ICD-10: Preparing for Implementation and New ICD-10-PCS Section X

June 18, 2015

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Agenda

- Get Ready for ICD-10 Now, Denesecia Green: CMS

- New Technology X Section in ICD-10-PCS: Pat Brooks, CMS

- New Technology X Codes: Rhonda Butler, 3M

- CMS Testing Plans, Results, and Opportunities: Stacey Shagena, CMS

Get Ready for ICD-10 Now

Denesecia Green

National Standards Group

Office of Enterprise Information

Today's Presentation

Topics

- Facts about common misperceptions
- How to prepare with a 5-step plan
- CMS resources

Facts About ICD-10

1. Transition date is October 1, 2015

2. You don't have to use 68,000 codes

3. You will use a similar process to look up ICD-10 codes that you use with ICD-9

Facts About ICD-10

4. Outpatient and office procedure codes aren't changing

5. All Medicare Fee-For-Service (FFS) providers can test with CMS before the transition
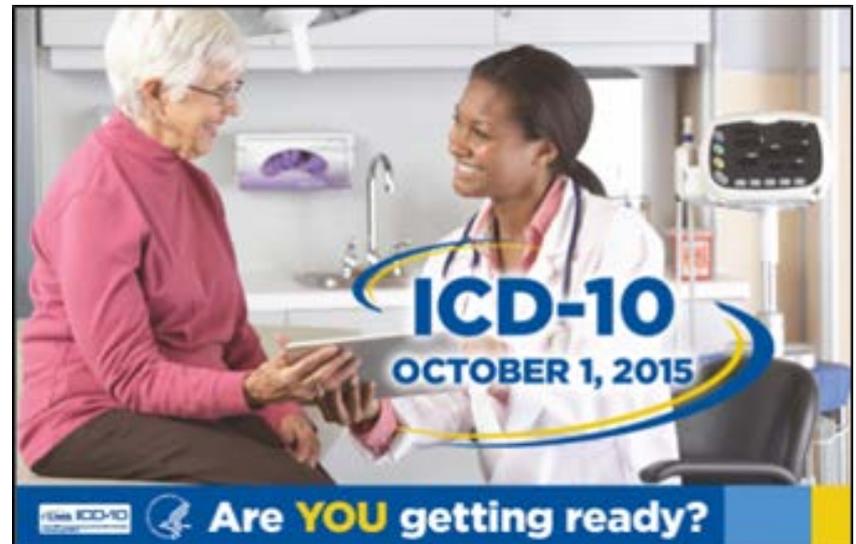
Facts About ICD-10

6. If you cannot submit ICD-10 claims electronically, Medicare offers several options:

    - Free billing software

    - Medicare Administrative Contractor (MAC) provider Internet portals

    - Paper claims, if waiver provisions are met

Facts About ICD-10

7. Practices must prepare for ICD-10 in order to submit claims for services performed on or after October 1, 2015

8. Reimbursement for outpatient and physician office procedures will not be determined by ICD-10 codes

9. Costs could be substantially lower than projected earlier

Facts About ICD-10

10. It's time to transition to ICD-10 to:

- Improve coordination of patient care across providers over time

- Advance public health research and emergency responses

- Support innovative payment methods that drive quality of care

- Enhance fraud detection efforts

Now Is the Time to Get Ready

5 Steps to Transition to ICD-10

1. Make a Plan

2. Train Your Staff

3. Update Your Processes

4. Talk to Your Vendors and Payers

5. Test Your Systems and Processes

Now Is the Time to Get Ready

- There is still time!

