tuberculosis of the eye, maps to multiple ICD-10 codes. Each of these ICD-10 codes, as Pat Brooks mentioned earlier, provides greater detail about which part of the eye is involved with this disease.

For such cases, the flags field contains a one in the first position (appearing as a 10000) rather than its five zeros in a row.

In contrast, slide 33 shows an example of the other kind of mapping relationship. Here, ICD-9 defines 21 codes related to TB of the lung. One of them is actually shown on the slide, code 011.20, TB of lung with cavitation

unspecified. It turns out that these 21 ICD-9 codes map to one ICD-10 code, A15.0, TB of the lung.

Slide 34 mentions that in the case of the one-to-many mapping relationship, our team had to make a decision. For a given ICD-9 code that maps too many potentially different ICD-10 codes, should we use all of the I-10 codes that it maps to or just the one or perhaps a few I-10 codes that we decided were more consistent?

Based on what we've done so far for the Lab NCDs project, which I should add Lisa and I are still involved with on an ongoing basis, we think at this point, we will recommend that CMS should include all of the potential ICD-10 translated versions for each ICD-9 code. However, we recognize, although this was our decision at least at the moment for this project, this is a choice that should be considered for appropriateness based on the individual project involved.

Slide 35 shows the steps our team used to scale up from translating and verifying a single code, as we talked about in the former slides, to translating and verifying the next step up in complexity, that is translating and verifying all of the codes for each of the 23 Lab NCDs. Note that although we won't discuss this further today, as pointed out in bullet point two on slide 35, we used both forward and back translations, each of which has its own GEM table, in addition to the basic steps of number one and number three, and then compiled everything together in an appropriate format in step four.

As examples of this, starting on slide 36, we see an example based on the actual list of ICD-9 codes and descriptions from a particular Lab NCD, in this case, lab NCD 190.13.

Slide 37 illustrates a key step before we do any translating or verifying, and that was to check that we were using an accurate and complete list of ICD-9 codes by comparing our list with the lists that are in the published coverage policy materials provided by CMS for that NCD.

Slide 38 shows another step in translating an entire Lab NCD. What we called this was our working translation table. This is a part of a translation

table which shows us, in a single line, not only the input, the ICD-9 code and its descriptor on the left side in two columns, but also the output, that is, the translated version of the ICD-10 code and its description on the right. These were derived both from the GEM files and from the CMS ICD-10 description files that we've mentioned before.

Having this table allowed our team to check in a row-by-row method each translation to make sure it was consistent.

On slide 39, we show a small diagram which illustrates that translation of Lab NCDs can be facilitated using commercially-available database programs. We knew going into this project that we would be involved with more than 10,000 different codes relating to the Laboratory NCDs, and so our team had one particular program available for this project. I don't want to indicate that other database programs could not have also been used. And I should mention that, as Pat Brooks already has noted, depending on the extent of the translation project, it may be much more efficient to do this manually using an ICD-10 reference material, rather than to try to learn a computer program to do it as we did. Believe me, we're not experts at this.

Slide 40 shows essentially, our output. This is a table in which the covered codes, which we've already seen in an ICD-9 version, are now arranged as in ICD-10 version, including the ICD-10 descriptors, for each of the covered codes in the Lab NCD that we've talked about. As you may have noticed, there are now 16 ICD-10 codes in place of the nine ICD-9 codes we started with. This effect of code proliferation turns out to be true for the ICD-10 versions of other Lab NCDs as well.

Slide 41 shows a possible view of how an ICD-10 version of one of our published Lab NCDs might look, including, if you'll notice, in very small print, the ICD-10 code and descriptors for our first example, fascioliasis. However, please be aware that this and other examples that we've just talked about are not yet final; they're not yet approved for use by CMS, but they were only examples used to illustrate how we have approached this project.

Lisa Eggleston: Thank you, Jeff. As we proceed with our usual processes, one of our CMS contractors, they will take the list of the covered ICD-10-CM codes for each of the Lab NCDs, and they prepare a codelist spreadsheet, as we call it. And that can be processed for use by our shared systems for claims processing, and that particular codelist spreadsheet is available online at our Lab NCD website.

This phase of the translation process is going to test the new ICD-10 version of the codelist spreadsheet to see if it works as part of the claims processing mechanism. Just by way of clarification, what is available on our Lab NCD website now is still the ICD-9 version of the code.

Finally, on slide 43, we just want to take a little time out to thank all of the individuals that were involved. This particular project was supported in a variety of ways by a number of individuals. First, we would definitely like to thank all of our colleagues here at CMS, as well as all the expert staff here at CMS, and our contractors, as well. And you'll see 3M and Fu Associates, that we're working very closely with for our particular process. And then, as Jeff pointed out earlier, the Microsoft tools that he used were Access, as it relates to the database, and Excel as our spreadsheets.

