Transitioning to ICD-10

November 5, 2014
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Agenda

• ICD-10: The Road Forward, Denesecia Green
• Medicare’s Testing Plan for ICD-10 Success, Stacey Shagena
• ICD-10 MS-DRG and Code Updates, Pat Brooks
• Converting the Home Health Prospective Payment System Grouper to ICD-10-CM, Joan Proctor
• Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10, Sarah Shirey-Losso
ICD-10: The Road Forward
Build and Sustain Momentum

Denesecia Green
Administrative Simplification Group
Office of E-Health Standards and Services
Final Rule Issued

• On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date
Benefits of ICD-10

• Improves patient outcomes
• Provides detailed data
• Improves quality tracking and reporting
• Public health surveillance
Now is the Time to Prepare
Compliance Date – October 1, 2015

ICD-10 Go Live
October 1, 2015

- Jul 1 – Dec 31, 2014
  Build and Maintain Momentum
- Jan 2015
  End-to-End Testing
- Apr 2015
  End-to-End Testing
- Jul 2015
  End-to-End Testing
- Jun 2015
  Training
- Jul 2015
  End-to-End Testing
  Post-Implementation Activities

- Jul 1, 2014 – Sep 30, 2015
  Acknowledgement Testing with Stakeholders
- Apr 1 – Sep 30, 2015
  Operational Readiness
With One Year Left, Where Should You Be?

Small Physician Practice Catch-up Plan

<table>
<thead>
<tr>
<th>Plan Your Journey</th>
<th>Train Your Team</th>
<th>Update Your Processes</th>
<th>Engage Your Vendors &amp; Payers</th>
<th>Test Your Systems and Processes</th>
<th>Check ICD-10 Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the Impact</td>
<td>Obtain Clinical Documentation Education</td>
<td>Improve Clinical Documentation</td>
<td>Engage Technology Vendors and Update Systems</td>
<td>Prepare Internal Testing of Systems and Processes</td>
<td>Editor's Note: If your practice has already started a specific step in the journey to ICD-10 compliance, please continue your efforts. The above plan was designed based on the revised compliance date of Oct. 1, 2015 and does not account for practice’s that have already started their transition. Each practice may have a slightly different journey, as each practice has different variables that may affect the timeframes.</td>
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<tr>
<td>Identify the Team</td>
<td>Obtain Coding Education</td>
<td>Revise Paper Forms and Templates</td>
<td>Engage Technology Vendors and Update Systems</td>
<td>Perform Internal Testing of Systems and Processes</td>
<td></td>
</tr>
<tr>
<td>Prepare a Budget and Forecast</td>
<td>Obtain ICD-10 Overview Education</td>
<td>Modify Policies and Procedures</td>
<td>Engage Technology Vendors and Update Systems</td>
<td>Conduct External Testing with Partners</td>
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<tr>
<td>Arrange for Training and Education</td>
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**2014**
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**2015**
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**DEADLINE OCTOBER 1, 2015**

**ongoing practice and validation**
CMS Partners with Industry: Stakeholder Calls

• CMS continues to partner with industry stakeholders to assess readiness and offer industry support through:
  – Weekly planning calls with payers, vendors, and clearinghouses, which represent over 90 organizations; and
  – Industry listening session with payers, providers, and vendors to share best practice and answer questions
CMS Has Extensive ICD-10 Outreach

- Conducted >70 targeted on-site training sessions
- Offered 45 webinars
- Distributed information to listserv reaching 180,000
- Held several national webinars: Most recently three large national webinars with over 58,000 attendees
- Conducted bi-weekly calls with all State Medicaid Agencies to share best practices
- Provided checklists, tip sheets, fact sheets that are viewed by 100,000 per month on the CMS website
- Conducted industry focus groups
- Shared information via social media
- Launched an informational web portal designed with the assistance of physicians
CMS Partners with Industry
“ICD-10 Success Implementation Initiative”

• CMS has partnered with the Workgroup for Electronic Data Interchange (WEDI) and several industry partners to launch the “ICD-10 Success Implementation Initiative,” which is comprised of a searchable database of ICD-10 questions and answers.

