Centers for Medicare & Medicaid Services
Begin Transitioning to ICD-10 in 2013
National Provider Call
Moderator: Leah Nguyen
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1:30 p.m. ET

Contents

Operator: At this time, I would like to welcome everyone to today's National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Leah Nguyen. Please go ahead, ma'am.

Announcements and Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communication Group here at CMS, and I will serve as your moderator today. I would like to welcome you to this National Provider Call, "Begin Transitioning to ICD-10 in 2013."

Today's National Provider Call is brought to you by the Medicare Learning Network, your source for official information for health care professionals. On September 5th, 2012, CMS published a final rule that delayed the ICD-10 compliance date from October 1st, 2013, to October 1st, 2014. Are you ready to transition to ICD-10? Now is the time to prepare. Join us to learn how to prepare in 2013 for the transition. CMS subject-matter experts will review basic information on the transition to ICD-10 and discuss implementation planning and preparation strategies. A question-and-answer session will follow the presentation.

Before we get started, I have a few announcements. A link to the slide presentation was e-mailed to all registrants earlier this afternoon. The presentation can also be downloaded from the CMS MLN National Provider Calls Web page at www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the Web page, select National Provider Calls and Events, then select the April 18th call from the list.

This call is being recorded and transcribed. An audio recording and written transcript will be posted soon to the National Provider Calls and Events section of the MLN National Provider Calls Web page.

And last, please be aware that continuing education credits may be awarded by professional organizations for participation in MLN National Provider Calls. A list of participating organizations and additional information is located on slide 33. If you have any questions regarding the awarding of credits for this call, please contact your organization. We encourage you to retain your presentation materials in confirmation e-mails.

At this time, I would like to turn the call over to Pat Brooks from the Hospital and Ambulatory Policy Group of the Center for Medicare for an update on ICD-10 codes and ICD-10 MS-DRGs.

Presentation

Updates on ICD-10 Codes and ICD-10 MS-DRGs

Pat Brooks: Thank you, Leah. I will be giving some Web sites today where you can find additional information on updates to ICD-10 codes and also information on the ICD-10 MSDRG.

If you look at slide 6, you'll see that we are just over a little bit over a year away from the October 1st, 2014, implementation date for ICD-10. Those of you who want information on updates to ICD-9-CM codes or ICD-10 codes, I've provided Web sites – links to Web sites where you can get those updates.

In June of this year, we will post any updates to the ICD-9-CM codes and to the ICD-10 codes. We have not had many codes in the last year because of the partial code freeze, but there is a possibility for code updates to both systems, and you will find that information out in June. For details on the partial code freeze, use the link on slide 6.

Turning to slide 7, we will discuss the ICD-9-CM Coordination and Maintenance Committee. This committee is the public forum to discuss updates on ICD-9-CM and ICD-10 codes. If you've never attended one of these meetings, I would urge you to do so because you'll learn a great deal about the thought that goes into these requests and the reasons for the requests.

Our March 5th, 2013, meeting was presented through a webcast; it was the first time we have done that. If you did not participate in that meeting, we have the video posted. You can review the handouts and the webcast material for that March 5th meeting. Many people use this as a way to get free CEUs from their organization.

Our next meeting of the Coordination and Maintenance Committee will be September 18th through 19th, 2013, and online registration for this meeting, if you want to attend in person, will be August the 16th. We will webcast that meeting again so that if you have limited travel funds or time you will be able to participate in that meeting. And once again, we've given you the Web site for more information.

Moving to slide 8: We've had a multiple-year project of converting the inpatient payment system, the MS-DRG, from ICD-9 codes to ICD-10 codes. We now have posted version 30 of the ICD-10 MS-DRGs, the Definitions Manual, the Medicare code edits, and this is the same version that we use an ICD-9 version currently in hospitals.

So for those of you who have not seen this work, we've given you a link to the Web site for additional information. And just a reminder that the final fiscal year 2015 version of the ICD-10 MS-DRG, which will be version 32, will be subject to formal rulemaking.

For slide 9, I will provide more information that we have now made available, mainframe and PC versions of the software for ICD-10 MS-DRG. So we provide you links on this Web site for you, if you want to get that and test it and see the impact for your own hospital.

On slide 10, we've posted links to information on the ICD-10 implementation and MLN article matters and the code freeze.

On slide 11, we've given you links to information for resources on the Web page and also the teleconferences. Many of you have maybe listened to earlier versions, and I would urge you, if you want to know more information about ICD-10, to go to this link and listen to some of the earlier teleconferences we've had because the information is still quite valuable.

On slide 12, we give you links to resources that are available. We've had some very good ICD-10 factsheets through these links, and we've taken those down a couple of days ago, we're updating them, and we'll be re-posting them very soon, within May, with updated factsheets that I think you will find to be quite valuable.

My last slide is slide 13, and we're providing these links to two organizations should you want information about resources in the community—other vendors, consultants, whatever. WEDI and HIMSS are maintaining lists of organizations that provide ICD-10 resources. And I turn it back over to Leah.

Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10

Leah Nguyen: Thank you, Pat. I will now turn the call over to Sarah Shirey-Losso from the Provider Billing Group of the Center for Medicare for a presentation on Medicare fee-for-service claims processing, billing, and reporting guidelines for ICD-10.

Sarah Shirey-Losso: Hello. Since the last time we presented at the November 17th, 2011, National Call, the Medicare fee-for-service claims processing systems have come quite a long way. All of our behind-the-scenes systems work is expected to be complete by October the 1st of 2013. It is to ensure that the Medicare fee-for-service has 1 year of internal systems testing to be ready to accept your ICD-10 claims on October the 1st of 2014.

To prepare for our ICD-10 conversion, basically all of our claims processing systems—and this includes FISS, which processes the Medicare fee-for-service institutional claims; MCS, which is the system that processes professional claims; VMS, which processes supplier claims; and the Common Working File, which houses a lot of beneficiary-type claims edits—were scanned for ICD-9 codes. Each and every one of those ICD-9 scenarios and/or edits were sent to us, and working with the various payment policy components, these were converted to ICD-10 using GEMs and our policy expertise.

Our behind-the-scenes changes have included converting well over 200 individual claims processing edits, various tables, and all internal files and screens were expanded to account for the expanded number of digits in an ICD-10 code.

On slide 15 we wanted to highlight MLN 7492, which was published in conjunction with CR (change request) 7492 on August 11th, 2011. The link is included on the slide. This

Medicare fee-for-service instruction highlights the decisions we made in regard to handling fee-for-service claims.

I wanted to clarify as well, as I received a handful of questions, that some of our articles and CRs refer to the prior ICD-10 implementation date of October 1st, 2013. Because a lot of our instructions were released prior to the official change in the date, we made a decision not to reissue each and every change request and memo and article already published, since the date change applied to all prior instructions. We also included a link to all previously issued MLN articles and change requests to the official notification of the change in the implementation date to October the 1st of 2014.