- ICD-9 claims with a date of service on or after October 1, 2015, will be rejected

- No dual processing

Stay on the Road to ICD-10

Visit **cms.gov/ICD-10**

- Videos
- CME/CE opportunities
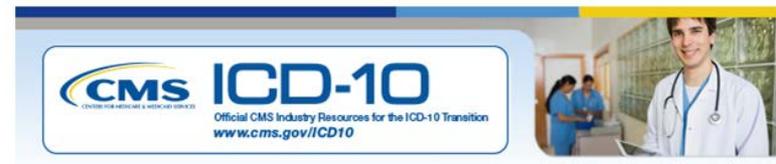- Fact sheets
- Latest news
- Road to 10

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Introduction to ICD-10 Coding Video

ICD-10 Coding and Diabetes Video

MLN Connects®

New Technology X Section in ICD-10-PCS

Pat Brooks

Hospital & Ambulatory Policy Group

Center for Medicare

MLN Connects®

ICD-10 Implementation

- October 1, 2015 – 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

ICD-10 Coordination & Maintenance Committee

- Updates to ICD-10-CM (diagnoses) and ICD-10-PCS (procedures) are addressed at [ICD-10 Coordination & Maintenance Committee](#) (C&M)

- Meets twice a year in March and September

- Public comments welcome

ICD-10-PCS X Codes

- Public request to create new section in ICD-10-PCS for new technologies

- Issue discussed at C&M Meeting on March 18, 2015

- Drugs and supplies were mentioned as concerns

- MLN Matters® Article SE1519

FY 2016 ICD-10-CM and ICD-10-PCS Codes Posted

- Annual updates to ICD-10-CM and ICD-10-PCS are posted on the ICD-10 website in June

- Because of partial code freeze, there are only a limited number of new codes for new technologies and new diseases

New Section X

- General goal of section X is two-fold:

    - Create codes uniquely identifying procedures requested via the New Technology Application Process or that capture services not routinely captured in ICD-10-PCS that have been presented for public comment at a C&M Meeting

    - Create codes that maintain continuity with the other sections in ICD-10-PCS to the extent possible

Section X Codes

- Section X codes use the same root operation values as their closest counterparts in other sections of ICD-10-PCS

- X section is for types of technologies that are not usually captured by coders or that do not usually have the desired specificity within the current ICD-10-PCS structure required for new technology approval

New Technology Codes

- Codes for new technologies that are consistent with current ICD-10-PCS codes may still be created within the current ICD-10-PCS structure

Section X Structure

- First character – letter X
- Second character – body system/region value
- Third character – root operation value
- Fourth character – body part value
- Fifth character – approach value
- Sixth character – device/substance/technology value
- Seventh character – information indicating the year created

Section X Structure

- Consistent with the general architecture of ICD-10-PCS, each of the seven characters has a consistent definition within the section

- The third, fourth and fifth characters specify the root operation, body part, and approach respectively because that is the type of information defined in those characters for the majority of the ICD-10-PCS sections

Section X Code Transition to ICD-10-PCS

- After section X codes have served their purpose, proposals to delete X codes and create new codes in the body of ICD-10-PCS would be addressed at subsequent C&M Meetings

- Examples of new ICD-10-PCS codes that will be created October 1, 2015 will be shown

ICD-10-PCS X Code Guideline

- Section X codes are standalone codes. They are not supplemental codes. Section X codes fully represent the specific procedure described in the code title, and do not require any additional codes from other sections of ICD-10-PCS. When section X contains a code title which describes a specific new technology procedure, only that X code is reported for the procedure. There is no need to report a broader, non-specific code in another section of ICD-10-PCS.

X Code Guideline Example

- Example: XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, can be coded to indicate that Ceftazidime-Avibactam Anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code.

New Technology X Codes

Rhonda Butler

3M

Section X Example– Blinatumomab

- Blinatumomab is a new antineoplastic immunotherapy drug administered by intravenous infusion to treat certain types of leukemia

- Two section X codes, one for central venous infusion and one for peripheral venous infusion

- Two index entries to assist coders
  - Blinatumomab Antineoplastic Immunotherapy **XW0**
  - New Technology
    - Blinatumomab Antineoplastic Immunotherapy **XW0**

Section X Table XW0

The following table shows all of the new section X ICD-10-PCS codes for infusion of new technology drugs, created for October 1, 2015

Section	X New Technology
Body System	W Anatomical Regions
Operation	0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance, except blood or blood products

Body Part	Approach	Device/Substance/Technology	Qualifier
3 Peripheral Vein 4 Central Vein	3 Percutaneous	2 Ceftazidime-Avibactam Anti-infective 3 Idarucizumab, Dabigatran Reversal Agent 4 Isavuconazole Anti-infective 5 Blinatumomab Antineoplastic Immunotherapy	1 New Technology Group 1