• Triage the questions and offer valuable information and resources to help organizations transition.
CMS Partners with Industry Training Collaborative

• CMS initiated a training collaborative with industry partners:
  – American Health Information Management Association (AHIMA)
  – American Academy of Professional Coders (AAPC)
  – Professional Association of Health Care Office Management (PAHCOM)
  – Rural Health
  – National Association of Community Health Centers (NACHC)

• The objective of the training collaborative is to align the collective ICD-10 training resources to reach small physician practices for information dissemination and “boots on the ground” training
CMS has a Comprehensive Approach to Assist Small Practices

- Establish ICD-10 physician collaboration portal
- Build on key partnerships
- Deliver high impact training
- Promote physician engagement
- Deploy multiple delivery modes
Physician Champions

• Provide a platform for independent, impartial, and authentic voices on the leading edge of change with eHealth

• Provide peer-to-peer role modeling to increase physician engagement in eHealth initiatives, with a special focus on ICD-10 tools and resources

• Help guide efforts to facilitate the use of the physician portal and provide feedback on implementation tools and resources
Physicians See Benefits to ICD-10
“ICD-10 offers substantial improvement in the ability to recognize significant differences in risk, severity, complexity, co-morbidities and other key health condition parameters that make big differences in understanding variations in disease patterns and delivered services.

We want to be evidenced based in the decisions that we make, and better data allows us to take a step in that direction.”

Mark Bieniarz, M.D. Cardiologist
“Comprehensive documentation is key to identifying and assigning the best diagnosis code. By doing our part, and focusing on how we document our patients’ condition, we put the foundation in place to drive value based quality and improve the health of populations served.”

Maggie Gaglione, M.D., Family Practice and Internal Medicine
“The current transfer of information is still way too dependent on electronic means that were good 30 years ago... we need to start looking at how we’re going to get better information and data transfer to providers to get back to taking care of our patients better.”

Terence Cahill, MD Family Medicine
On July 31st, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

CMS has created “Road to 10” to help you jump start the transition to ICD-10.

Built with the help of small practice physicians, “Road to 10” is a no-cost tool that will help you:

- Get an overview of ICD-10 by accessing the links on the left
- Explore Specialty References by selecting a specialty below
- Click the BUILD YOUR ACTION PLAN box to create your personal action plan

To get started and learn more about ICD-10, navigate through the links on the left side of the page. If you’re ready to start building an action plan, select the BUILD YOUR ACTION PLAN box.
Road to 10: Program Components

• Driven by physician perspectives and insights, the Road to 10 Program is built around a robust physician portal.

• The website is complemented by virtual/in-person training and strategic partnerships that will help circulate CMS ICD-10 resources across the small physician practice community.
“If this existed a few years ago, this blog wouldn't have been needed...This is really going to help.”

- ICD1010watch.com
In addition to providing ICD-10 basics, the Road to 10 portal is designed to help health centers and providers 1) Plan Their Journey, 2) Train Their Team, 3) Update Their Processes, 4) Engage Their Vendors, and 5) Test Their Systems and Processes. **Key elements of the site include:**

- **Specialty-Specific Resources**
- **Customizable Action Plans**
- **Timely Webcast Series**
**Action Plan**

Click “Explore Section” within the five sections of your Action Plan below to review the tools provided and action steps defined for you.

Click “Download Action Plan” to download a PDF copy of your personalized action plan to use in your practice.

<table>
<thead>
<tr>
<th>Plan Your Journey</th>
<th>Explore Section</th>
</tr>
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<tbody>
<tr>
<td>Train Your Team</td>
<td>Explore Section</td>
</tr>
<tr>
<td>Update Your Processes</td>
<td>Explore Section</td>
</tr>
<tr>
<td>Engage Your Vendors and Payers</td>
<td>Explore Section</td>
</tr>
<tr>
<td>Test Your Systems and Processes</td>
<td>Explore Section</td>
</tr>
</tbody>
</table>
# Road to 10: Getting Started

## Get Started

Tell us a little about your practice, so we can create an Action Plan for you.

### My Specialty (Pick one)

Click to select your specialty

- Family Practice
- Pediatrics
- OB/GYN
- Cardiology
- Orthopedics
- Internal Medicine
- Other Specialty

### My Practice Size (Pick one)

Click the size of your practice so we can better understand your needs.