But again, any of the particular tables- does not have to be a Microsoft project- can be used. So, at this time, we would just like to thank all of you for listening, and I'll turn the call back over to Leah.

Leah Nguyen: Thank you, Lisa. Our next speaker is Joan Proctor, who will be speaking to you about the Home Health Agency Home Health Resource Group. I will now turn the call over to Joan.

### **HHRG: Slides 44- 45**

Joan Proctor: Good afternoon. We are pleased to be here today to discuss the impact of the transition to ICD-10 in the Home Health HHRG. The Division of Home Health, Hospice & HCPCS has the responsibility for maintenance of the HHA-HHRG –gee, that's a tongue twister. As far as that maintenance responsibility, our division updates the HHRG whenever there are changes in the ICD-9-CM codes reporting in the HHRG.

Based upon the transition to ICD-10-CM codes, our HHRG will be updated accordingly. What we are presenting to you today is our high level transition plan. And, if you go to the next slide, we go into what our high-level transition plans are.

As you can see we're nowhere as far along as the last folks. We are also working with an HHRG maintenance contractor to identify the ICD-10-CM codes for the HHRG. We anticipate completion of this task in fall of 2011. Once a final draft version is available, the transition list will be posted on the ICD-10 section of the CMS website for industry review and comment. Based upon the comments received, the final HHRG ICD-10-CM codes will be utilized in developing our initial version of an ICD-10-CMS HHRG.

We also would like to share and that we also have been working with our HHRG maintenance contractor to update our HHRG software, Grouper software, to allow ICD-10 codes also. At some point, they'll be testing for the actual transition list that we approve.

No later than on April of 2013, the final ICD-10-CM HHRG will posted to the Home Health Agency Center section on the CMS website for the Home Health Agencies and vendors to use. And, I think that about summarizes our high level plans for transition to ICD-10 for the HHRG. At this point, I'll turn it back over to Leah.

Leah Nguyen: Thank you, Joan. Our next speaker is Robin Dowell, who will be covering OASIS and procedure code reporting. I will now turn the call over to Robin.

**OASIS and Procedure Code Reporting: Slides 46-49**

Robin Dowell: Thank you, Leah. I just want to give our home health providers a little information update on the status of the OASIS-C. The OASIS-C data item M1012 asks our home health providers to list inpatient procedures and the associated ICD procedure codes relevant to that patient's plan of care.

CMS recently determined that this particular data item within the OASIS-B data set is not going to be used for payment, or quality measure development, or for risk adjustment. So, during our open door forum and call on April 13,

and in recent OASIS questions and answers, CMS instructed home health agencies to answer item M1012. But that any answer- no matter whether it was the choice not applicable or unknown or any procedure code- the actual answer chosen is insignificant because it will not impact payment, quality measurement, or risk adjustment. So, until further notice, agencies will still need to answer that data item, because the technical specifications actually require an answer at this point.

CMS is awaiting OMB response regarding a plan to delete M1012 from the OASIS-B data set. A revision of the OASIS-C dataset, including elimination of M1012 and accommodation for ICD-10 diagnosis codes, will be prepared and submitted to OMB for approval in preparation for the conversion from ICD-9 to ICD-10 on 10/1/2013.

Leah Nguyen: Thank you, Robin. Our next speaker is Sarah Shirey-Losso, who will be talking to you about claims that span the October 1, 2013 implementation date.

### **Claims That Span Implementation Date: Slide 50**

Sarah Shirey-Losso: Hello everyone. Again, my name is Sarah Shirey-Losso, and I'm in the Provider Billing Group of the Center for Medicare in CMS.

I know there's been a lot of interest in this topic, and I wanted to give everyone an update of where we are in terms of how CMS will handle claims to that cross over the October 1<sup>st</sup>, 2013, date.

We are getting very close to finalizing our decisions for all claim types, including professional claims, supplier claims, and the various types of institutional claims. Some claims will continue to use the discharge date, some will use the from date, and some may be required to be split. CMS is anticipating the release of a Change Request discussing the various claim types towards the end of the summer, and that is this summer, 2011.

This Change Request also hopes to address some frequent questions that we have received thus far, such as how CMS will handle claims that fall under the three-day payment window, is one example.

So, I just wanted to thank everyone for their attention, and there will be more to come in the near future.

Leah Nguyen: Thank you, Sarah. Our final speaker is Denise Buenning, who will be speaking about national ICD-10 implementation issues.

