



# ICD-10 Implementation Strategies for Physicians

## National Provider Call

August 3, 2011

# Quick Review of National ICD-10 Implementation



Mady Hue, RHIA, CCS  
Health Insurance Specialist  
Hospital and Ambulatory Policy Group (HAPG)  
Center for Medicare (CM)  
Centers for Medicare & Medicaid Services (CMS)

- October 1, 2013 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)

- ICD-10-CM (diagnoses) will be used by all providers in every health care setting
- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures
- ICD-10-PCS will not be used on physician claims, even those for inpatient visits

- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes
- CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients

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- Single implementation date of October 1, 2013 for all users
- Date of service for ambulatory and physician reporting
  - Ambulatory and physician services provided on or after 10-1-2013 will use ICD-10-CM diagnosis codes
- Date of discharge for hospital claims for inpatient settings
  - Inpatient discharges occurring on or after 10-1-2013 will use ICD-10-CM and ICD-10-PCS codes

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-10 codes will not be accepted for services prior to October 1, 2013

ICD-9 Notice: The International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

# ICD-10 Implementation Strategies for Physicians (and Non-physician Practitioners)



Dr. Daniel Duvall  
Medical Officer  
Hospital and Ambulatory Policy Group  
Center for Medicare



# Take Home Lessons

- ICD-10 is just a more mature ICD-9
- ICD-10 is inevitable
- Work for physicians is negligible
- ICD-10 cost for offices can be small
- Work for institutions is worthwhile
- Personal conversion plans help
- Embrace it; Don't postpone it

- General approach to problems
- General approach to patient care
  - Subjective (Define problem and issues)
  - Objective (Collect and process information)
  - Assessment (Evaluate options)
  - Plan (Determine response)

## What have you heard?

- The deadline is firm?
  - Yes
- We are rushing over the precipice?
  - No
- American healthcare is in serious trouble?
  - Not because of ICD-10
- Should we be on board?
  - Yes

# What is ICD-10

- ICD-10
  - International Classification of Diseases- World Health Organization (WHO)
  - Approximately 2000 diseases (families)
- ICD-10-CM
  - “Clinical Modification”
  - US expansion to meet US reporting needs
  - Approximately 70,000 specific codes
- ICD-10-PCS
  - “Procedure Coding System”
  - Inpatient (hospital) coding only
  - Replaces ICD-9-CM procedures; CPT/HCPCS are unaffected

- 1839 Call for Uniform Classification
  - “The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement in Bills of Mortality. Each disease has, in many instances, been denoted by three or four terms, and each term has been applied to as many different diseases: vague, inconvenient names have been employed, or complications have been registered instead of primary diseases. The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay.”
  - William Farr, 1st Annual Report of Registrar General (England)