Section X Example– Orbital Atherectomy

- Orbital atherectomy technology is a new catheter-based technique for treating severely calcified coronary artery lesions

- Four section X codes, for specifying the number of coronary arteries treated

- Three index entries to assist coders
  - Extirpation
    - Orbital Atherectomy Technology **X2C**
  - Orbital Atherectomy Technology **X2C**
  - New Technology
    - Orbital Atherectomy Technology **X2C**

Section X Table X2C

The following table shows all of the new section X ICD-10-PCS codes for the orbital atherectomy procedure, created for October 1, 2015

Section	X New Technology
Body System	2 Cardiovascular System
Operation	C Extirpation: Taking or cutting out solid matter from a body part

Body Part	Approach	Device/Substance/Technology	Qualifier
0 Coronary Artery, One Site 1 Coronary Artery, Two Sites 2 Coronary Artery, Three Sites 3 Coronary Artery, Four or More Sites	3 Percutaneous	6 Orbital Atherectomy Technology	1 New Technology Group 1

Section X Example– Intraoperative Knee Replacement Sensor

- Intraoperative sensor is a disposable tibial insert used to aid orthopedic surgeons in placing prosthetic joint components during knee replacement surgery

- Two section X codes, one for left knee joint and the other for right knee joint

- Two index entries to assist coders
  - Intraoperative Knee Replacement Sensor **XR2**
  - New Technology
    - Intraoperative Knee Replacement Sensor **XR2**

Section X Table XR2

The following table shows all of the new section X ICD-10-PCS codes for use of an intraoperative knee replacement sensor, created for October 1, 2015

Section	X New Technology
Body System	R Joints
Operation	2 Monitoring: Determine the level of physiological or physical function repetitively over a period of time

Body Part	Approach	Device/Substance/Technology	Qualifier
G Knee Joint, Right H Knee Joint, Left	0 Open	2 Intraoperative Knee Replacement Sensor	1 New Technology Group 1

14 Codes in the New Technology Section for October 1, 2015

- **X2C0361** Extirpation of Matter from Coronary Artery, One Site using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1
- **X2C1361** Extirpation of Matter from Coronary Artery, Two Sites using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1
- **X2C2361** Extirpation of Matter from Coronary Artery, Three Sites using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1
- **X2C3361** Extirpation of Matter from Coronary Artery, Four or More Sites using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1
- **XR2G021** Monitoring of Right Knee Joint using Intraoperative Knee Replacement Sensor, Open Approach, New Technology Group 1
- **XR2H021** Monitoring of Left Knee Joint using Intraoperative Knee Replacement Sensor, Open Approach, New Technology Group 1
- **XW03321** Introduction of Ceftazidime-Avibactam Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 1

14 Codes in the New Technology Section for October 1, 2015

- **XW03331** Introduction of Idarucizumab, Dabigatran Reversal Agent into Peripheral Vein, Percutaneous Approach, New Technology Group 1
- **XW03341** Introduction of Isavuconazole Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 1
- **XW03351** Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1
- **XW04321** Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1
- **XW04331** Introduction of Idarucizumab, Dabigatran Reversal Agent into Central Vein, Percutaneous Approach, New Technology Group 1
- **XW04341** Introduction of Isavuconazole Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1
- **XW04351** Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1

CMS Testing Plans, Results, and Opportunities

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MLN Connects®

Four-Pronged Approach

- Internal testing of CMS claims processing systems

- Provider-initiated beta testing tools

- Acknowledgement testing

- End-to-end testing

Internal Testing of CMS Claims Processing Systems

- Alpha testing by system maintainers – 4 weeks

- Beta testing by separate integration contractor – 8 weeks

- Acceptance testing by MACs – 4 weeks

Provider-Initiated Beta Testing Tools

- National Coverage Determination (NCD)/Local Coverage Determination (LCD)conversions to ICD-10

- Medicare Severity-Diagnosis Related Group (MS-DRG) conversion project

- Integrated Outpatient Code Editor

- [MLN Matters Article SE1409](#)