### **National ICD-10 Implementation Issues: Slide 51**

Denise Buenning: Hi. This is Denise Buenning, and I'm with the Administrative Simplification Group here in the Office of E-Health Standards and Services. And, we have responsibility for, among other things, HIPAA enforcement for the transactions in code sets, administrative simplification from the Affordable Care Act regulations that are forthcoming, and most importantly for today's discussion, ICD-10 program office responsibility. What that means is that we are responsible for helping all of the CMS components that are affected by ICD-10 to become compliant by the date that is required, October 1<sup>st</sup>, 2013, and also for external outreach and education to non-Medicare Fee-For-Service providers.

And I can tell you from an internal perspective that CMS is really progressing on this implementation of ICD-10. We have a program management office, and we help to coordinate a steering committee here at CMS that's made up of all of the affected component areas, and we have 19 of them right now. And, we work towards really doing the work of ICD-10 implementation. And a lot of our work has been planning and forecasting, but now we're really getting into the nitty-gritty of actually implementing ICD-10.

What that means is, we're talking to our contractors and getting their change requirements, and preparing the paperwork to allow them to go forward and do the work that they have to do with regard to systems changeovers. We're looking at all the business processes. We're going through, all of our CMS manuals to make sure that all the references to ICD-9 are changed over to ICD-10 appropriately, not just a find-and-replace motion but actually looking at the manuals to make sure that the updated information that we're providing makes sense.

So, we're really getting into the needs of ICD-10. So, why is that significant? Well, it's significant because I think it sends an important message to the industry that, if CMS is progressing on ICD-10, so should rest of the industry. And the rumors that always fly about a delay or postponement in the ICD-10 compliance date of October 1<sup>st</sup>, 2013, really don't hold water.

We are working towards that date. We have absolutely no reason to believe that that date will be changed. And again, we're driving towards that. So, I know we've also heard some rumors about possible Congressional action up on the Hill and again, there was some discussion during some hearings. Some of the Senators had questions of Administrator Berwick regarding ICD-10, but we provided them with answers, and they seem to have been satisfied with our responses.

So, overall, again, it's an important message. We're still driving towards ICD-10 on October 1<sup>st</sup>, of 2013.

A number of other questions that we gotten and I'd like to address a few of them here today. For example, what about workers' compensation programs? Are they still going to use ICD-9 codes when the rest of the industry has transitioned to ICD-10? And as I think most of you who are familiar with HIPAA know, there are a few entities out there that are not subject to HIPAA. Workers compensation programs is one of them, automobile insurers are another. We've heard anecdotally that even though they're not required to transition to ICD-10 that many of them are planning to, just because it's more practical to do so and they see the way that the rest of the industry is going towards ICD-10.

And in fact, the National Committee on Vital and Health Statistics, which is the HHS committee that advises the Secretary on the adoption of standards of medical code sets, is going to be holding hearings in the Washington, D.C. area on Friday, June 17<sup>th</sup>. And they have invited some representatives from the non-HIPAA entities, such as workers' compensation programs, to testify. So, we'll be hearing more about their plans at that time. But right now, I can tell you that anecdotally we're hearing that they are going to transition to 10.

The other question that we always get is, what about the state Medicaid programs? Are they also required to move to ICD-10? And of course, the answer to that is yes. Both Medicare and Medicaid are HIPAA-covered entities, and as such, we also have to be compliant. Otherwise, we are subject to penalties under the HIPAA law. So, they are moving towards ICD-10. We've been working very closely with them in our Medicaid group here in Baltimore. We met with them early and often, and talked to them about not only the transition to ICD-10 but also to Version 5010, which has to be in place first.

We queried them last year. We did a 181-point survey to ask them specifically what their plans were. And as they came back with at that point, it wasn't really a blip on the radar screen. Since that time, we've actually had calls with them, with each state Medicaid program, and have held also in-person meetings to through our Regional Offices to get them onboard with the requirements and to lend resources to them to help them get compliant by the compliance date. So, the answer is, yes, they will be moving to ICD-10, and we're working actively to help them achieve compliance.

Another question we get is, what about vendors? Are they ready? Do they have products ready to provide to the customers? And we just completed a mini-survey of providers and vendors and health plans back in March. We did 29 in-depth telephone interviews. And what we have found out from those interviews is, yes, the vendors are preparing. The majority that we talked to either had product ready to go or would have products ready very shortly. They said that they would be ready for the compliance date, and would be actively working with their customers to achieve compliance.

Now, what we're hearing back, of course, is that one group is saying the other group's not ready. The plans are saying they would love to test, but the providers aren't ready. The providers are saying, yes, we'd like to test, but the vendors haven't delivered their product yet. So, we're kind of in a circle here, pointing at each other. But we're working with all these groups to identify if there are any logjams and trying to move them all towards compliance.

So, we're going to be having another survey being launched in, I believe, June. It will be a much larger national survey of approximately 1,200 entities, and we hope to keep monitoring the industry to kind of keep our finger on the pulse, and, again, lend resources and support where we can to get everybody compliant.