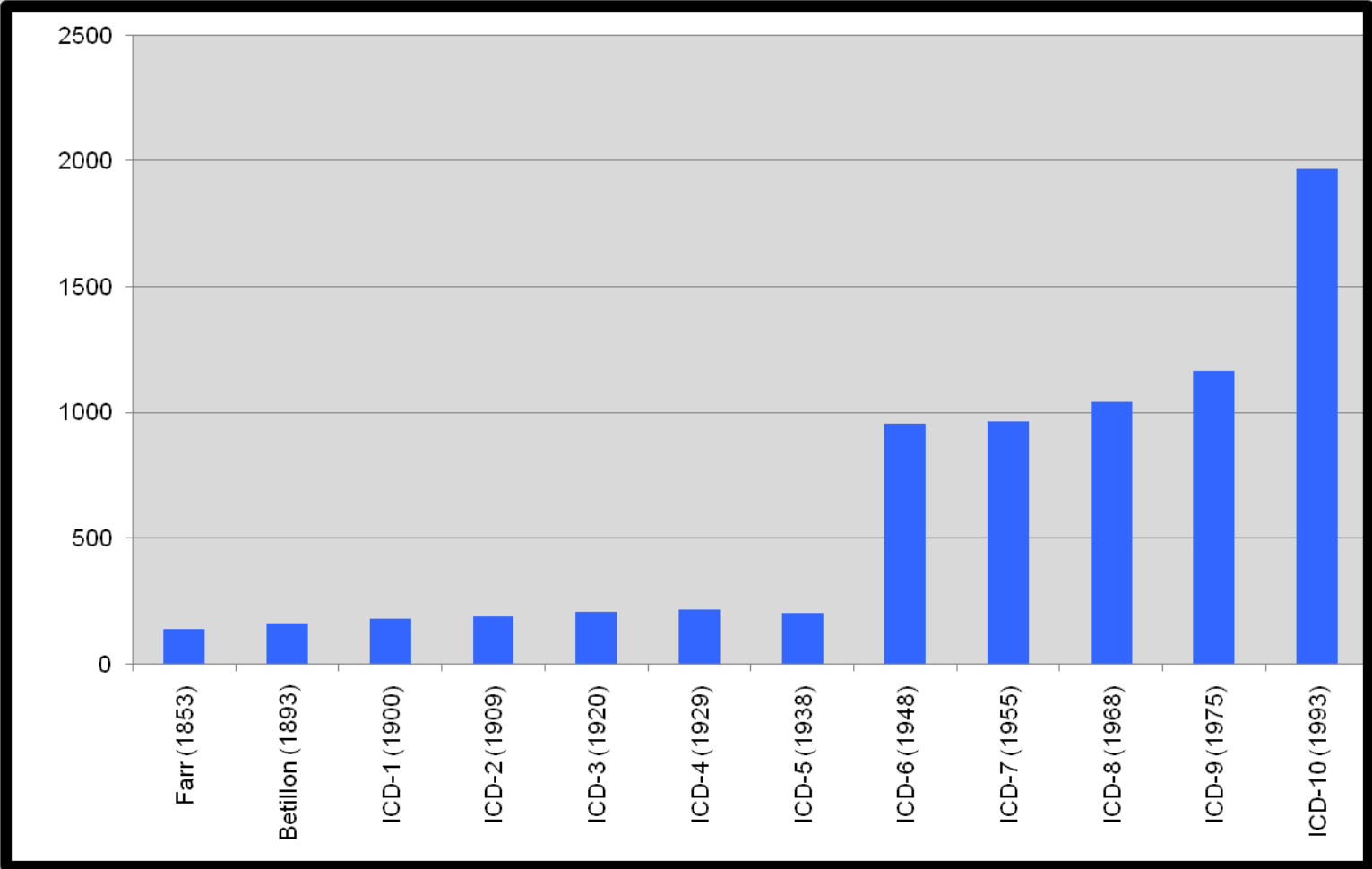
# History of ICD: Evolution

- 1855 Intl Statistical Congress classification
- \*\*1893 Classification of Causes of Death
  - 1898 American Public Health Assoc Adoption
- 1900 ILCD-1 Intl List of Causes of Death
  - 1909 ILCD-2 Intl List of Causes of Death
  - 1919 ILCD-3 Intl List of Causes of Death
  - 1929 ILCD-4 Intl List of Causes of Death
  - 1935 ILCD-5 Intl List of Causes of Death
- \*\*1948 ISCDICD-6
  - Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death
  - Inclusion of a list for reporting morbidity
  - Lowell Reed (Johns Hopkins)

# History of ICD: Refinement

- 1955 ICD-7 Minor changes
- 1965 ICD-8 Structural shortcomings evident
- 1975 ICD-9 Explosion of knowledge
- \*\*1993 ICD-10 Major restructuring
  - Driven by need to expand categories
    - Same organization of sections
    - Different code labels (alpha-numeric)
  - Expanded use of families (drill down)
    - Improved consistency
- ICD-11 Will be built on the ICD-10 foundation

# ICD Code Growth



Adapted from Ustun at [www.who.int](http://www.who.int)



## Why?

- Not enough detail for analyzing diseases
- Not enough detail for payment
- Insufficient attention to
  - Medical encounters for reasons other than death
  - Non-lethal manifestations
- ICD-9-CM 16,000 codes; ICD-10-CM 70,000 codes
- The detail is demanded not by government nor by payers but by specialty societies

## Ischemic heart disease (410-414)

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Old myocardial infarction
- 413 Angina pectoris
- 414 Other forms of chronic ischemic heart disease