- 1-2 Physicians
- 3-6 Physicians
- Over 6 Physicians

### My Technology & Staffing Partners (Choose all that apply)

Click the technology and services your practice utilizes to generate a readiness checklist for each today.

- Electronic Health Records

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**25**
Road to 10: Step 1 - Plan Your Journey

Check the box when you have completed each step.

Understand the Impact

- REVIEW the roadmap, action steps, checklists, and other materials included with your action plan to understand where you are in your journey and what you need to do next.

- ISOLATE where diagnosis codes are used in your practice today. Ask your team how and where they use/see ICD-9 codes. Use the Diagnosis Code Impact Inventory Template included with your action plan to catalog the processes, forms, and information systems which rely on ICD-9 diagnosis codes.  
  Download Your Process and System Inventory Template

- PINPOINT the ICD-9 codes you most frequently use by reviewing superbills, encounter forms, practice management system reports, and the Common Codes in your action plan.

- UTILIZE the list of your most frequent ICD-9 codes to help identify the ICD-10 codes relevant to your practice. Make special note of those conditions where the available number of diagnosis codes in ICD-10 is noticeably larger. The following sources of information will assist you in identifying the most pertinent ICD-10 codes:
    Open the ICD-10CM_FY2014_Full_PDF.zip file then unzip and save the PDF document named “ICD10CM_FY2014_Full_PDF_Tabular” to your local device
  - Online ICD-10-CM search tools/applications
  - Hard copy or electronic publications of 2014 ICD-10-CM code books
  - Common Codes from your action plan
  - Crosswalks from your system vendors and/or clearinghouses

Note – Your practice should not have code in ICD-10 until you are done with the ICD-10, your practice will be in a better position to make the transition.

Arrange for Training and Education

- REVIEW the Train Your Team section of your action plan to understand the ICD-10 training and education resources available to your practice. Determine the type and source of training for each practice staff member based on the following general guidelines:
  - Documentation training for physicians, nurse practitioners, physician assistants, and other staff who document in the patient medical record.
  - Coding training for staff members who work with codes on a regular basis.
  - Overview training for staff members engaged in administrative functions.
  - User training on the ICD-10 functionality included with system upgrades.

- SCHEDULE training for practice staff members who require it.
Common Codes for Your Specialty
We have identified an illustrative sample of high impact diagnosis codes

Primer for Clinical Documentation
This document introduces ICD-10 clinical documentation changes for common conditions associated with your area of practice. It highlights the

Clinical Scenarios
We have created sample, outpatient focused scenarios to illustrate specific ICD-10 clinical documentation considerations. These examples underscore the importance of including the proper level of detail needed to support the selection of the most appropriate ICD-10 diagnosis codes based on a patient’s circumstance.

Training and Education Resources
In order to be ready for the transition, your practice must receive appropriate education on the changes that occur with ICD-10. There are three major areas of training your practice should receive.

VIEW ICD-10 TRAINING AND EDUCATION RESOURCES
Road to 10: Step 3 – Update Your Processes

Improve Clinical Documentation

- Obtain the following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:
  - Your claim rejections and denials by ICD-9 diagnosis code and payer.
  - The most common unspecified ICD-9 codes you submit by payer.

- Pinpoint the ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:
  - Categorize the primary reasons for the denials and rejections.
  - Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials.

Revise Paper Forms and Templates

- Modify link

- Incorporate ICD-10 codes into paper forms and tools which reference diagnosis codes:
  - Pre-admission/Pre-certification
  - Referral
  - Authorization
  - Orders
  - Superbills/Patient Encounters
  - Inpatient and Outpatient Scheduling
  - Quality Reporting
  - Public Health Reporting

Modify Policies and Procedures

- Add steps to determine if a patient is eligible for dual supplemental coverage for special clinical programs which are condition/diagnosis based:
  - End Stage Renal Disease (ESRD)
  - Black Lung Disease
  - Other Conditions

- Identify your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD-10 diagnosis codes needed to make a coverage determination for these common services prior to claims submission.