Slide 16 highlights some general rules and assumptions for claims in – with ICD-10. Basically, ICD-9 codes are no longer accepted for claims after October 1st, 2014. ICD-10 codes will not be recognized or accepted on claims prior to October 1st, 2014. Claims cannot contain both ICD-9 codes and ICD-10 codes. Institutional claims, should there be an error in an ICD-10 code, will be returned to provider, and professional and supplier claims will return as unprocessable.

On slide 17, we highlighted a few claim types and how to handle those that cross over the September 30th, 2014, and October 1st, 2014, dates. Outpatient claims should be split, and we'll use the *from* date, and inpatient claims will continue to be processed using the *through* date, or the discharge date.

Please refer to the table in the MLN Matters article 7492—again, the link to that is on slide 15—which covers all of the Medicare fee-for-service service claim types, including professional and supplier claims.

In addition, we recently received a request for claim examples on the splitting of claims. We have done so, and please look for an upcoming special edition MLN article very shortly, in the next few weeks. That will highlight specific claim examples.

Thank you so much for your time today. Leah?

Keypad Polling

Leah Nguyen: Thank you, Sarah. At this time we will pause for few minutes to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note: There will be a few moments of silence while we tabulate the results. Holley, we're ready to start polling.

Operator: CMS greatly appreciates that many of you minimize the Government's teleconference expense by listening to these calls together in your office using only one line. At this time please use your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number between 2 and 8. If there are nine or more of

you in the room, enter 9. Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number between 2 and 8. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling…. Please continue to hold while we complete polling.

Thank you for your participation in today's keypad polling. I'll turn the conference back over to Leah Nguyen.

Presentation (continued)

Update on National Coverage Determinations and ICD-10

Leah Nguyen: Thank you, Holley. Our next presenter is Janet Anderson Brock from the Coverage and Analysis Group of the Center for Clinical Standards and Quality, with an update on national coverage determinations and ICD-10.

Janet Anderson Brock: Thank you, Leah. As slide 18 tells you, I am Janet Anderson Brock. I am the director of the Division of Operations and Information Management in the Coverage and Analysis Group, which is part of the Center for Clinical Standards and Quality here at CMS.

One of the things I want to start with is by directing you to slide 19, where you'll see I talk about local coverage determinations. The reason I want to start with local is that I want to explain what we're not going to cover today in this discussion.

We do two types of coverage determinations here at CMS: local coverage determinations and national coverage determinations. Our local coverage determinations are actually created and implemented by our MACs, our Medicare administrative contractors. And the local coverage determinations are going to be translated, again, by those MACs, specific to their jurisdictions. And the timeline that they've been given and that they've worked through with CMS for systems changes at the local level—they will be completed by October 1st, 2013, which coincides with what Sarah just told you for our shared systems; and for nonsystems changes, our MACs are converting their ICD-9 codes to ICD-10 codes by the implementation date for ICD-10—October 1, 2014.

On slide 20, you'll see that the national coverage determinations that we are translating are those decisions that we made here central at CMS. These decisions span a range of coverage that's been implemented over decades of the Medicare program, and these are specific to Medicare only.

And like any good vintage, we have some that are drinkable and some that aren't, I guess, to use the analogy. So what we've had to do is really look at the historical selection of NCDs that we have, take them in context, and figure out those that are most appropriate for translation. The criteria that we used in part for deciding which NCDs were appropriate for ICD-9-to-ICD-10 translation you will find on slide 20, and I want to take you through some of the top ones.

If the NCD really dealt with a noncoverage of an item or service, and that noncoverage employed edits in our shared systems space on a HCPCS code rather than a diagnosis code, there was really no point in putting it through a translation process, and therefore we put that to the side. Older NCDs that dealt with technologies that had very low utilization in our program or were generally considered outdated also were put to the side. And then we have policy that we're currently looking at. So anything that's on an open NCD we similarly put to the side because, as we complete our decision process around those policies, we will translate based on whatever the revived policy is and put that out for the public as well.

So out of the 330 NCDs that you'll find in our National Coverage Determination Manual, we've translated approximately 90 of those NCDs. This includes lab NCDs and Part A/Part B items and services NCDs. There are some national coverage determinations that deal with durable medical equipment or are related to durable medical equipment. Because of the highly collaborative relationship we have with our DME MACs, we've found it most appropriate to not translate those NCDs, and instead work collaboratively with the MACs to make sure that the appropriate edits are in the system as they're translated at the local level.

CMS has determined which of our NCDs should be translated, as I've described to you, and we are actually finished with the large-scale translation of the policies we found most appropriate for ICD-9-to-10 translation. Our largest and final omnibus CR—and you'll see on the next few slides what I mean by "omnibus": CRs that are holding 10 to 40 NCD information in the CR—will be published soon. This doesn't mean that we're finished with translating ICD-10. We're finished with the work for the NCDs that we've done historically. Any new policy that we create from this point forward will get a similar translation, and that translation will be published alongside with its contemporary ICD-9 codes that are being implemented for that policy.

So you get sort of two bangs for the buck. You'll see ICD-9, but you'll also know what's coming for ICD-10 when we put those CRs out. And this is something that we've actually been doing over the last 2 years. When we put out new policy we try to tell you what you're getting now and what's coming.

So I'm going to direct you to slide 21. We've been putting the information out for the public to see not only through transmittals, which sometimes don't catch the eye, but also through MLN Matters articles. This is our primary vehicle to communicate information regarding our NCD translations. And it can help you greatly in understanding what we've done with the translation and also finding spreadsheets that show you where we've gone from -9 to -10, and what to expect come October 1st, 2014.

The feedback that we've gotten thus far is that these spreadsheets are very helpful. They – you will find that they are mostly in PDF form. I know some people would rather be able to manipulate them electronically, but we've found that that can actually inject a certain amount of error into the system, so we are not translating them into anything other than PDFs. I do hope that you find them useful in the way that we put them out.

The place that you can send your questions generally about NCD translations is the e-mail address you'll find on slide 21, caginquiries@cms.hhs.gov. We ask that you please put "ICD-10" in the subject line.

I will also specifically ask that if you have a question about what I have presented to you today, that you address it to the e-mail box on slide number 34 so that we kind of have a holistic view of the questions that came out of this call, and Leah is going to go over that e-mail address again at the end, but it's on slide 34.

I'm going to wrap up here with the – sort of the meat of the presentation, if you will. I think this is what everyone really wants to hear me talk about anyway, which is what we've actually done. So slide 22 and 23—we tried to compile for you a comprehensive list of links for places you can go to get information about the NCDs that we've translated and those attachments that I explained to you that show you the translation from -9 to -10, by code. So what you'll see on these two slides is we give you the transmittal link. Occasionally people find that more helpful than the MLN Matters article because you can see some of the business requirements or some of the logic that we've put around the translations, also some of the messaging that you may incur when putting in claims for these items and services related to these NCDs. The issue date may be helpful for you. I think most helpful is in the area of the chart where you see the word "Subject," you can actually see the physical NCD numbers. These correlate to the numbers of the NCD manual for the policies that we've translated. The CR number is listed there and also the links to the CR attachments, and that's, as I suggested, the spreadsheets that give you the actual translations. You also get a link to the MLN Matters article where those apply.