## Ischemic heart disease (410-414)

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Old myocardial infarction
- 413 Angina pectoris
- 414 Other forms of chronic ischemic heart disease
  - Coronary atherosclerosis (414.0)
  - Aneurysm of heart (414.1)
  - Other (414.8)
  - Unspecified (414.9)

- **>>> 410.00** Acute myocardial infarction of **anterolateral wall**, *episode of care unspecified*
- 410.01 Acute myocardial infarction of anterolateral wall, *initial episode of care*
- 410.02 Acute myocardial infarction of anterolateral wall, *subsequent episode of care*
- **410.10** Acute myocardial infarction of **other anterior wall**, episode of care unspecified
- 410.11 Acute myocardial infarction of other anterior wall, initial episode of care
- 410.12 Acute myocardial infarction of other anterior wall, subsequent episode of care
- **410.20** Acute myocardial infarction of **inferolateral wall**, episode of care unspecified
- 410.21 Acute myocardial infarction of inferolateral wall, initial episode of care
- 410.22 Acute myocardial infarction of inferolateral wall, subsequent episode of care
- **410.30** Acute myocardial infarction of **inferoposterior wall**, episode of care unspecified
- 410.31 Acute myocardial infarction of inferoposterior wall, initial episode of care
- 410.32 Acute myocardial infarction of inferoposterior wall, subsequent episode of care
- **410.40** Acute myocardial infarction of **other inferior wall**, episode of care unspecified
- 410.41 Acute myocardial infarction of other inferior wall, initial episode of care
- 410.42 Acute myocardial infarction of other inferior wall, subsequent episode of care
- **410.50** Acute myocardial infarction of **other lateral wall**, episode of care unspecified
- 410.51 Acute myocardial infarction of other lateral wall, initial episode of care
- 410.52 Acute myocardial infarction of other lateral wall, subsequent episode of care....

- Chapter 01 Certain infectious and parasitic diseases (A00-B99)
- Chapter 02 Neoplasms (C00-D49)
- Chapter 03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- Chapter 04 Endocrine, nutritional and metabolic diseases (E00-E89)
- Chapter 05 Mental and behavioral disorders (F01-F99)
- Chapter 06 Diseases of the nervous system (G00-G99)
- Chapter 07 Diseases of the eye and adnexa (H00-H59)
- Chapter 08 Diseases of the ear and mastoid process (H60-H95)
- >>> Chapter 09 Diseases of the circulatory system (I00-I99)
- Chapter 10 Diseases of the respiratory system (J00-J99)

Order of Chapters is just like ICD-9

- I00-I02 Acute rheumatic fever
- I05-I09 Chronic rheumatic heart diseases
- I10-I15 Hypertensive diseases
- >>> I20-I25 Ischemic heart diseases
- I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
- I30-I52 Other forms of heart disease
- I60-I69 Cerebrovascular diseases
- I70-I79 Diseases of arteries, arterioles and capillaries
- I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- I95-I99 Other and unspecified disorders of the circulatory system

Order of the topics within the chapters is usually just like ICD-9

- I20 Angina pectoris
- >>> I21 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I23 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)
- I24 Other acute ischemic heart diseases
- I25 Chronic ischemic heart disease

Order within a family may show better clinical grouping

- I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery
- >>> I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
- I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery
- I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
- I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
- I21.29 ST elevation (STEMI) myocardial infarction involving other sites
- I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
- I21.4 Non-ST elevation (NSTEMI) myocardial infarction

Specific diagnoses show the higher level of detail. Note that grouping has changed from “anterolateral wall” (1980 EKG) to “LAD artery” (2010 imaging)

ICD-10 is just a more mature ICD-9



## Why?

- Out of room
- Obsolete family groups
  - 30 years of medical knowledge of etiology
- Not enough detail for computerized analysis
- Inadequate attention to
  - Continuum of disease
  - Clinically relevant subsets