- Track patient complaints, payment delays, denials, and increases in authorization volume for at least three (3) months beginning on 10/1/2014. By logging this information, your practice will be in a better position to spot and address problems more quickly.
Road to 10: Step 4: Engage Your Vendors and Payers

Check the box when you have completed each step.

Technology Vendors

Electronic Health Record (EHR) and Practice Management (PM) systems are impacted by the ICD-10 transition and need to be updated. In addition, other technologies used by your practice such as coding, reporting, and decision support tools may need to be updated. If your practice uses these systems, you will need to coordinate with your technology vendors regarding these updates. Also, there are specific activities your practice may need to complete to implement these updates.

Here you can enter all the vendors you will need to engage. Check the appropriate box when you have completed the task to keep track of your progress.

<table>
<thead>
<tr>
<th>Contacted</th>
<th>Responded</th>
<th>Vendor Name</th>
<th>Contact Name</th>
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<tbody>
<tr>
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Download Technology Vendor Assessment in the Template Library at www.roadto10.org

The following checklist will help guide you as you engage your technology vendors and prepare to complete these activities:

Contact your technology vendors to determine if their solutions are impacted by ICD-10. Understand their plans for compliance. Download a copy of the Technology Vendor Assessment in the Template Library at www.roadto10.org. Email a copy of the assessment to each vendor. Ask them to complete the assessment and return it to you promptly.

Evaluate your technology vendor contracts to understand the type of ICD-10 expenses that may be separate from regular fees. Clarify with each vendor the additional ICD-10 technology expenses for which you need to allocate funds.

Review the completed Technology Assessments returned to you by each vendor. Reach out to each vendor to discuss the questions you have regarding their responses.

<table>
<thead>
<tr>
<th>Questions for Technology Vendor</th>
<th>Vendor Response</th>
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<tbody>
<tr>
<td><strong>Application</strong></td>
<td></td>
</tr>
<tr>
<td>1. Which of your applications are impacted by ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>2. Are your applications retrofitted and are the ICD-10 updates generally available?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>3. Is there a separate fee for your ICD-10 update?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>4. Will your systems use date of service to determine the codes to use (ICD-9 or ICD-10)?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>5. Will your systems support dual coding of services rendered before 10/1/2015?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
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<thead>
<tr>
<th><strong>Code Set Updates</strong></th>
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<tbody>
<tr>
<td>6. Are there 3rd party embedded products in your software which need to be updated for ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>7. Is additional infrastructure (hardware, servers, etc.) potentially needed to accommodate your ICD-10 updates and store ICD-10 codes?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
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<table>
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<tr>
<th><strong>Interfaces</strong></th>
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<tbody>
<tr>
<td>1. Have your HIPAA transaction sets been updated to address ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>2. What other interface changes will be included with your ICD-10 software updates?</td>
<td>Yes ☐ No ☐ Comments:</td>
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<thead>
<tr>
<th><strong>Reporting</strong></th>
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<tbody>
<tr>
<td>1. Which of your reports are impacted by ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>2. How will reports which are dependent upon diagnosis code categories be handled?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>3. How will longitudinal and historical reporting be updated to accommodate ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>4. How will quality and public health reports be updated to accommodate ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>5. Do any of your solutions require crosswalks from ICD-9 to ICD-10?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
<tr>
<td>6. Which crosswalks are you providing and can they be customized?</td>
<td>Yes ☐ No ☐ Comments:</td>
</tr>
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<tr>
<th><strong>Configuration</strong></th>
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Road to 10: Step 5: Test Your Systems and Processes

Prepare Test Cases
Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

Perform Internal Testing
Internal testing helps to validate that your key systems can search on, accept, store, process, send, and receive ICD-10 diagnosis codes.

Conduct External Testing
External testing with vendors and payers will help you validate that transactions containing ICD-10 diagnosis codes can be sent and received successfully.