I wanted to thank 3M, a contractor that we've been working with very closely, for pulling this information together for us. We found it incredibly useful; I hope you find it similarly useful, and we will continue to update this information and find a home for it on the Web so that you can have this at fingertips all the way up until implementation.

And with that, I'm going to turn it back over to Leah.

ICD-10 Implementation

Leah Nguyen: Thank you, Janet. I will now turn the call over to Denesecia Green from the Administrative Simplification Group of the Office of E-Health Standards and Services for a presentation on ICD-10 implementation.

Denesecia Green: Thank you, Leah. Good afternoon, everyone. Again, my name is Denesecia Green with the office of E-Health Standards and Services. I'd like to talk with you today a little bit about ICD-10.

Internally at CMS we've developed a comprehensive ICD-10 implementation strategy that includes coordination across all areas of CMS, including Medicare and Medicaid. And we've been conducting extensive outreach to the industry, especially to small

provider groups, small physician practices; working closely with industry—groups like the AMA, WEDI, HIMSS, AAPC, PAHCOM, ANA, and others. And it's really to collaborate on a successful transition.

Slide 25: The compliance deadline for ICD-10-CM and PCS is October 1, 2014. And I state that because we are really getting out to the industry and letting everyone know that this date is firm. As a matter of fact, recently at a HIMSS conference in March, our administrator Marilyn Tavenner announced that the ICD-10 compliance date is October 1 and it is firm, and her speech just affirmed to everyone that the time to transition is now.

I'm turning to slide 26. So this is the timeline, and you may be asking yourself, where should I be today? And so for small-to-medium practices – and we also have this for large practices as well, but the timeframes are very much the same. So we're asking everyone from now through the end of the year to start your internal testing.

As you're conducting your systems changeover—any type of updates—also begin that internal testing to ensure that you have all pieces in place. We also want you to take a look at October 1, 2013, to October 2014 to conduct your external testing. This means working with your business partners, your trading partners, and ensuring that you have a good working relationship with them, and all systems are go.

I also want to mention here that if you are a provider and you're working on the 4010 platform, that ICD-10 won't be able to be executed on that platform—you have to convert to 5010, which is the newer version, the upgrade; and that clearinghouses won't be able to convert your 4010 ICD-9 claim to an ICD-10. So you really need to start those conversations with your vendors and to ensure that you have the proper systems in place.

Slide 27: I want to talk to you a little bit about some of the best practices that we've found, and this actually came out of our State Medicaid agencies. They looked across the board to see if there were any conditions that were most important to them, and found these 30 here that they've developed from best practices around, and it's useful to everyone. We'd be more than happy to share additional information on this, but it does give you some best practices to use in terms of some of your major issues—you have diabetes on here, you have heart failure—some of those major conditions that may be of interest to you in terms of coding.

Slide 28: And this talks about our CMS ICD-10 Web site. It is really a rich source of information. And we have a host of tools, resources, training—you name it. And it's really broken down by which group you would be a part of. So in this case there is a provider resource section that's just dedicated to you, having all of the information that you need there. So please check it out.

Next slide: And so this slide, I really want to focus on this because it's been very popular, and we always like to get the information out here. It's our free CME training for physicians, and anyone can take it. So nurses, office staff, billers, coders can take it. But

the CMEs are offered to physicians, and it's free. It talks all about ICD-10, and just getting ready, and what steps you need to take to do just that.

Next slide: And here are our provider and payer Implementation Guides, and these guides help you to navigate your implementation from A to Z. And it really has worked well. We are developing some other tools based on some feedback from provider groups, to get something a little bit handier. This is probably a 60-page guide, so we want to kind of give you something a little bit more interactive, perhaps something online, that you can work with and just get those very quick implementation tips.

Next slide: So we're on slide 31, and here we just want to talk a little bit about CMS's end-to-end testing pilot. You'll see some timelines here, and you'll see some comparison between what our OESS office is working on in terms of end-to-end, and also what the HIMSS/WEDI ICD-10 National Pilot is doing.

So let me talk today about a little bit of both. So CMS is collaborating with the HIMSS and WEDI ICD-10 National Pilot Program, and this program is to identify synergies and best practices for end-to-end. And part of that – and CMS's role is, really we're looking at developing sort of a process and methodology, and some materials we hope that would be of value to you in your testing. And that will contain a checklist and some other materials to help you with that process.

I also want to tell you a little bit about what we expect to get from this. It's really about bringing industry together, kind of hearing from you what would be helpful. We have about 18 industry – what we call collaboration partners that we're meeting with on a weekly basis, and they're really going through some of the challenges and difficulties they're having with testing. And so we're kind of distilling all of that, processing that, and developing helpful a checklist for you all to use in that process. All of this information will be shared with HIMSS and WEDI as they move forward with their end-to-end testing pilot.

And with that, I will turn it over to Leah. Thank you.

Question-and-Answer Session

Leah Nguyen: Thank you, Denesecia. Our subject-matter experts will now take your questions about ICD-10. 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 to as many of your questions as possible, we ask that you limit your questions to just one. If you would like to ask a followup question, or have more than one question, you may press star 1 to get back into the queue, and we will address these additional questions as time permits.

All right, Holley, we're ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Please note: Your line will remain open during the time you are asking your question, so anything you say or background noise will be heard in the conference. Please hold while we compile the Q&A roster…. Please continue to hold while we compile the Q&A roster.

And your first question comes from the line of Rose Bruton.

Rose Bruton: Yes. Can you hear me?

Leah Nguyen: Yes, we can.

Rose Bruton: OK. This is Rose with Five Rivers Medical Center. I'm sorry. On slide 30, it shows provider and payer Implementation Guides, and you talked about them being useful. Where do we get those guides?

Denesecia Green: Those guides are located on our ICD-10 Web site, and it's right on slide 28, so that would be…

Rose Bruton: On slide 28.

Denesecia Green: Yes—www.cms.gov/icd10.
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Rose Bruton: OK, thank you.

Leah Nguyen: Thank you.

Denesecia Green: Denesecia Green.

Operator: Your next question comes from the line of Sharon Allen-McCoy… Sharon, your line is open.

Sharon Allen-McCoy: OK, can you hear me now?

Operator: Yes, go ahead.

Leah Nguyen: Yes, we can, thank you.

Sharon Allen-McCoy: Throughout this ICD-10 translation process, I hear you referencing Medicare fee-for-service and Medicaid. What about Medicare Advantage plans and programs? Is the expectation going to be that they are all transitioning to ICD-10 also?

Leah Nguyen: Can you hold for one moment?