ICD-10 is necessary

# 30-year ICD-10 Timeline

- c. 1975 Conceptualization of new schema
- 1983 Development started, public discussion
- 1990 Schema approved
- 1993 ICD-10 completed; National Committee on Vital Health Statistics recommended replacement of ICD-9-CM
- 1993-1998 ICD public discussion; ICD-10-PCS developed
- 1999 US adoption for mortality
- 2003 ICD-10-CM completed
- 2003-2008 CM testing and public discussion
- 2009 Start 5 year Implementation
- >>> 2011 Complete IT Foundation (5010 Transaction)
- 2013 October 1 Complete ICD-10-CM Conversion

- Appropriate Payment
  - Stratification of morbidity
  - “My patients are sicker”
  - Episodes of care, Affordable Care Organizations, Hierarchical Condition Categories, Quality monitoring
  - CMS and commercial health plans
- Better Quality in Research/clinical trials
  - Identification of consistent cohorts
- Improved Outcomes from Population Analysis
  - Targeting resources to diseases: Specialty, County, Environment
- 2010 computational power cannot use 1980s information

ICD-10 is inevitable

# ICD-10 Headache Size

- \*\*\*\*\*(5, encephalitis) Government CMS CDC
- \*\*\*\*\*(4, migraine) Health Insurance Plans
- \*\*\*(3, cluster) Hospitals
- \*\*(2, sinus) Billing Agencies
- \*(1, tension) Physicians

- \*\*\*\*\*(5, encephalitis) Government CMS CDC
  - Design a functional expansion and get it right
  - Define all the new codes
  - Change claim processing specifications and multiple processing systems
  - Model impacts to multiple payment systems
  - Update policies and tables with public input
- \*\*\*\*\*(4, migraine) Health Insurance Plans
- \*\*\*(3, cluster) Hospitals
- \*\*(2, sinus) Billing Agencies
- \*(1, tension) Physicians

# ICD-10 Headache Size

- \*\*\*\*\*(5, encephalitis) Government CMS CDC
- \*\*\*\*\*(4, migraine) Health Insurance Plans
  - Change claims processing systems
  - Model impacts to payments
  - Update policies and tables
  - Correctly understand all codes
- \*\*\*(3, cluster) Hospitals
  - Change claims submission systems
  - Deal with impacts in cash flow
  - Correctly encode charts
- \*\*(2, sinus) Billing Agencies
  - Change systems that submit codes
  - Change systems that display codes
- \*(1, tension) Physicians

# Benefits to Institutions

- Better data
- Better stratification of patients
- Better targeting of resources
- Better matching of payments
- Better measurement of outcomes
- Position for future
  - New codes, better definitions, easier updates

Work for institutions is worthwhile

- \*\*\*\*\*(5, encephalitis) Government CMS CDC
- \*\*\*\*\*(4, migraine) Health Insurance Plans
- \*\*\*(3, cluster) Hospitals
- \*\*(2, sinus) Billing Agencies
- \*(1, tension) Physicians
  - Choose the right code



- Physicians deal with diagnoses not codes
- Learn new ICD-10 codes
  - How many ICD-9 codes do you know by heart?
  - A dozen?
  - None?
  - Take the test: Can you list 30 by heart?
- Learn how to use an index
  - Index is still alphabetical
- \*\*\*Create a new job aid or superbill
  - 6 to 8 hours

- There are a handful of diagnoses that you see repeatedly
  - Glaucoma
  - Cataract
  - Conjunctivitis
- The uncommon ones you look up in the index
  - Central retinal artery occlusion
- Pick your top 30

- Generalists see the entire spectrum of disease
- There are a handful of diagnoses that you see repeatedly
  - Hypertension
  - Diabetes
  - COPD
- The uncommon ones you look up in the index
  - Gout
- Pick your top 30

# Office Practice Impact

- Very Large Clinics (Institutional benefits)
  - Update proprietary software \$\$\$ (Forced by 5010 Conversion)
  - Coder CEU \$ (Routine)
- Medium Clinics
  - Update billing software \$\$ (Routine; mostly 5010 related)
  - Coder CEU \$ (Routine)
- Small Office
  - Update codebook and forms \$ (Routine; 5010 complete or excluded)
- Work for Physicians Is Negligible
  - Use diagnoses not codes
  - Small number of frequently used codes