Practice and Validate
Practice and validation involves the internal simulation of native ICD-10 coding on select encounters.
Road to 10: Specialty Specific Webcasts

ICD-10 Documentation & Coding Concepts: Cardiology
CMS Webcast

Denesecia Green
Lead E-Health Operations and Governance, Centers for Medicare & Medicaid Services
Mark Bieniarz, M.D.
Board Certified Cardiologist
Chief, Cardiovascular Services, Lovelace Medical Center, New Mexico Heart Institute
Mandy Willis, CCS
AHIMA Approved ICD-10 Trainer

ICD-10 Documentation & Coding Concepts: Family Practice & Internal Medicine
CMS Webcast

Paul Anderson
Lead for ICD-10, Centers for Medicare & Medicaid Services
Maggie Gaglione, M.D.
Board Certified Internal Medicine and Bariatrics
Private Practice at Tidewater Bariatrics, Virginia
Mandy Willis, CCS
AHIMA Approved ICD-10 Trainer

Mark Bieniarz, M.D.
Board Certified Cardiologist
Chief, Cardiovascular Services, Lovelace Medical Center
New Mexico Heart Institute

Maggie Gaglione, M.D., FACP
Board Certified Internal Medicine and Bariatrics
Medical Director, Tidewater Bariatrics, Chesapeake, Virginia

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31
Your Stories are Important

Share Your Story
Want to share your success story or lessons learned?
Send it to us and it may be included on this site to help guide other physicians on the Road to ICD-10.
(Read Disclaimer)

Specialty References
Select a profile below to explore the common codes, primers for clinical documentation, clinical scenarios, and additional resources associated with each specialty. You can also get started on your own plan now by choosing BUILD YOUR ACTION PLAN below.

- Family Practice
- Pediatrics
- OB/GYN
- Cardiology
- Orthopedics
- Internal Medicine
- Other Specialty

BUILD YOUR ACTION PLAN

MLN Connects™
CMS Educational Outreach

• **ICD-10 website**
  – Fact sheets, webinars, guides, and more
  – Medscape CME/CE resources
  – Direct mail
Moving Forward Along the Road to 10

• Take actionable steps now to achieve readiness

• Visit the Road to 10 for tools and resources to help you prepare for the ICD-10 transition
Medicare’s Testing Plan for ICD-10 Success

Stacey Shagena
Medicare Contractor Management Group
Center for Medicare
Our Approach

- CMS is taking a comprehensive four-pronged approach to preparedness and testing to ensure that CMS, as well as the Medicare Fee-For-Service (FFS) provider community, is ready:
  - CMS internal testing of its claims processing system
  - Beta testing tools available from CMS
  - Acknowledgement testing
  - End-to-end testing

What We Have Already Accomplished

• CMS internal system testing of its claims processing systems was completed in October 2013
• Since that time, only minor system changes were needed to revise the implementation date to 10/1/2015
• Medicare Administrative Contractors (MACs) have verified their systems have been updated, and will also be tested and ready for the implementation
• CMS completed the first Acknowledgement Testing Week with submitters
March 2014 Acknowledgement Testing Success

- Testers submitted more than 127,000 claims with ICD-10 codes and received electronic acknowledgements, confirming that their claims were accepted.
- Approximately 2,600 participating providers, suppliers, billing companies, and clearinghouses participated in the testing week, representing about five percent of all submitters.
- Testers included large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, and ambulance providers.
March 2014 Acknowledgement Testing Success

• Nationally, CMS accepted 89% of the test claims, with some regions reporting acceptance rates as high as 99 percent. The normal FFS Medicare claims acceptance rates average 95-98 percent.

• Testing did not identify any issues with the Medicare FFS claims systems.
Future Acknowledgement Testing

• Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up to the October 1, 2015 implementation date

• MLN Matters® Article MM8858, “ICD-10 Testing – Acknowledgement Testing with Providers”
Future Acknowledgement Testing

• Special acknowledgement testing weeks give submitters access to real-time help desk support and allows CMS to analyze testing data.