Denesecia Green: Yes, hi. This is Denesecia Green with OESS. And yes, this compliance date applies to everyone. So everyone—Medicare, Medicare Advantage, Medicaid—all industry would have to transition from ICD-9 to ICD-10.

Sharon Allen-McCoy: Thank you.

Denesecia Green: Thank you.

Operator: And your next question comes from the line of Julie Scholl.

Julie Scholl: Yes, we had a question on implementation guide. Would we be better off— we're 24-hour group home care, also do therapy services—to get the small and medium practice or small hospital guide?

Denesecia Green: To be quite honest—this is Denesecia Green—to be quite honest, I think both of them would be helpful, either one. Many of them have the same exact information. We're going through and working with groups like yourself to tailor those a little bit more. So perhaps you could share your information with Leah here or others, and then we can follow up with you to get some real input on developing some more tailored guides for you.

Leah Nguyen: Yes, actually if you would like to, you can send that to the e-mail address listed on slide 34, and I'll go ahead and get that out to the right people.

Operator: And the next question comes from the line of April Williams.

April Williams: Yes, I'm with Coastal Carolina Radiation Oncology, and we bill patients at the end of their treatments, and they may have 20 treatments. And the question being, with the implementation date being October 1st, is that based on date of service or date of billing?

Sarah Shirey-Losso: This is Sarah Shirey-Losso with the Provider Billing Group. And that is date of service.

April Williams: Date of service, OK. So we need to split-bill. Thank you.

Operator: Your next question comes from the line of Kathy Wilhelmsen.

Kathy Wilhelmsen: Hi, my question is for Denesecia Green. On slide 27, did you say you had more information you could share with us on the best practices?

Denesecia Green: Absolutely. We're actually moving many of those additional documents to our Web site. We'll be having some policy briefs come out as well on some coding practices that we've heard back from the States on. So, yes, please take a look out

there on our Web site; they'll be posted within the week. And as we're developing others, you'll see additional ones being posted as well.

Kathy Wilhelmsen: Thank you.

Leah Nguyen: Thank you.

Denesecia Green: Sure, thank you.

Operator: And your next question comes from the line of Rebecca Flora.

Mark Flora: Yes, my name is Dr. Flora. I'm in private practice in North Carolina. You stated previously that all entities were required to implement, and I'm wondering if this includes workman's comp.

Denesecia Green: This is Denesecia Green and, no, it does not include worker's comp.

Mark Flora: So it doesn't include all entities.

Denesecia Green: Well, it does not include worker's comp or auto, if that helps. And paper bills.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Mary Ankeny.

Mary Ankeny: Hi, I'm Mary Ankeny from Vero Radiology. The question that I wanted to ask was just previously asked, about worker's comp.

Leah Nguyen: All right, thank you.

Mary Ankeny: Thank you.

Operator: Your next question comes from the line of Naomi Fox.

Naomi Fox: Hi, I'm Naomi Fox from Vantage Health System. I was wondering, regarding the implementation guides, will there be one leaning towards a helpful guide for those who use DSM-V and -IV codes now? Because we're having a hard transition from DSM to ICD-10 for behavioral health.

Pat Brooks: This is Pat Brooks. I believe that CDC is working with the American Psychiatric Association, coordinating efforts between ICD-10-CM and DSM. At this point we don't have anything to announce, but I think that the CDC will be making some announcements in the future.

Naomi Fox: Great. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Donna Walaszek.

Donna Walaszek: Hi, this is Donna from Northampton Area Pediatrics. I'm calling regarding the anticipated changes, if any, to the standard 1500 form for any claims that may need to be sent on paper. Have we heard whether the 1500 forms will typically take the new standard ICD-10 format with up to seven digits?

Leah Nguyen: Can you hang on for one moment?

Sarah Shirey-Losso: Yes, hi, this is Sarah Shirey-Losso from the Provider Billing Group. And yes, that is anticipated. I would suggest looking for something later this year.

Donna Walaszek: OK, thank you.

Operator: And your next question comes from the line of Pauline Huntley.

Pauline Huntley: Hi. Can you hear me? This is Pauline Huntley.

Leah Nguyen: Yes, we can. Go ahead.

Pauline Huntley: My question is back to the implementation guides. We work with several different kinds of practices, and I'm trying to understand what comprises a large practice versus a small-to-medium practice? Same thing with hospital: What is a small hospital versus a larger hospital?

Denesecia Green: Hi, this is Denesecia Green, and yes, these are very – these are broad categories. So we do know that there are some differences in the way that small provider practices, especially the groups that are one- to two-person shops versus your larger organizations.

So the ones with the smaller groups, they're going to have more in them to help them work through the process a little bit more. We're hearing that some of the larger provider groups and practices, especially the ones that are tied into hospitals, have it a little easier than some of the others.

So if you have any questions on sort of how to navigate the implementation and how to use the guides, please send that into our mailbox here. We'd be more than happy to follow up with you one-on-one.

Pauline Huntley: But you're saying a small group is one to two providers versus 20 providers, or 40 providers, or 60 providers, right?

Denesecia Green: It's a range, it's a range, and it depends on the group and how their organization is structured. Are you – yes, so it's no fixed parameters. So we'd be more than happy to work with you to figure out where you would fit in and the guide that would be best for you.

Pauline Huntley: OK, so I can e-mail you with that?

Denesecia Green: Yes, and again, that address is on slide 34.

Pauline Huntley: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Kathy Brady.

Kathy Brady: Yes, can you hear me?

Operator: Yes, go ahead.

Kathy Brady: I was wondering: On slide 31, is Medicare going to be ready for testing with physician groups and/or hospitals?

Leah Nguyen: Hold on for one moment.

Sarah Shirey-Losso: Hi, this is Sarah Shirey-Losso with the Provider Billing Group. And providers currently—they can test through the front end, and they'll be able to do so with 5010, and you can work with your MAC to do that. As far as testing, you know, a claim, I would say, through adjudication—that level of testing cannot be accomplished.

Kathy Brady: Is there going to be any type of checklist that will be available to us?

Denesecia Green: So – yes, this is Denesecia Green, and I mentioned that in the testing pilot that OESS is working on, we're developing a checklist to help groups walk through that end-to-end testing process. And that information is being shared with HIMSS and WEDI, and as part of their effort it will be included in there to kind of help industry overall complete their end-to-end testing.

Kathy Brady: And we'll have access to that?

Denesecia Green: Absolutely. It's going to be shared broadly.

Kathy Brady: OK, great. Thank you very much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of John McKivergan.

John McKivergan: Good afternoon. My question actually follows up to this on testing with CMS, and I just want to verify what I think I heard. The way to test – do our end-to-end testing with CMS is through the national pilot program. That's the only mechanism, is that true?

Denesecia Green: So let me – this is Denesecia Green – let me clarify. So CMS's role in the HIMSS/WEDI pilot is to really garner some support and information and best practices from industry on a checklist that would help people walk through that process themselves. HIMSS and WEDI does have a national pilot where they are bringing groups together across the U.S. to offer end-to-end testing. So that is very much – that is very different than testing directly with a MAC or something like that, yes.