Cost for offices can be small

- Personal Plan
  - Get an ICD-10 book
  - ICD-10 overview (on line, ICD book, specialty CME)
  - Browse Taxonomy
- List your top diagnoses (Lookup list)
  - List different diagnoses for a week or two
  - Cross off any atypical entries
  - List in alphabetical order
  - Find the ICD-10 codes in the index

## Physician > Coder > Claim

- Physician
- Coder
  - May need to allow a day or two for CEU
  - Coder will be slower (fewer memorized codes)
  - Personal lookup list is key to efficiency
  - Index is still the index, just more options
- Claim
  - Does the superbill need updating? Do you need new paper claims?
  - Is your claim submission system 5010 compliant (1 Jan 2012)?
  - How is your claim submission system supplier introducing ICD-10?
- Electronic Medical Record
  - How is your claim submission system supplier introducing ICD-10?

Personal conversion plans help

## Cons-

- Codes obsolete
  - How many memorized codes?
  - Index is still index
- Coders will be slower
  - Significant in institutions
  - Job aids reduce or eliminate
- Cost of training and references
  - Annual expense anyway
- External system costs
  - 5010 is a done deal

## Pros-

- Improved 3rd party payments
  - Severity adjustments
- Improved quality and performance reporting
  - Severity adjustments
- Better patient data groups
  - Clinical trials, targeted therapy
- Better clinical organization of diagnoses
  - When you do have to code
- Time EMR with ICD-10 to reduce costs
  - Minimize refitting ICD-10 to ICD-9 system or ICD-9 data

**Conclusion: Embrace it; Don't postpone it**



# General References

- AHIMA ICD-10 Home
  - <http://www.ahima.org/icd10/default.aspx>
- National Center for Health Statistics
  - <http://www.cdc.gov/nchs/icd.htm>
- CMS
  - <http://www.cms.gov/ICD10>
- World Health Organization
  - <http://www.who.int/classifications/icd>

# Quick Review of National ICD-10 Implementation (Continued)



Mady Hue, RHIA, CCS  
Health Insurance Specialist  
Hospital and Ambulatory Policy Group (HAPG)  
Center for Medicare (CM)  
Centers for Medicare & Medicaid Services (CMS)

- ICD-10 codes are different from ICD-9-CM codes
  - They provide greater detail in describing diagnoses and procedures
  - There are more ICD-10 codes than ICD-9-CM codes
- ICD-10 codes are longer and use more alpha characters
- System changes required to accommodate ICD-10 codes

# Complete Versions of ICD-10-CM & ICD-10-PCS

- Annual updates of each system are posted on the ICD-10 website at <http://www.cms.gov/ICD10>
- Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting [http://www.cms.gov/ICD9ProviderDiagnosticCodes/03\\_meetings.asp](http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp)

- General Equivalence Mappings (GEMs) assist in converting data from ICD-9-CM to ICD-10
- Forward and backward mappings
  - Information on GEMs and their use – <http://www.cms.gov/ICD10> (click on ICD-10-CM or ICD-10-PCS to find most recent GEMs)
  - Description of MS-DRG Conversion Project [http://www.cms.gov/ICD10/17\\_ICD10\\_MS\\_DRG\\_Conversion\\_Project.asp](http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp)

- GEMs are not a substitute for learning how to code with ICD-10
- For some small conversion projects it may well be quicker and more accurate to use ICD-10 code books instead of GEMs

- Annual ICD-9-CM and ICD-10 code updates make transition planning difficult
- Vendors, system maintainers, payers, and educators requested a code freeze

# Partial Code Freeze

- Last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1, 2011
- On October 1, 2012 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases
- On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases



- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard
- On October 1, 2014 regular updates to ICD-10 will begin

- Information on meetings

[http://www.cms.gov/ICD9ProviderDiagnosticCodes/03\\_meetings.asp](http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp)

- ICD-10 General Information  
<http://www.cms.gov/ICD10>
- MS-DRG Conversion Report  
[http://www.cms.gov/ICD10/17\\_ICD10\\_MS\\_DRG\\_Conversion\\_Project.asp](http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp)
- Central Version 5010 and D.0 web page on the CMS website <http://www.cms.gov/Versions5010andD0>