• Registration is not required. Mark your calendar:
  – November 17 through 21, 2014
  – March 2 through 6, 2015
  – June 1 through 5, 2015
End-to-End Testing

• CMS plans to offer providers the opportunity to participate in end-to-end testing with MACs, the Railroad Retirement Board, and the Common Electronic Data Interchange contractor in January, April, and July of 2015

• As planned, approximately 850 providers will have the opportunity to participate during each testing period, for a total of 2,550 testers
End-to-End Testing

• The goals of this testing are to demonstrate that:
  – Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare FFS claims systems
  – CMS software changes made to support ICD-10 result in appropriately adjudicated claims
  – Accurate Remittance Advices are produced
End-to-End Testing

• 50 volunteers will be chosen by each MAC to participate in each testing round
• Volunteers chosen will be allowed to submit 50 test claims during the testing week
• Volunteers will be chosen to provide a representative sample of submitters
• Once selected, volunteers will be able to submit 50 additional claims in subsequent testing rounds without re-registering
January 2015 End-to-End Testing

- The first End to End Testing Week will be January 26-30, 2015
- Volunteers were notified on October 24, 2014 whether or not they were selected
- Those not selected are encouraged to re-apply for the subsequent rounds of testing in April and July
- Registration for the April 15 testing will be available on the MAC websites in December
ICD-10 MS-DRG and Code Updates

Pat Brooks
Hospital & Ambulatory Provider Group
Center for Medicare
ICD-10 MS-DRGs

• An ICD-10 version of the Medicare Severity Diagnosis Related Grouper (MS-DRG) will be implemented on October 1, 2015
• Version 33 of the MS-DRGs will be subject to formal rulemaking
  – FY 2016 Inpatient Prospective Payment System (PPS) proposed rule in April/May 2015
  – Acute Inpatient PPS website
ICD-10 MS-DRG Conversion Project

• **MS-DRG Conversion Project** website

• Annual versions of ICD-10 MS-DRGs for review and comment

• “Downloads” section – Converting MS-DRGs to ICD-10
  – Process of converting MS-DRGs to ICD-10
  – Impacts of using ICD-10 MS-DRGs
ICD-10 MS-DRGs V32.0 Postings

- November 2014 postings on MS-DRG Conversion Project website:
  - ICD-10 MS-DRG V32.0 Definitions Manual: Available in text and HTML versions
  - ICD-10 MS-DRG V32.0 “Summary of Changes”
  - ICD-10 Definitions of Medicare Code Edits V32.0
ICD-10 MS-DRG v32 Software

- Availability of Mainframe and PC Software via National Technical Information Service in November 2014
  - ICD-10 MS-DRG v32 Mainframe Software
  - ICD-10 MCE v32 Mainframe Software
  - ICD-10 MSG/MCE v32 PC software

- Links for ordering will be posted on the MS-DRG Conversion Project website
Partial Code Freeze

• Currently under a **partial code freeze**
  – There were no new ICD-9-CM, ICD-10-CM, or ICD-10-PCS codes implemented on October 1, 2014
  – ICD-10 will be implemented for services provided on or after October 1, 2015
  – Only ICD-10 codes for new technologies and new diagnoses are being considered for October 1, 2015
  – All other ICD-10 code updates would be made after the code freeze ends on October 1, 2016
FY 2016 ICD-10 Code Updates

- FY 2016 ICD-10-CM and ICD-10-PCS updates will be posted in June 2015 on the ICD-10 website

- ICD-10 Coordination & Maintenance Committee discusses code updates
Converting the Home Health Prospective Payment System Grouper to ICD-10-CM

Joan Proctor
Chronic Care Policy Group
Center for Medicare
• The Home Health (HH) PPS bases payment on data submitted as part of the Outcome and Assessment Information Set (OASIS) data set
  – The OASIS is a core standard assessment data set that agencies integrate into their own patient-specific, comprehensive assessment
  – OASIS collects information that is used to produce risk-adjusted quality measures and to classify patients into clinical and functional status levels that are used in determining Medicare home health 60-day episode payments
Home Health Resource Group

• A Home Health Resource Group (HHRG) is one of 153 payment categories under the Medicare HH PPS

• Patients in each HHRG are projected to require similar levels of home health resources for their care during the episode and are therefore assigned the same payment weight
Home Health Resource Group

• The HHRG is determined by:
  – Clinical characteristics (e.g., surgical wounds) including diagnoses in one of the 22 Diagnostic Groups
  – Functional characteristics (e.g., ability to walk)
  – Therapy needs (e.g., PT, OT, SLP)
    • Payment for non-routine supplies is determined using a separate 6-group system, also based on OASIS data.
ICD-10 Translation List Development