Acknowledgement vs End-to-End Testing

Question	Acknowledgement testing	End-to-End testing
How many testers can participate?	Unlimited	Up to 50 end-to-end testers selected per MAC jurisdiction for each testing week
What dates of services do testers use?	Current dates of service	Future dates of service (see MLN Matters Article SE1501)
Will the testing confirm payment and return an Electronic Remittance Advice (ERA) to the tester?	No	Yes
Will the testing test NCDs and LCDs?	No	Yes

Acknowledgement Testing

- Available through September 30, 2015

- Four special weeks completed

- Final special testing week was recently completed June 1 through 5

Acknowledgement Testing Results

Summary of First Three Special Testing Weeks

- Almost 3,900 submitters
- Nearly 150,000 claims
- National acceptance rate ranged from a low of 76% in November 2014 to a high of 91.8% in March 2015
- No Medicare FFS claims systems issues
- Rejections largely due to Issues unrelated to ICD-10

End-to-End Testing

- Submission of test claims and receipt of Remittance Advices (RAs) from Medicare

- Three testing periods in 2015: January, April, and July

- Up to 50 submitters selected from each MAC jurisdiction

End-to-End Testing Results: April 2015

- Approximately 875 testers submitted claims for approximately 1,700 National Provider Identifiers (NPIs) registered to test
- Included about 300 returning testers from January
- 23,138 test claims received
- 20,306 accepted - 88%
- Reasons for rejected claims:
  - <1% - Invalid submission of ICD-9 diagnosis or procedure code
  - 2% - Invalid submission of ICD-10 diagnosis or procedure code
  - 9% - Non-ICD-10 related errors, including issues setting up the test claims (e.g., incorrect NPI, Health Insurance Claim Number, Submitter ID, dates of service outside the range valid for testing, invalid HCPCS codes, invalid place of service)

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 Industry Email Updates

- Provider Resources web page: Educational resources and information for all providers

- 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

CMS ICD-10 Website

- [Medicare Fee-For-Service Provider Resources](#) web page: Medicare Learning Network Educational Materials for the FFS provider community
  - ICD-10 Testing Resources and Results
  - MLN Matters Articles
  - Medicare Learning Network Web Based Training Course
  - Medicare Learning Network Products
  - MLN Connects Videos
  - CMS Resources

Local Coverage Determinations

- LCDs are those decisions made by the individual MAC and are usually jurisdictionally based.
- Each MAC is responsible for converting the ICD-9 codes to ICD-10 codes in their LCDs.
- MACs completed the translations for existing LCDs in April 2014. They can be found on the MAC websites or on the CMS website (use index to find MAC of interest, and click on "future date LCD").
- Questions about LCD translations should be directed to the MAC that owns the policy.

National Coverage Determinations

- NCDs are those decisions made by CMS and applied by each MAC at a national level
- NCDs and ICD-10: CMS has translated all appropriate NCDs, updated system edits (completed October 2014) and published the translations on the [National Coverage Determination Conversion Information](#) web page
- Information on NCD translations are communicated through CMS transmittals and MLN Matters Articles
- Send inquiries about NCD translations to CAGinquiries@cms.hhs.gov with ICD-10 in the subject

Additional Resources

- The following organizations offer other ICD-10 resources:

  - [Workgroup for Electronic Data Interchange](#) (WEDI)

  - [Health Information and Management Systems Society](#) (HIMSS)

Question & Answer Session

ICD10-National-Calls@cms.hhs.gov

Acronyms in this Presentation

- C&M: ICD-10 Coordination & Maintenance Committee
- ERA: Electronic Remittance Advice
- FFS: Fee-For-Service
- HIMSS: Health Information and Management Systems Society
- ICD-9: International Classification of Diseases, 9th Edition
- ICD-10: International Classification of Diseases, 10th Edition
- LCD: Local Coverage Determination
- MAC: Medicare Administrative Contractor
- MS-DRG: Medicare Severity-Diagnosis Related Group
- NCD: National Coverage Determination
- NPI: National Provider Identifier
- RA: Remittance Advice
- WEDI: Workgroup for Electronic Data Interchange

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