John McKivergan: So how – so to test with CMS we'd test through the MAC?

Leah Nguyen: Would you hold for one moment?

Stewart Streimer: Hi, this is Stewart Streimer with the Provider Billing Group in CMS. CMS for Medicare fee-for-service will not be doing end-to-end testing with providers. I think Sarah made it very clear that a provider that wishes to test their front end with the MACs to make sure that the claim can be received is between the provider and the Medicare claims administration contractor. Other than that, there will not be end-to-end testing. CMS has already a vigorous testing plan in place to test our ability to handle a properly filled out claim from the front end to the back end. But we will not be testing claims from the providers.

John McKivergan: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tara Robicheau.

Tara Robicheau: Hi. I just wanted to verify what I had heard earlier. We're a small practice—I'm with James F. Reppert, M.D.—and we have a clearinghouse that converts our claims from 4010 to 5010. Is it – did I hear correctly that with ICD-10 we will not be able to have that function?

Denesecia Green: Yes. This is Denesecia Green, and, yes, so we've actually – have conducted extensive listening sessions with many of the clearinghouses, and so no, they will not be able to take your 4010 claim and translate that and add in the ICD-10 code for you.

Tara Robicheau: OK, thank you.

Denesecia Green: Yes.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Carol Hall.

Carol Hall: Yes, hi. This Carol Hall from XIFIN, and I just wanted to clarify: The date that the MACs are supposed to have their LCD policies translated—was that October 1st of 2013?

Janet Anderson Brock: There are actually—this is Janet Brock—there are actually two dates that are important to note. The first is for systems changes—so, all of the things that the MACs have in their local systems that actually adjudicate the claim, what we commonly call edits. That date is October 1st, 2013. Anything that is not system related—that could be, like, articles, the ICD polices themselves—the translations for those don't have to be out until October 2014. Now, many of the MACs are looking into their own internal processes and thinking about whether they want to put the information out earlier, but they are not required to do so.

Carol Hall: Alrighty. Thank you for the clarification, I appreciate it.

Operator: Your next question comes from the line of Cheryl Brooks.

Cheryl Brooks: Yes, my question is: Is there going to be an elimination of the condition codes which are used for ambulance and ambulette providers, or is there going to be a new listing that is published?

Pat Brooks: This is Pat Brooks. I don't believe we have anybody from the ambulance policy area here to respond to that question. You could send that in to the address on slide 34.

Cheryl Brooks: OK, thank you.

Operator: And your next question comes from the line of (Maureen Power).

Operator: (Maureen,) your line is open. . . . We will move on from that question, and your next question comes from the line of Claire Testa.

Claire Testa: Hi, I'm Claire Testa. I have audio only. Is there any place I can get a copy of the slides?

Leah Nguyen: Yes, they're on our call Web page. If you go to www.cms.gov/npc, and then on the left-hand side you will select National Provider Calls and Events, and from there you will see a list of calls, and you can select the April 18th call, and it's listed under the Call Materials.

Leah Nguyen: Thank you.

Operator: And your next question will come from the line of K. Joiner.

K. Joiner: Hi, my question is sort of a two-part question. How will retrospective claims for provider services rendered prior to October 1st, 2014, but submitted for processing after October 1st be handled in terms of the type of codes used and the CMS forms that those claims will need to be submitted on?

And then the second part is: If they will be submitted on the current ICD-10 – using the current IPD-10 codes and the current CMS 1500 form, then how long will those retrospective claims be accepted in this current ICD-9 format?

Sarah Shirey-Losso: This is Sarah Shirey-Losso from the Provider Billing Group. I'm not sure if I caught all of your question. But the use of ICD-10 is based on dates of service. The claim forms themselves are expected to be updated. The UB-04 institutional form has already been updated.

I refer you to slide 15, where we discuss MLN Matters article 7492, which basically goes through each and every institutional type of bill as well as professional claims and supplier claims, and it gives you an example of how to bill that.

Leah Nguyen: Thank you.

K. Joiner: OK, thank you.

Operator: And your next question will come from the line of Isabel Dalama.

Isabel Dalama: Yes, can you hear me?

Leah Nguyen: Yes, we can.

Isabel Dalama: OK. My question would be for the physicians. I noticed that on slide 29 there's going to be free training for them. Is there going to be some kind of system in place after implementation, where these physicians can – if they have any questions, or any further, I guess, questions, not only about implementation but once the implementation happens – anybody that they can actually talk to, like maybe another physician group or somebody from our MAC that they can direct their questions to?

Pat Brooks: This is Pat Brooks. Always you could discuss issues with your MAC. But if your question is if they have a coding question with ICD-10 for a particular case, then the national process we use now, and will continue to be used, is if you wanted to send a copy of a medical record illustrating the question to the American Hospital Association's Coding Clinic—and it's going to be renamed Coding Clinic for ICD-10—then if you send in that medical record and say, "Help me understand the correct code. Is it this code or that code?" then that coding clinic board will have a look at that and provide assistance. Sometimes we publish those so that everybody knows the answer, if it's one of interest to a broad number of people. And if it's more narrowly focused, they may

simply respond to the individual question. But they don't like hypotheticals; you'll see that on the Web site. They want to have a real record illustrating the issue.

Isabel Dalama: OK. And in reference – and I should only ask one question, but I do have – in reference to the spreadsheets—I didn't get the information of where we can find those spreadsheets, that transition – the ICD-9 . . .

Janet Anderson Brock Are you referring to the NCD translation spreadsheets?

Isabel Dalama: Yes, I think, slide 23, is it?

Janet Anderson Brock: Yes, 22 and 23 both. On the right-most column you'll see – it's a column marked "Downloads." Those are the links to the actual file that contains the spreadsheets that show you a column for ICD-9 and the ICD-10 translation we've decided is most appropriate. Those translations are based on the GEMs but also include a clinical review, so that it was absolutely appropriate to our policy.

Isabel Dalama: Beautiful. Thank you so much.

Janet Anderson Brock: You're welcome.

Operator: Your next question comes from the line of Jill Hlavaty.

Jill Hlavaty: Hi, this is Jill speaking. I had a general question. If in general as we're transitioning over from the ICD-9s to the -10 codes, is there any anticipation of any changes on coverage requirements?

Janet Anderson Brock: That's an interesting question. This is Janet Brock. I'm going to see if I'm interpreting it correctly, so I'm going to repeat it back to you. Are you asking if coverage will change for an item or service as part of this process?

Jill Hlavaty: Correct.

Janet Anderson Brock: No. Our intent with the translation process—and this is consistent with our NCD process as a whole—was merely to translate the instructions that we've given on current policy that's found in the NCD manual and in the related change requests that have come out of those policies.