• Initial Diagnosis and Supply code list translations were based on the ICD-9-CM to ICD-10-CM General Equivalence Mappings (GEMS) Tool
• Clinical review adjusted the translation list to appropriately reflect the type of care provided in the home setting
• ICD-10 codes in the GEMS translation were excluded when:
  – the ICD-10 code was not appropriate for home health
  – the clinician can identify a more specific diagnosis code
Excluded Codes - Inappropriate for Home Health

• Initial encounter codes were removed as such codes are only appropriate when receiving active treatment for an injury
  – Initial encounter codes ending in “A” were replaced with suffix of D, E, F, G, H, J, K, M, N, P, Q and R, to reflect when the patient is being treated for a subsequent encounter (care during the healing or recovery phase)
• Example: S72.024A “Non-displaced fracture of epiphysis (separation)(upper) right femur, initial encounter for closed fracture” deleted and replaced with S72.024 with suffix of D, E, F, G, H, J, K, M, N, P, Q and R
Excluded Codes – Non-specific

• Non-specific Codes were removed whenever a clinician should be able to identify a more specific diagnosis code based on clinical assessment.

• Example: Cutaneous abscess of hand
  – Clinician should be able to identify which hand had the abscess, and therefore, would report using the code that specifies the right or left hand
  – Retained: L02.511 Cutaneous abscess of right hand and L02.512 Cutaneous abscess of left hand
  – Excluded: L02.519 Cutaneous abscess of unspecified hand
Diagnosis Group Assignment

- Replication of the diagnosis group assignment was maintained when possible

- Assignment issues arose because ICD-9-CM to ICD-10-CM translation is not a 1 to 1 mapping process

- Assignment made based on clinical appropriateness and relative resource use
2013 Rulemaking

- July 2013 – HH PPS Rate Update for CY 2014 Proposed Rule was posted for public comment on July 3, 2013

Highlights of 2013 Rulemaking

• Published the ICD-10-CM Draft Translation List on the Home Health Agency Center page
• Outlined the steps undertaken to develop the list and transition to ICD-10-CM coding
• Proposed a timeframe for posting of a ICD-10-CM Grouper
• Notified the industry that we propose to implement additional claims processing edits on home health claims effective October 2014
PAMA Impact

• On 4/1/14, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted
  – Section 212 said that the Secretary may not adopt ICD-10 prior to October 1, 2015
  – Delayed implementation of ICD-10-CM Grouper (originally scheduled for 10/1/14)
  – Delayed implementation of revised OASIS data set (OASIS-C1) that had updated clinical items, reduced burden and was modified to collect ICD-10-CM codes (originally scheduled for 10/1/14)

• On 8/4/14 HHS published a Final Rule changing the compliance date for ICD-10 from 10/1/14 to 10/1/15 and requiring covered entities to continue using ICD-9-CM through September 30, 2015
2014 Rulemaking

• On 7/7/14, the CY 2015 HH PPS Proposed Rule was published in the Federal Register
  – Informed agencies of the ICD-10 delay
  – Announced CMS’s plans to disseminate information on the planned transition from ICD-9-CM to ICD-10-CM
  – Public comment period closed 9/2/14
• HH PPS Final Rule (November 2014):
  – announced 10/1/15 as the date for ICD-9-CM to ICD-10-CM HH PPS Grouper transition
  – restated plans for dissemination of further information through the Home Health Agency Center page and the Home Health, Hospice and Durable Medical Equipment (DME) Open Door Forum
  – provided additional information on planned beta-testing
Final ICD-10 Translation List

• The Final ICD-10 Translation List is posted on the HH PPS website as a downloadable zip file
• A modified version of OASIS-C1 (referred to as “OASIS-C1/ICD-9 Version.”) has been created
  – Includes the revisions in OASIS-C1 not related to ICD-10
  – Retains the ICD-9 based items that report diagnoses currently in use in OASIS-C (M1010, M1016, M1020, M1022, M1024)
• The current OASIS data set (OASIS-C) will remain in effect until 11:59:59 p.m. on December 31, 2014
• The OASIS-C1/ICD-9 version will go into effect at 12:00 a.m. on January 1, 2015 and shall remain in effect until ICD-10 is implemented or until another disposition is made by CMS
HH PPS Grouper Status