And then finally, what happens to a provider or an entity covered under HIPAA if they don't submit the ICD-10 codes? Well, from a practical standpoint, as of service dates as of October 1<sup>st</sup> in 2013, if you don't use ICD-10 codes, then most likely your claims will be returned and have to be transitioned to ICD-10, if they're showing ICD-9.

But the penalties are the same penalties that any HIPAA entity would be subject to. And in fact, I think most of you are familiar with the ongoing HIPAA transaction code set penalty that calls for a maximum of \$25,000 per covered entity per year.

But the HITECH legislation of last year actually upped those transactions and code set penalties. And they can now be as much as \$1.5 million per covered entity per year. So, obviously, it behooves everybody, Medicare and Medicaid inclusive, to make sure that we are compliant with the new ICD-10 codes by that October 1<sup>st</sup>, 2013 date.

So, I hope that answers some of the outstanding questions that are out there. And we appreciate the opportunity to update you all, and look forward to working with you as we head towards October 1<sup>st</sup>, of 2013, and ICD-10. Thanks.

### **Question and Answer Session**

Leah Nguyen: Thank you, Denise. We have now completed the presentation portion of this call, and we will 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 your question, please state your name and the name of your organization. In an effort to get through as many of your questions as possible, we ask that you limit your questions to just one. All right, Sara you may open the lines for questions.

- Operator: We will now open the lines for a question and answer session. To ask a question, please press star followed by the number one on your touchtone 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 hand set before asking your question to assure clarity. Please note your line will remain open during the time you're asking questions, so anything you say or any background noise will be heard in the conference. And we'll pause for just a moment to compile the Q&A roster. And your first question comes from the line of Karen Crosland. And, your line is open.
- Karen Crosland: Yes, I'm calling from Women's Health Alliance. My question is on slide four. It looks like – what's the ICD-10-PCS? Are those procedures only?
- Pat Brooks: This is Pat Brooks and yes, you're correct. ICD-10-PCS stands for Procedure Coding System. So, unless you're an acute inpatient hospital, you won't have to learn or use ICD-10-PCS.
- Karen Crosland: OK. I'm just confused, because it said ICD-10 will be used by all providers, and then it says ICD-10-PCS will not be used on physician claims. So, I just needed a little bit of clarity. Thank you very much.
- Operator: Your next question comes from the line of Richard Wheeler. Your line is open.
- Richard Wheeler: Yes, this is Richard Wheeler, Chief Medical Officer at Charus Health. This question's for either Lisa or Jeff. In your translation of the NCDs at this point, have you encountered any situation where you had a combination of ICD-10 that are required with the third flag being a one?
- Leah Nguyen: If you could, could you just submit it to our – we actually have an e-mail address set up for questions. It's on slide 55.
- Richard Wheeler: OK. I'm sorry. What was the e-mail address?
- Leah Nguyen: It's [ICD10-National-Calls@cms.hhs.gov](mailto:ICD10-National-Calls@cms.hhs.gov). And it's also listed on slide 55.
- Richard Wheeler: OK, great. Thanks.

Leah Nguyen: Just remind me that it's for Lisa and Jeff and I'll get that over to them.

Richard Wheeler: Yes, appreciate that.

Operator: Your next question comes from the line of Claire Cappalo. Your line is open.

Claire Cappalo: Hi. Yes, this question is also for the two people who were talking about the NCDs. Can you tell us, do you know anything about the progress for the LCDs and can you tell us if any of these converted policies will be made available to the general public before 2013?

Lisa Eggleston: Yes, this is Lisa. The LCDs will be translated because they will need to be translated. As it relates to having them available to the public prior to the implementation date, that I'm not sure of right at this moment because we are working fast and furious on all of our ICD-10 implementation efforts.

Feel free to utilize the e-mail address that Leah just gave, just so that we have your information and if we need to give you any updates, we can.

Claire Cappalo: OK, thank you.

Lisa Eggleston: You're welcome.

Operator: Your next question comes from the line of Ronnie Howell. Your line is open.

Ronnie Howell: Yes, hi. My name is Ronnie Howell. I'm from SCC, South Computer. We were wondering if there's any transition for the duplicate ICD-9 and ICD-10 codes. We identified that there were some duplicates between 9 and 10.

Pat Brooks: This is Pat Brooks. And I'm aware that there are some e-code duplications. But I believe that the reporting, the field that indicates whether they are 9 or 10, should help clarify this issue. Obviously, after 10/1/13, an e-code, and you identify this as an ICD-10 code, will help us, in a payment perspective, straighten that out.

Ronnie Howell: OK, great. Thank you.

Operator: Your next question comes from the line of Diane Campbell. Your line is open.