- The CMS ICD-10 website provides the latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation in a 5010 environment <http://www.cms.gov/icd10>
- The CMS Sponsored ICD-10 Teleconferences web page provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, podcasts, video slideshow presentations, written transcripts, and audio recordings <http://www.cms.gov/ICD10/Tel10/list.asp>

- Medicare Fee-for-Service Provider Resources  
[http://www.cms.gov/ICD10/06\\_MedicareFeeforServiceProviderResources.asp](http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp)
- Provider Resources (for all providers)  
[http://www.cms.gov/ICD10/05a\\_ProviderResources.asp](http://www.cms.gov/ICD10/05a_ProviderResources.asp)

- The following organizations offer providers and others ICD-10 resources
  - WEDI (Workgroup for Electronic Data Interchange)  
<http://www.wedi.org>
  - HIMSS (Health Information and Management Systems Society)  
<http://www.himss.org/icd10>

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



Lisa Eggleston, RN, MS  
Health Insurance Specialist  
Coverage and Analysis Group  
Office of Clinical Standards and Quality

## What we've done so far

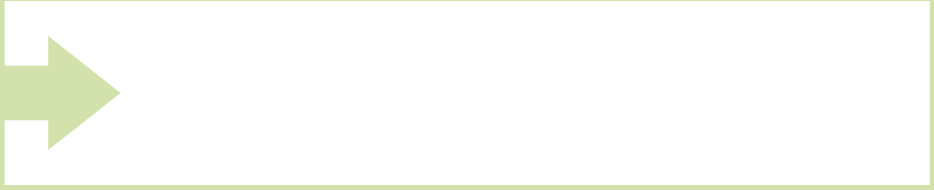


## What remains to be done

- We will not be announcing today:
  - Availability of ICD-9-CM – ICD-10-CM conversion for Lab NCDs to the public; or expected dates for release

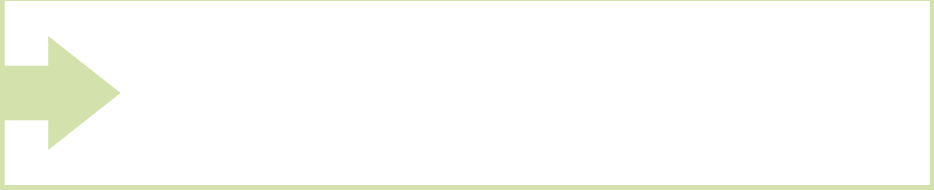


## What we've done so far



- Learned to use General Equivalence Mapping (GEM) files [www.cms.gov/ICD10](http://www.cms.gov/ICD10)
- Developed draft versions of ICD-10-CM converted versions of Lab NCDs (in progress)

## What we've done so far



- Acknowledged expert assistance from other CMS staff and from CMS contractors
- Presented an initial look at details on May 18, 2011 conference call  
<http://www.cms.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1246998>



## What remains to be done

- Continue ICD-9-CM to ICD-10-CM conversions for Lab NCDs over the coming months
- Incorporate ICD-10-CM converted versions into CMS system modules



## What remains to be done

- Coordinate Lab NCD ICD-10 conversion with other CMS units over the coming months
- Provide periodic updates to Pat Brooks and her team on progress

- Please check [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for updates
- Please email any questions to [ICD10-National-Calls@cms.hhs.gov](mailto:ICD10-National-Calls@cms.hhs.gov)

# National ICD-10 Implementation Issues



Denise Buening, MsM  
Director  
Administrative Simplification Group  
Office of E-Health Standards and Services

# Implementation Date

- No Delays
- CMS does not intend to delay Version 5010 or ICD-10 implementation
- Version 5010 and ICD-10 are foundational to other health care initiatives, including meaningful use of electronic health records, and adoption of additional standards and operating rules for electronic health care transactions under the Affordable Care Act
- CMS is committed to meeting these regulatory compliance deadlines, and expects industry to do so as well