If we were to review policy for a modification in coverage—whether that be an expansion, some kind of change in the conditions, or even a rescission of coverage—that would require us to open the NCD and follow our NCD process, and that's outlined in regulations. We are opening NCDs—not everyday, but certainly every month. And when we go through that NCD process it will result in a CR that will show both ICD-9 and ICD-10 translations for the new policy.

Jill Hlavaty: OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of William Verret.

William Verret: Good morning. Hi, this is William Verret with the State of Oregon. In I-9 there are only two procedure codes that indicate they're combination codes. Has CMS indicated which I-10-PCS codes are going to be combination codes?

Pat Brooks: This is Pat Brooks, and I don't understand enough of your question to respond to that. I don't know if you're talking about MS-DRG policy where we use codes in conjunction, or the structure of ICD-9 codes—that sometimes you have to report multiple codes to convey one thing. ICD-10-PCS is built entirely differently, so sometimes there's more information in an ICD-10-PCS code.

The best advice I can give you, maybe, is to browse ICD-10-PCS and see how it's formulated, and then if you have a particular coding question on a procedure, if you wanted to send that in with a copy of the OR report to the American Hospital Association Coding Clinic, we'll try to give you better advice. It's a little hard for me to respond to that generic question.

William Verret: OK, thank you very much.

Operator: And your next question comes from the line of (Cindy Selby).

(Cindy Selby): OK, my question is: We have been using the GEMs file. We started using that to start looking at translations, so we wouldn't even need to use that anymore —right?—with the NCDs you're coming out with.

Janet Anderson Brock: Well, I would—this is Janet Brock—I would suggest that you continue to use the GEMs, and I say that because only really 15 to 20 percent of Medicare coverage is actually spelled out in a National Coverage Determination. The vast majority of items and services covered under Medicare are actually covered through LCDs or covered on a case-by-case basis. So those GEMs are going to be your best friend for probably a pretty long time.

Pat Brooks: And this is Pat Brooks. If I can add one more thing: Sometimes you don't need to look things up in a GEM; sometimes you'll find it easier if you just open an ICD-10-CM book and look up at the index. You might find that saves you a whole lot of time and that you can be quite pleasantly surprised that you can find the diagnosis you're looking for, depending on what you're doing. I personally use both approaches.

(Cindy Selby): OK, thank you.

Operator: And your next question comes from the line of Sabrina Wooten.

Sabrina Wooten: Yes, my name is Sabrina Wooten, and I'm from MedFirst Immediate Care and Family Practice, and the question was already answered, I believe, previously in regards to worker's comp. So I have the answer that I was looking for.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Peggy Wiley.

Peggy Wiley: Yes, I have more of a comment or – looking for other people to confirm for me. Worker's comp is not an issue for us in Northwest, but for those who are facing workers comp agencies that are saying they don't have to switch, the law may say they don't have to, but I believe you have the right to set either billing instruction or whatever kind of instructions that you establish. As an entity, you have that right.

So you may require it. And worker's comp agencies are going to have to deal with more than just your entity, and so they're pretty much going to be forced, I believe, to have to switch—as opposed to you trying to modify your systems to continue to accept 9 codes. And I just wondered what other people are …

Leah Nguyen: Could you hold for just one moment? … OK, thank you. Do you want to just send your suggestion in to our e-mail on slide 34?

Peggy Wiley: OK, I can do that.

Leah Nguyen: Thanks.

Operator: Your next question comes from the line of (Dawn Rogers).

(Dawn Rogers): Yes, I'm with Physician Support Services in Tulsa, and when we – I'm in their IT department – and when we tested for 5010, there was a Web site that listed payers by CP-ID that showed if they were currently testing or accepting both. Do you know if that's going to be something that will happen for ICD-10 as well or . . . ?

Leah Nguyen: Hold on for one moment… OK, we're going to ask you to send that question in to our resource box on slide 34.

(Dawn Rogers): OK.

Leah Nguyen: Thank you.

(Dawn Rogers): Thank you.

Operator: And your next question comes from the line of Farzad Tabib.

Farzad Tabib: Hi, this is Dr. Tabib. A question regarding the billing—first of all, regarding the paper bill: Did you say that we have to use ICD-9, and all the insurance companies—I believe they have to switch to ICD-10. Is that correct?

Stewart Streimer: This is Stewart Streimer from the Provider Billing Group. All insurance, all payers will have to switch to ICD-10 under the HIPAA legislation. I think the reference earlier about paper bills was that HIPAA – if a covered entity is paper entity—you know, deals with paper—they are not legally obligated to follow the HIPAA requirement, but if the payer requires it, then they would have to follow the payer's rules so that they can get their claims paid.

Farzad Tabib: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Lauren Cole.

Kirsten Costanzo: Will there be – hello, this is Kirsten Costanzo with the Pain Center of Arizona, and I was curious if there was a deadline within the CMS for adjudicating claims prior to the implementation of ICD-10.

Sarah Shirey-Losso: This is Sarah Shirey-Losso with the Provider Billing Group, and our adjudication deadline will not change with the conversion to ICD-10. The normal timeframes apply.

Kirsten Costanzo: OK.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Janet Herbold.

Janet Herbold: Yes, for inpatient rehabilitation providers, when will the list of ICD-10 codes that are used for determining comorbid conditions that affect our tiers – our tier level of CMG, be available, or are they already available?

Pat Brooks: This is Pat Brooks, and I don't believe they're available now. It may be they will be made available through formal rulemaking. But if you'll send in your question, we'll forward it to that part of CMS that works on it. But I believe that – the only advanced work that was shared has been the ICD-10 MS-DRGs, and that was an advanced project to help show the rest of the agency and the rest of the country how you could conduct a big conversion project, and that's why we were out several years early. But the other parts of the agencies are converting their payment policies, and they'll update them and release them to formal rulemaking.

Janet Herbold: Thank you.

Operator: And your next question comes from the line of Jill Rauber.

Jill Rauber: Hello. Aside from the free CME provider training that you are offering, will CMS be creating any provider documentation tools that can help them adapt to the new specificity in ICD-10?

Denesecia Green: Hi, this is Denesecia Green, and yes, we're taking any type of suggestion on tools that will be helpful to you. So we ask that you send that suggestion in so we explore it a little bit more. Thank you.

Jill Rauber: OK. Thank you.

Operator: And your next question comes from the line of Joanne Tate.

Joanne Tate: Yes, hello. I was just wondering, again, about the implementation guides, and what would be the best one for a national hospice provider to refer to?

Denesecia Green: I would definitely take a – this is Denesecia Green again – I would definitely take a look at the large guide and follow that as a good rule. And if you have any additional questions, we do have – on our Web site there's an opportunity there to send some things in – some questions in, as well. And you can also share it at this forum.

Joanne Tate: All right, thank you so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of (Karen Cole).

(Karen Cole): Yes, hi. Can you hear me?

Leah Nguyen: Yes, we can.

(Karen Cole): OK, my question is—I just want to make sure I heard this correctly—on the MLN Matters it says that the ICD-10 codes may only be used for services provided on or after October 1st, but did I hear one of you say that the time to switch is now? So that – because I was thinking that I want to gather my PTs and have them start using the ICD-10. So that's wrong?