Diane Campbell: Hi, this is Diane Campbell from DMAS in Virginia. And I was just wondering if CMS will be validating some of the business issues and decisions that the states are making as we try to decide how we're going to handle some of the business issues such as the split billing and things of that nature.

Leah Nguyen: Denise, do you have any thoughts on that that you could provide?

Denise Buenning: No, I really don't. I was just pondering here and thinking that that's probably something that CMCS needs to address. So, we'll be happy to get that to them and get back to you with an answer if we can.

Diane Campbell: So, we're wondering if we need to be documenting our approach, and then getting it vetted by CMS just to make sure that there's no concerns.

Denise Buenning: Well, again, nothing on that side of the house. I really can't tell you. I mean, it sounds logical to us but if there's going to be some kind of a formal vetting procedure, that I would not know about. And again, we'd have to run that past our friends at CMCS.

Diane Campbell: OK, great. Thank you.

Operator: And your next question comes from the line of Sonya Water. Your line is open.

Sonya Water: Hi, thank you. This call is regarding slide number 41, which shows a demonstration of an NCD with the ICD-10-CM. And I was wondering if you would be so kind to provide the link to that on the CMS website where we can find that information.

Sonya Water: Yes. My question was: can you please provide the link on the website for the information that is on slide 41 that provides an ICD-10-CM listing?

Lisa Eggleston: If you go to our <http://www.cms.gov> website and you can type in the search field coverage and/or Lab NCDs, that will jump you to the page. Otherwise,

we'll try to make sure that we get that link to Leah, the exact link to it. But at least that will get you there for right now.

Sonya Water: OK. Well, we've been there but everything we find there is ICD-9 only.

Lisa Eggleston: Oh, that's correct. And I did make note in my comments that, no, the ICD-10 information would not be published yet, because we will have to update what we've done thus far with the 2011 codes. So, we cannot post that just yet.

Sonya Water: OK, thank you very much.

Operator: And your next question comes from the line of Cindy Door. Your line is open.

Cindy Door: Hi. My question is on slide 50. I just need a clarification. If we have claims before October 1, 2013, and we settle the claims on October 10th, for example, do we use the ICD-9 for those claims before October 1, 2013?

Sarah Shirey-Losso: This is Sarah from the Provider Billing Group. And the use of ICD-10 is date of service driven, not claim submission or claim receipt date driven.

Cindy Door: OK, that's what I'm asking. So, if the claims or the service is before October 1, you still use ICD-9?

Sarah Shirey-Losso: That's correct.

Cindy Door: OK, OK. So, it's based on date of service. All right, thank you.

Operator: Your next question comes from the line of Carol Hall. Your line is open.

Male: Yes, we were just wondering when the public release of the translations is going to be ready for the ICD-9 to ICD-10.

Lisa Eggleston: This is Lisa. We can't give you a date on that right now because what needs to be done with that translation is that it does need to be tested in our shared systems because our 23 Lab NCD edits is an integral part of the claims processing services or system. So, unfortunately, I can't give you a date. But

if you would go ahead and submit that, your question, to Leah, again, just so we can follow up with you with that information as it comes available.

Male: I'll do that. Thank you.

Lisa Eggleston: Thank you.

Operator: Your next question comes from the line of James Duvall. Your line is open.

James Duvall: Yes, hi. This is James Duvall of CareMore Medical Group. On slide 31, the flag 100, one quadruple zero, tells us it's either many to one or one to many between ICD-9 and ICD-10. But is there a way to tell if the ICD-9 is either many to one or one to many?

So, in other words, if I have an ICD-9 code, how do I know that it's many to one with ICD-10 or one to many, because the flag is the same between the two?

Pat Brooks: Let me just suggest one thing. This is Pat Brooks. What you might want to do is, the links I've given for the GEM files, if you will actually just open those up, they had a nice pictorial for a few of them in their illustrations. But if you actually pick a code and look it up, say, on the ICD-9 to ICD-10 GEM file, you'll find that code.

If you see it repeated four times with four different ICD-10 codes beside it, then that tells you that there was one ICD-9 code that had four ICD-10s and vice versa. So, it's probably easier just to tell you to go through and look through at the pictorial process. Also, if you'll look on our website for ICD-10 on the GEMs link, when you open up the file, you'll see some user guides that might be easier to describe what each one of those little zeroes and ones mean, because it gets hard to explain, particularly the last few digits. When we talk about, it takes one but there are three to go with it.

We can't really do that over the phone very well. And I think that you could get a better sense there. I would also suggest that – I believe in 2008 or a previous teleconference, we had an entire call on the GEMs. And we went into detail about what each character means.

And if you pull up the slides, that probably would be a lot easier to follow.  
Thank you.