• For assessment completion dates 10/1/14 - 12/31/14
  – HH PPS Grouper V3514 was posted 8/6/14
  – Uses ICD-9-CM codes and other OASIS-C data and contains no clinical or logic changes from current grouper

• For assessment completion dates 1/1/15 - 9/30/15
  – An updated HH PPS Grouper will be published in fall 2014
  – Will use ICD-9-CM codes and other data collected in the OASIS-C1/ICD-9 version

• For assessment completion dates beginning 10/1/15
  – An updated HH PPS Grouper will be published in the spring/summer of 2015
  – Will use ICD-10-CM codes and other data collected in the OASIS-C1/ICD-10 version
Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10

Sarah Shirey-Losso
Provider Billing Group
Center for Medicare
Claims Processing Systems

• ICD-10 Formats for diagnosis and procedure code field size expansions completed with the transition to 5010 for electronic Health Insurance Portability and Accountability Act (HIPAA) compliant claims

• Medicare FFS claims processing systems ready for ICD-10 since October 2013

• Medicare FFS converted over 100 internal systems edits
Claim Submission

• ICD-9 codes no longer accepted on claims after October 1, 2015
• ICD-10 codes will not be recognized/accepted on claims before October 1, 2015
• Claims cannot contain both ICD-9 codes and ICD-10 codes
• No dual processing
• Institutional claims – Return to Provider (RTP)
• Professional/supplier claims—Return as unprocessable
Claims that Span October 1, 2015

- Outpatient claims: Split claim and use “from” date
- Inpatient claims: Use only “through date/discharge date”
- Professional claims: Use “from” date
- DME claims: Use “from” date
Useful Billing Guidance

- **MLN Matters® Special Edition Article SE1325**, “Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date”


- **MLN Matters® Special Edition Article SE1410**, “Special Instructions for ICD-10 Coding on Home Health Episodes that Span October 1, 2015”
Resources
CMS ICD-10 Website

• **ICD-10** website: The latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation
  – Sign up for [CMS ICD-10 Industry Email Updates](#)

• **CMS Sponsored ICD-10 Teleconferences** web page: Information on MLN Connects National Provider Calls and videos, including presentation materials, video slideshow presentations, written transcripts, and audio recordings for each call

• **Provider Resources** web page: Educational resources and information for all providers
CMS ICD-10 Website

- **Medicare Fee-For-Service Provider Resources** webpage: Medicare Learning Network® Educational Materials for the FFS provider community
  - ICD-10 Testing Resources
  - MLN Matters® Articles
  - Medicare Learning Network Products
  - MLN Connects™ Videos
  - CMS Resources, including National Coverage Determination Conversion Information
Additional Resources

• The following organizations offer other ICD-10 resources:

  • WEDI
  • Health Information and Management Systems Society (HIMSS)
Question & Answer Session

ICD10-National-Calls@cms.hhs.gov
Acronyms in this Presentation

• AHIMA: American Health Information Management
• AAPC: American Academy of Professional Coders (AAPC)
• DME: Durable Medical Equipment
• FFS: Fee-For-Service
• GEMS: General Equivalence Mappings
• HHS: U.S. Department of Health and Human Services
• HIMSS: Health Information and Management Systems Society
• HIPAA: Health Insurance Portability and Accountability Act
• HH: Home Health
• HHRG: Home Health Resource Group
• ICD-9: International Classification of Diseases, 9th Edition
• ICD-10: International Classification of Diseases, 10th Edition
Acronyms in this Presentation

• MACS: Medicare Administrative Contractors
• MS-DRG: Medicare Severity Diagnosis Related Grouper
• NACHC: National Association of Community Health Centers
• OASIS: Outcome and Assessment Information Set
• PAHCOM: Professional Association of Health Care Office Management
• PPS: Prospective Payment System
• PAMA: Protecting Access to Medicare Act
• RTP: Return to Provider
• WEDI: Workgroup for Electronic Data Interchange
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• Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today’s call.

• To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today’s call.
Thank You

• For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.