Denesecia Green: Hi, this is Denesecia Green. And the MLN Matters article is correct, and I – what we meant by that is it's a good time to start preparing if you haven't already.

(Karen Cole): OK, but we cannot use it until October 1st, 2013.

Denesecia Green: That is correct. You can't use an ICD-10 code today.

(Karen Cole): OK, thank you.

Operator: And your next question comes from the line of Jason Vollmer.

Jason Vollmer: Good afternoon. Is there – I know that CMS is responsible for the NCD mapping. Is there a – you mentioned the partial code freeze. Is there a target timeframe to nail down the MACs for the LCDs?

Janet Anderson Brock: This is Janet Brock. Those timeframes for the MACs are the ones that we described. For systems changes it's October 1st, 2013. For nonsystems changes— so that's sort of the paper and policy products: articles, LCDs, things like that—it's October 1st, 2014. We do believe that they'll get it out before October 1, 2014, but they are not required to do so.

Jason Vollmer: Will they be subject to change after that, or is that a hard freeze, so we can rely on that moving forward?

Janet Anderson Brock: Are you asking about the partial code freeze, or are you asking about policy translation?

Jason Vollmer: Policy translation.

Janet Anderson Brock: Yes, OK, so for policy translation, like we've done with all the other policies, especially LCDs since you're interested in the local coverage, they will be updated as codes change. Currently the ICD-9 codes are updated quarterly for LCDs, and – because sometimes a little code sneaks in, or at the very least it's every 6 months. Most of the large changes happen annually, and that will continue.

Jason Vollmer: I appreciate it.

Pat Brooks: And this is Pat Brooks. If I can just add one more bit of reassurance: We used to have, like, hundreds of code updates a year. For last year, for 2013, we only had a handful—only one procedure code for ICD-9, and for ICD-10 we only had one diagnosis code and two procedure codes. So I think the impact on converting policies is minimized with this partial code freeze. You'll discover in June if we have more or less codes updated in June. Thank you.

Leah Nguyen: Thank you. Holley, we are ready to take our next question.

Operator: All right. And your next question will come from the line of K. Joiner.

Leah Nguyen: Holley, can we take the next one, please?

Operator: Yes, ma'am. Hold one moment. Your next question comes from the line of Alicia Nesvacil.

Alicia Nesvacil: I think I have a question around GEMs. We are finding kind of a challenge as far as how to use the GEMs. I understand kind of the purpose of it, but can you kind of give an overview as far as what really the value is? Because I think earlier in your presentation, you had indicated that, really, going into the books and doing an I-10 coding is really the best way to do it, rather than the mapping. So can you kind of give some background on that?

Pat Brooks: I'll give you a few resources and then a brief overview. If you look at slide 6, in the middle I give a link where you can get ICD-10 updates. Among those updates each year we have a GEMs user guide. I think that will be good for you to read, and it talks about how to use them and when to use them.

Also, on slide 11, for the CMS-sponsored ICD-10 teleconferences we actually did a presentation on how to use the GEMs and when it's appropriate. If I were you and I had a list of codes I was just interested in, and say you work in a provider's office and you just were curious about what codes would be used for the new one, I think you'll learn a lot now if you simply open up your ICD-10-CM code book and look up an index and then see the page and see the codes involved—you can do all that. If you have trouble and you find it complicated, maybe because you haven't had any training in ICD-10 yet, the GEMs are also a tool that help you get there. But the GEMs are a better tool if you've got massive amounts of codes to convert. But for small lists, you know, I really wouldn't start there; I would just simply open up a code book. And this is Pat Brooks.

Leah Nguyen: Thank you.

Operator: Thank you, and your next question will come from the line of Kathy Hallock.

Kathy Hallock: Yes, can y'all hear me?

Leah Nguyen: Yes, we can.

Kathy Hallock: OK, I was just curious if you had heard anything about the CDC saying that they are going to – you know, they've always used ICD-9 codes for their surgical site infections, and recently it came out this week that they have said that they were going to use CPT codes and not ICD-10 codes, which are not used on the inpatient side, CPTs. Have you heard anything about that?

Pat Brooks: This is Pat Brooks. And Donna Pickett from CDC is addressing that issue now; it was just brought to her attention. You know, it's a big organization, CDC, and she had some phone calls involved. I don't believe anything is worked out yet, but it has been brought to their attention, and they will be discussing it.

Kathy Hallock: Thank you. OK.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Angie Arduin.

Angie Arduin: Hi. My question relates to skilled nursing facility codes. We have a swing bed unit here at our hospital, and I'm wondering if there is going to be changes to the RUG codes that we code on the bills.

Pat Brooks: This is Pat Brooks. We don't have anybody from that policy area, but I would assume, just like every other policy area, when annual updates made to the payment system and ICD-10 codes are involved, that will all be going through formal rulemaking.

Angie Arduin: OK, thank you.

Operator: And your next question will come from the line of Laura Prine.

Laura Prine: Hello. Can you hear me OK?

Leah Nguyen: Yes, we can.

Laura Prine: I was a little surprised. I guess I'm a little behind. I thought that all insurance companies would use – and there's been some conversation back and forth about auto, workman's comp, and paper claims. But I just want to make sure that I understand correctly, like in the example for a Medicaid claim for a sterilization procedure, we normally would drop that claim to paper because we need to send it along with a sterilization consent form. I would still use the ICD-10 code on that paper claim, correct?

Pat Brooks: This is Pat Brooks, and you will, yes. You will report to Medicaid and Medicare and other health insurance companies any service that occurs on or after October 1st, 2014; you will use ICD-10 codes.

Laura Prine: Are those paper or electronic?

Pat Brooks: Yes, and Stewart clarified for you the issue of maybe it's not required to be on a paper claim, but the payers—Medicare, Medicaid—they require for payment purposes that you move to ICD-10.

Laura Prine: OK, so there'll be a need to keep an ICD-9 book just for those odd workman's comp or auto issues?

Pat Brooks: This is Pat Brooks. I can't respond to that except to say – Denesecia has brought up how they may not be mandated, but let me say one thing: We are not going to *maintain* ICD-9-CM any further after ICD-10 is implemented. There'll be no updates, there'll be no refinements to it. So I don't know how long – if some workman's comp or auto dealers – agencies keep mandating ICD-9-CM, I don't know how long they could do

that viably, since we will not maintain ICD-9-CM any further. But I believe the suggestion was to send in your comment.

Laura Prine: Thank you very much.

Operator: And your next question comes from the line of Molly Kilby.

Leah Nguyen: Can we take the next question?

Molly Kilby: Oh, can you hear me?

Leah Nguyen: Yes, we can.

Operator: Yes, go ahead.