James Duvall: OK. So, basically, there is a way to tell which relationship it is. We just didn't cover that today.

Pat Brooks: Yes, there is. It is very easy to do that. It's just difficult to explain that and other issues without illustrations in front of you. And I think you'll find the material we have on our website pretty clear in explaining that.

James Duvall: OK.

Female: Can we ask one more question?

Female: Sure.

Female: We thought we heard that we could use ICD-10 starting January 1, 2013, as well. And then, of course, the mandatory date is October 1. Is that not true?

Pat Brooks: No, that's not true. The flags that are toward the front, where we mention – let me find the right ones – there would have to be a –

Female: Separate one?

Pat Brooks: Yes. Slide seven, you can't use ICD-9 codes for services provided on or after October 1, 2013, and you cannot use ICD-10 codes for services provided prior to October 1<sup>st</sup>, 2013.

Female: Right. Well, somewhere it was – it was said or printed or I don't even remember now where but they said that you could start doing sort of a, I don't know if it was a testing or whatever, but as of January 2013, that you could use the ICD-10.

OK. Thank you.

Operator: Your next question – Your next question – comes from the line of Janna Colver. Your line is open.

Janna Colver: Hello, this is Janna Colver from Munson Medical Center.

My question regards slide 43, regarding the Microsoft Tools.

When will those be available online? And who, exactly, built those for you?  
Was that a contractor?

Lisa Eggleston: No, Jenna, these are not special Microsoft tools. This is just the regular- Dr. Roche used the Access database and he used regular Excel. It wasn't anything special that was built by a contractor. This was just the tools that are included in regular packages of Microsoft Office. So, nothing special.

Janna Colver: Who built those for you?

Lisa Eggleston: No one. No one built those for us. This is just a regular part of Microsoft Office. Because you know, Word comes in there, PowerPoint, Excel, Access, depending upon what you may have requested if you use Microsoft products. But if you are more familiar with another type of database file or another type of spreadsheet file that – that you can use yourself. This is just what we happen to use for our projects.

Janna Colver: And will you be able to share what you used? Is that what will be posted on your website?

Lisa Eggleston: When we are able to post you will just see the finished product, not the particular tool. You'll just see the whole outcome of our I-9 to I-10 translation.

Janna Colver: OK. Thank you.

Lisa Eggleston: You're welcome.

Pat Brooks: This is Pat Brooks. If I can mention too, I believe in our GEMs reference manual, we give instructions such as the ones Lisa mentioned about how you might want to use extra tools to do these conversions yourself.

And so, details about suggestions like that, although you could choose to do it different are in the reference manual.

Operator: Your next question comes from the line of Patricia Fiddler. Your line is open.

Patricia Fiddler: Yes. Thank you very much for making a statement about the OASIS item. I come from the Visiting Nurse Service and we're very concerned about the needs to procedural coding, so that was very good news for us that that answer has been forthcoming.

One of the questions we still have is related to the date when we would use the ICD-10 coding. And I'm not sure if this will be within the Change Request that Sarah Shirey-Losso referred to, but in OASIS, it generates a 60-day certification period in our plan of care- we are paid based on either a start of care or on our code changes. It always has been related to the date the assessment was completed which is a different item.

So, will that be included in that release on the Change Request that you mentioned in late summer?

Sarah Shirey-Losso: I'm not sure that it will be. And I would really appreciate if you submit this question to the – to the address that Leah gave you earlier...

Patricia Fiddler: OK. Thank you very much because I've asked this several times and we're just waiting to see what date is picked because the systems need to be built around that.

### **Question and Answer Session Continued**

Operator: Your next question comes from the line of Heather York.

Your line is open.

Heather York: Hi. This is Heather York from Boone Hospital Home Care.

My question is just about the CE use for AAPC. I did not receive a e-mail confirmation to be able to turn in. Is there a way that I can still get that?

Leah Nguyen: If you can send me an e-mail to our resource box, I'll be happy to send you a confirmation. That address is listed on slide 55.

Heather York: OK. So that same e-mail address.

Leah Nguyen: Yes.

Operator: Your next question comes from the line of Shay Goldberg.

Your line is open.

Shia Goldberg: Hi. This is Shia Goldberg from Siemens.

My question relates to the NCDs and how you were doing the translation. It would seem to me that certain times when going from 9 to 10, let's say, you would get a match like – and then going from 10 to 9 you'd get a completely different match assigning – let me give you an example of – an example of a code like sepsis. This is 995.91. You only have one code on 9 to 10 but going from 10 to 9, the same 995.91 has many, many, many codes.

So, I'm not sure how you go about doing that.

Jeff Roche: Hi. Shia, this is Jeff Roche.