- Providers can use paper to submit their claims to payers for reimbursement payments – HIPAA requirements only apply to electronic transactions. But CMS will require ICD-10 on all claim submissions, electronic or paper
- UB-04 (hospitals) paper claim form, also known as the Form CMS-1450, has been upgraded to accommodate ICD-10 codes
- The National Uniform Claim Committee closed a public comment period on Thursday, July 21 for revisions to the CMS-1500 Form
- From a practical standpoint, the industry (both HIPAA and non-HIPAA covered entities) is migrating to ICD-10



# Transition to ICD-10 for Medicaid

- As of July:
  - 11 states are high risk
  - 21 states are moderate risk
  - 15 are low risk
  - 4 non-respondents
- There are still 2 years to go
- The Center for Medicaid, CHIP\* and Survey and Certification is working with each state to implement risk mitigation strategies

\*Children's Health Insurance Program

- Per National Committee on Vital and Health Statistics testimony, many non-covered entities such as workers compensation programs, property and casualty insurers, etc. are working toward ICD-10
  - Requesting information from CMS
  - Conducting research into implications for business processes and systems

- Version 5010 Medicare fee-for-service claims are already being accepted in production mode, and tests indicate very few problems
- CMS is actively preparing its business processes and systems for ICD-10 transition
- Industry:
  - Needs to test, and often, Version 5010
  - Needs to check with vendors re: when ICD-10 software is available

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



Sarah Shirey-Losso  
Hospital Team Lead  
Provider Billing Group  
Center for Medicare

- CMS is very close to finalizing decisions on Medicare FFS claims
  - Professional claims
  - Institutional claims
  - Supplier claims

- Some claims will use the 'FROM' date
- Some claims will use the 'DISCHARGE' or 'THROUGH' date

- A CMS Change Request will be issued towards the end of the summer

# Home Health Agency Home Health Resource Group (HHRG)



Joan Proctor  
Health Insurance Specialist  
Chronic Care Policy Group  
Center for Medicare



# Proposed Rule for Home Health Prospective Payment

- A Proposed Rule for Home Health Prospective Payment was released on July 12, 2011
- The proposed rule text is available at the following address:  
<http://www.gpo.gov/fdsys/pkg/FR-2011-07-12/pdf/2011-16938.pdf>
- We welcome any public comments by 5 pm on September 6
  - Electronically through [www.regulations.gov](http://www.regulations.gov)
  - Hard copy (see instructions in the proposed rule)
- CMS staff cannot discuss this topic on today's call

## Follow-up Question From the May 18th National Provider Call

- Does CMS plan to post the translation lists in a format similar to that outlined for the Lab NCD's
- At this time, CMS has not reached a decision regarding the format. Additional information will be made available at the next teleconference and through the CMS website
- Additional Information

- CMS plans to provide detailed information pertaining to ICD-10 coding and billing of home health services in the proposed and final 2012 regulation

# National Provider Teleconference

## Continuing Education Information

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS national provider teleconferences.

- American Academy of Professional Coders (AAPC)  
If you have attended or are planning to attend a CMS national provider teleconference, you should be aware that CMS does not provide certificates of attendance for these calls. Instead, the AAPC will accept your e-mailed confirmation and call description as proof of participation. Please retain a copy of your e-mailed confirmation for these calls as the AAPC will request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

# Continuing Education Information

- American Health Information Management Association (AHIMA)  
AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.

## Sign up to Get the Latest Information on ICD-10

- CMS ICD-10 Industry Email Updates – Immediately notifies subscribers of important information and reminders about the Version 5010 and ICD-10 transition  
[http://www.cms.gov/ICD10/02d\\_CMS\\_ICD-10\\_Industry\\_Email\\_Updates.asp](http://www.cms.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp)
  - To register, scroll down to the “Related Links Inside CMS” section
- ICD-10 Latest News Page Watch – Sends an e-mail notification when information on the web page is changed or updated  
[http://www.cms.gov/ICD10/02b\\_Latest\\_News.asp](http://www.cms.gov/ICD10/02b_Latest_News.asp)
  - To register, scroll down to the “Related Links Inside CMS” section

## Questions?

Email your questions to

[ICD10-National-Calls@cms.hhs.gov](mailto:ICD10-National-Calls@cms.hhs.gov)

