

## Converting the Home Health Prospective Payment System Grouper to ICD-10-CM

Leah Nguyen:

Welcome to this MLN Connects video on converting the home health prospective payment system grouper to ICD 10 CM. This presentation was recorded at the ICD 10 Coordination and Maintenance Committee on September 23, 2014, at CMS.

Pat Brooks:

I would like to introduce Joan Proctor, who is a health insurance specialist with the Chronic Care Policy Group in the Division of Home, Health, and Hospice here at CMS. Joan is going to be doing a presentation on converting the home health prospective payment system grouper to ICD 10 CM. And I'd like Joan to come forward.

Joan Proctor:

Thanks, Pat. Good afternoon. I'm going to try to go fast, because everybody wants to break for lunch. I apologize for some of you in the audience. This may be kind of a repeat for you of what we did in the past, because we rolled something out thinking that we were going for it with an implementation dated 10/1. Of course, that moved. What I'm talking about today is really the conversion of the home health prospective payment system grouper to ICD 10. And I'm going to start off with just describing our home health system, our home health PPS system.

It's based on -- payment is based on data submitted as part of the OASIS data set, and the OASIS, as many of you may know, is our assessment tool, which is used to produce risk-adjusted quality measures to classify patients into clinical and functional status levels. And those levels are used to determine our home health episode payments. Our home health resource group, there are 153 payment categories that -- and each one of our patients are classified into one of these 153 groups. Patients at each of these groups are determined based upon three categories: clinical, functional, and therapy needs. Clinical is what you guys are interested in, in terms of our transition to the ICD 10 CM codes. We don't use ICD 10 PCS codes, though. I'll clarify that now.

We started off this process like all of the other payment systems, where we used the GEMs tool. The GEMd tool provided us a list of codes, and then we went through them and manually reviewed them, identifying there were certain codes that were not accommodating to a home health setting. So there were two sets, areas where we excluded -- did some exclusion of codes, and those were when the ICD 10 CM code was not appropriate for home health, and when we felt that a clinician could develop a more specific diagnosis. So the next slide we're moving on to talks about some examples of what's inappropriate for home health. And of course, I think everyone would recognize that that's probably your injury codes, where we drop the A status codes and we replace them with other suffixes that reflect that a patient is being treated for a subsequent encounter. Another area where we made a decision to exclude some codes are -- surround the nonspecific codes. Nonspecific codes for us just didn't make sense in some circumstances in home health. If you can walk in and you know -- you don't want to report just

any need. If you can see it's a right or a left you want to use the right or left knee. So those are the types of examples where we excluded codes, the two categories where we excluded the codes.

And where possible, we went into replicating them. Where possible we wanted the outcome to be where we were at before with ICD 9 codes. There were some codes that could either be -- that in the past were representative of maybe diabetes condition, and now the way that they're defined, they're going to fall into more than one -- than just diabetes. But diabetes and maybe blindness, or whatever the case may be. So in those types of situations, we had to make a decision. And we did. Based upon the fact that we went out with a rule in 2013, and that rule didn't get many comments, I think we did it right. So in fact, we got no comments back on our code list. So the December 2013 rule outlined our codes, and we also outlined the steps that we were going to take, which included some dates on terms of when the new grouper would become available, et cetera. Of course those date have had to change, considering the delay that has taken place.

And so we move on to where we're at now. The impact of the legislation that delayed the -- until October 1, 2015, the implementation of the ICD 10 CM grouper. And so, of course, our rule went out before the August 1st date, when we released the official announcement was rolled that said, hey, ICD 10 is now going to be implemented October 1, 2015. So based upon that, the impact of Famo [spelled phonetically], we've now gone out with a rolling 2014 that announced the delay, but didn't announce the -- our next steps. And we couldn't do that because we didn't have an implementation date yet. Well, hey, now we do have an implementation date, so I think when everyone looks at our 2014 final rule, they will have the necessary dates that they have for implementing the ICD 10 CM codes. We'll also herd the industry in terms of some dates, in terms of wanting an early release, and I think we'll definitely be able to find in the final rule that we are going to respond to that concern.

So we are also going to provide some additional information in that on our beta testing. In fact, our OASIS contractor has already completed testing of an ICD 10 CM grouper. So we think we're in a good place. So the last slide that we're going over talks about which assessment applies. One of the things that impacted us was that the -- our grouper was going to expire on October 1, 2014. So we've got to put a new one out. We're putting one out that gets us through that three-month window. We then roll out another assessment on January 1 of 2015 that accommodates an OASIS C1 that continues through October 1 to accept ICD 9 CM codes. And then finally, we would roll out for those assessment completions dates that began after ICD 10 CM is available. So that's our plans, I think we're in a good place, and I thank you all for listening today. If you have any question, I'm available to answer them.

Leah Nguyen:

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