Let me explain that we saw the same thing happening that you have seen, and because we're in a situation where the ICD-10 versions of those codes will someday be used by physicians' offices and other providers to be the basis for getting reimbursement for laboratory tests that are necessary for their patients, we wanted to be as inclusive as possible. So, our decision here, and again please realize this is preliminary on our part and has not yet been you know, approved for CMS and is only for these Lab NCD- related issues.

But our decision was to include both of them so that when we did our forward and back translations, we essentially decided to go ahead and merge all of the results, de-duplicate them, and then to add on the ICD-10 descriptors so that we could achieve essentially, a working translation table for each of the Lab NCDs.

So, we agree with your observation. Does that help answer your question?

Shia Goldberg: Yes. It does.

Just one last thing. I'm not clear on time frame for anybody to use these tables. It has to be well before October 1, 2013. Is there plans to have it early in 2013, or the last minute?

Jeff Roach: As my colleague, Lisa, has already mentioned, we don't have a definite date for that. If you'd like to submit not only your contact information but also your question, to the address that's given on slide 55, we'll certainly be happy to include you on our list and get you updates as they're available.

Shia Goldberg: Thank you.

Operator: Your next question comes from the line of Florence Liley.

Your line is open.

Florence Liley: Thank you. I just wanted to verify that the ICD-10 code set that will be released for this October for the 2012 codes will be the final no-longer-in-a-draft form that will be the final set?

Pat Brooks: This is Pat Brooks. The final version will be the one that will be implemented in FY 2014. So, what we're doing each year as we update it, we're telling you the current version that we're working from. We will have the last major update in 2012, FY 2012 as you state, but we're warning you that we could add some more codes because of new technology and new procedures.

So, I don't know if you want to call that draft, but each year has a version and that's the official version for the current year.

You can't use it to report now. The ones that you will use to report will be the FY 2014 or October 1<sup>st</sup>, 2013, version. That will be the final first year implementation version.

But hopefully it will not look a great deal different from the 2012 because we hope not to add a lot more new codes because of the partial freeze.

Florence Liley: Right. That's what I was thinking. From people that I talked to in the industry feel that the 2012, the ones that will be released October of this year, the 2012 ones – fiscal year 2012 -are still considered draft and I just wanted to get that clarified.

So, thank you.

Operator: Your next question comes from the line of Kimberly Walker.

Your line is open.

Kimberly Walker: Hello. My name is Kimberly Walker and I'm calling from GBMC in Baltimore, Maryland.

My question is, I'm not sure anybody else was unclear on the alpha-fetoprotein. The 190.25- is that a procedure code? Because I pulled that up and I don't see it, So, I wasn't quite understanding when you guys were doing a conversion from the code to the ICD-10. I kind of got lost in all of that.

I understand the lab code, the 251 – the 82105 but I don't know where you got the 190.25 to convert it to the fascioliasis.

Jeff Roche: Hi, Kimberly. This is Jeff Roche.

Let me explain that in the group of policy decisions which CMS has made and have been in existence for more than a decade, we give each of them a separate number and 190.25 is simply the number we've assigned to this particular test, alpha-fetoprotein.

Now, the address that you can get more information about this particular Laboratory NCD and you can read some of the additional material which we did not include on the slide, slide 25, is available if you would submit your name and contact information and your question to the e-mail address that's on slide 55. That will be forwarded to us and we'll be happy to send you a copy of that NCD, as well as a link to all of our other Laboratory NCDs and I think that may help explain what this is.

It's essentially a laboratory test relating to liver function.

Lisa Eggleston: And Kimberly I just want to add on to what Jeff is saying. That 190.25 is a policy number that is used internally by CMS. It is not an ICD-9 diagnosis, nor is it a procedure code. So, hopefully that will – that will help.

Kimberly Walker: That helps. Thank you

Operator: And your next question comes from the line of Susan Wolinski.

Your line is open.

Susan Rowinski: Thank you. My name is Susan Rowinski and I'm the principal of the Sue Rowinski Group and we're based just outside San Francisco.

My question has to do with slide 13, the partial code freeze. We may be submitting a application for a tracking or an ICD-9 code to capture new technology. And my question is if it was accepted and reviewed at the September meeting and ultimately approved, is that approval date still August – would the approval date be August of 2012, that is the final implementation assuming it is accepted and approved?

And then my other question is does the ICD-9 Coding and Maintenance Committee still continue to hold – still plans to hold its spring and fall ICD-10 coding and maintenance meetings up until what would be October 1, 2013?

Pat Brooks: Yes. This is Pat Brooks.

Let me answer the second question first.

We announced at our previous meetings that we will continue to meet as usual- usually in March and September of each year- during the partial code freeze, where we will discuss requests for codes during the freeze period and we also hope to share information of ICD-10 updates. Maybe conversion activity that's going on so that you're aware of what we're doing with the code systems and updates to the GEMs.

So, our next meeting is September, as you pointed out. Should people want to make a request for that meeting, they have to get us the request two months

prior to the Coordination and Maintenance Committee, so that would be in July.

You can find all this information on the timeline of the March meeting that we just had.

If a code is discussed at the September meeting, and if the public who attends and who reviews the information later agrees that this is a new technology procedure that justifies a new code during the partial freeze, then that would be implemented on October 1<sup>st</sup>, 2012, not August 1, 2012 as you said.

We always implement codes on October 1<sup>st</sup>.

So, yes, there will be stringent – more stringent requirements for new codes, but the public will help us to decide how to enforce those stringent requirements and so we would welcome your request for the topic to be discussed in September.

Susan Rowinski: Thank you.

Operator: Your next question comes from the line of Veta Mugoretti.

Your line is open.

Veta Mugoretti: Yes. Hi.

I have a question about temporary codes and conversion to ICD-10. And as for finalizing an ICD, there are so many questions but I do get the permission to add another one.

The finalized LCD and CD based to ICD-10s will be provided to the providers and health plans or not so they are two merged in one. I cheated. Sorry.

Pat Brooks: Let me do the first one. This is Pat Brooks. We don't have temporary codes as far as ICD-9 or as part of ICD-10. You either – you make a request for a code. It's discussed at the Coordination and Maintenance Committee. Either we give you a code or we don't.

And I'll turn over to Lisa for the LCD.

Lisa Eggleston: Yes. As it relates to the LCD and NCD postings, they would not be "provided" per se but they – when they are available they will be publicly available on our website through the Medicare coverage database. So, once they are completed and done, you would be able to access – anyone can access the Medicare coverage database and look up various LCDs by contract or our national coverage determinations in order to see what is occurring in that – in that realm.

Operator: Your next question comes from the line of Joanne Griffin. Your line is open.

Joanne Griffin: Hi. Thank you. This is Joanne Griffin with the American Clinical Laboratory Association.

And this may be getting a little far ahead, but if an independent clinical laboratory receives a requisition requesting lab services after October 1, 2013, with an ICD-9 code provided by the ordering physician, can the laboratory transfer the ICD-9 to an ICD-10 to apply to the claim to bill to Medicare or other providers? And I guess vice versa, if before October of 2013, we somehow get ICD-10 codes, can we translate them back?

Lisa Eggleston: OK. So, but just in general, the codes are date of service driven for claims processing purposes. So, a service that is rendered, as you heard Sarah discuss earlier, service that is rendered prior to October first would need to be – would need to have an ICD-9 code submitted. While a service that is rendered on October first and forward of 2013, of course, would need to have an ICD-10 code. So, that's kind of in general.

Joanne Griffin: Right.

Lisa Eggleston: Yes. So, that's kind of – that's kind of the rule regardless of the provider; it's date of service driven.

Joanne Griffin: No, I understand that, but you know, we don't – we rely on the ordering provider to provide us with the codes in order to get paid. And I guess my question is if, for whatever reason, the physician gives us an ICD-9 code after

that date, is it appropriate for us to go ahead and convert that to an ICD-10 code?

Lisa Eggleston: Yes – you know, we don't want to give you wrong advice. You know, you might – whether you want to do it or if you want to consider going back to that physician asking for an I-10 code; that will probably be left to your discretion.

We have a comment here to the previous caller, the caller that called from the Lab Association, for Joann, so we're going to let Felicia also address her question.

Felicia Wilson: Joann, this is Felicia Wilson from the Provider Billing Group Division and Supplier Claims Processing and we are working on that very issue not just for lab, but for a host of other services that rely on physician orders and referrals for services that may be provided after the cut over date. And you're going to receive some sort of provider education or training information in the coming months, so be on the lookout for possibly a med – an MLN article or perhaps a CR that will address that very issue.

Leah Nguyen: OK. 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](mailto:ICD10-National-Calls@cms.hhs.gov). This e-mail address is also listed on slide 55.

Before we end the call, for the benefit of those who may have joined the call late, please note continuing education credit 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 53 and 54 of the slide presentation for more details.

We would like to thank everyone for participating in the CMS ICD-10 Conversion Activities National Provider Teleconference.

An audio recording and a written transcript of today's call will be posted to the CMS Sponsored ICD-10 Teleconferences section of the CMS ICD-10 webpage at <http://www.cms.gov/ICD10> in approximately two weeks.

I would like to thank Pat Brooks, Lisa Eggleston, Joan Proctor, Robin Dowe, Sarah Shirey-Losso and Denise Buenning for their participation.  
Have a great day, everyone.

Operator: And this concludes today's conference call. You may now disconnect.

END