Molly Kilby: This is Molly. I have a question regarding slide number 16, Claim Submission – or actually – yes, Claims Submissions. If claims are denied or rejected, claims that were submitted prior to October 1st, 2014, do they then have to be recoded when they're re-submitted after October 1st, 2014, with ICD-10s?

Sarah Shirey-Losso: This is Sarah Shirey-Losso from the Provider Billing Group. And the coding of ICD-9 or ICD-10 is based on the date of service.

Molly Kilby: OK, thank you.

Operator: And your next question comes from the line of Stacey Dano.

Stacey Dano: Hello.

Leah Nguyen: Hello.

Stacey Dano: OK my question is: I'm hearing a lot of, like, procedures and helpers for physicians. I work for physical therapy and speech therapy, and I'm wondering: Is there training just for that subject, or what can I do?

Pat Brooks: This is Pat Brooks. There are a number of professional organizations that give training, and there is a wide variety of it. You could, if you chose to, look at a specialty group that you're interested in, and find out what kind of training they're giving. You could also look for groups such AHIMA (A-H-I-M-A) or AAPC, and find the type of training that suits you. Some of this may be in person, some may be online, some may be books. But there is a wide variety, based on your own needs, that you can look at on the Web site.

Also, the slide we gave, slide 13, WEDI and HIMSS—I imagine many of the people who do education probably list their products on those Web sites also.

Stacey Dano: OK, and have you heard – I was told that our procedure codes would stay the same, just our diagnose codes would change. Do you know if that's correct?

Pat Brook: Yes, this is Pat Brooks. For ambulatory and outpatient services, you will continue to use HCPCS and CPT. The only ones that will move to ICD-10-PCS are inpatient hospitals.

Stacey Dano: OK, so we keep the same procedure and same HCPCS. Just our diagnose change, correct?

Pat Brooks: That's absolutely correct. Everyone moves to ICD-10-CM in every setting for services provided on or after October 1st, 2014.

Stacey Dano: OK. Now, we handle a lot of Medicare patients with physical therapy, and they're talking about the G-codes. Is there training just for the G-codes?

Pat Brooks: That's outside the purview of this call today. So I think you would need to send that question in and you could get referred.

Leah Nguyen: Thank you.

Stacey Dano: OK, thank you, ma'am, so much.

Operator: And your next question comes from the line of Catherine Schneider.

Catherine Schneider: Hi, my question was already answered, about the 1040 and the 1050 platform. Thanks.

Leah Nguyen: OK, thank you.

Operator: Your next question will come from the line of (Patricia Derus).

(Patricia Derus): Yes. Will there be a possibility for personal in-house training for physicians and staff?

Pat Brooks: This is Pat Brooks. If you wanted some training now on ICD-10-CM issues in-house, then a good resource I can show that's free, if you could look at slide 11, the CMS-Sponsored ICD-10 Teleconferences. I would suggest you go to the presentation on March 23rd, 2010, which is basic introduction to ICD-10-CM. That really is an excellent in-house one.

And in August of this year we plan to have a repeat update of that very basic information, so, as a national teleconference. That's very valuable and it's totally free.

(Patricia Derus): Thank you very much.

Denesecia Green: Hi, this is Denesecia Green. I would also add to continue to take a look at our Web site, www.cms.gov/icd10. We have a number of webinars and information that will be posted, so stay tuned.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Victoria Stewart.

Victoria Stewart: Hi. Can you hear me?

Leah Nguyen: Yes, we can.

Victoria Stewart: Oh, great. Hi, this is Victoria Stewart at Dr. David Parks' office in St. Louis. Thanks for this presentation. Everything about ICD-10 is awesome. Page 27: I have a question – on slide 27, or the slide page 27. I'm looking at the different diagnoses that are listed, that are most common, and I highlighted the ones that we use quite frequently. Now, my question is: Is this slide presented to give us the opportunity to look at in advance what the conversions are going to be for these particular diagnosis codes that are going to be most common? Is this just something helpful you're handing out, or is there something else specific about this page that I'm missing?

Denesecia Green: Hi, this is Denesecia Green, and I mentioned earlier that these were developed by the States, State Medical Aid agencies, along with a certified coder and physician. And so these are best practices; they can be useful and helpful to your organization.

Again, we will be sharing additional information on our Web site about these. We'll also have some policy briefs on other health conditions. So use it as a resource, but, of course, it's not the absolute official guide, but it is a great source, as you're conducting that mapping and cross-walking.

Victoria Stewart: All right, so what I would do is then – what you have here is like a heading, like AIDS/HIV, since we specialize in that area anyway. I would look that up in the ICD-10 book or on the mapping, on the GEMs? Is that my title to look up for searching?

Denesecia Green: I'm sorry, yes, there is some additional information behind this, and so we'll be able to share that with you through this listserv.

Pat Brooks: And—this is Pat Brooks—another resource you might want to consider: We know that many physician specialty groups are working on lists of very common diagnosis – sort of like a superbill list . . .

Victoria Stewart: Right, yes, that's what I'm trying to get them to do, yes.

Pat Brooks: That's a good thing to do. So ask if they have done it already, because you may find that many of them have already started doing that.

Victoria Stewart: Well, I'm the billing manager; it would be me. I'm trying to get to that point where I can get them to realize this conversion is coming.

Pat Brooks: That's the physicians' society—say, for internal medicine or pediatrics, or whatever. If you contact the physician specialty group that represents your specialties, they may have done the work.

Victoria Stewart: You mean our billing service?

Pat Brooks: No, I mean the actual physician specialty, like the American College of Surgeons may have one.

Victoria Stewart: Oh, I understand. OK, so I can – like, for example, the HIV/AIDS, I can contact the HIV Web site, or whatever, or the medical Web site or something, and they may already have this converted. Is that what you're saying?

Pat Brooks: The American College of Internists may have a list. It may be that as a resource that you could look to the physician specialty group to see if they have one.

Victoria Stewart: I see. Awesome. Thank you very much. Every bit of information is helpful for this. I appreciate it. Thank you, ladies and gentlemen.

Leah Nguyen: Holley, we have time for one final question.

Operator: All right, and your final question will come from the line of Cathryn Smith.

Cathryn Smith: Hi. Can you hear me OK?

Leah Nguyen: Yes, we can.

Cathryn Smith: OK, quick question: There is – in the ICD-10 Planning and Assessment, on that Training Segment 1 from CMS, one of the listed issues on provider impacts is that we do need to do some additional documentation. We do already document, obviously, like, the laterality and the area of the body. But if the LCDs don't come out until October 2014, I'm still a little unclear as to how we're going to know how to document specificity, like in the case of a glassblower's cataract or advanced glaucoma—how do we know how to document that if the LCDs don't come out until 2014?

Pat Brooks: This is Pat Brooks, and I can talk generically about improving documentation. It may be – forget the LCDs and what else, if you just look at your common diagnoses and then look up the codes, then you can see the kind of detail that's available in ICD-10 for your top – say, pick, next week, the top 10, and look at the codes and see how much detail is available. That will give you some indication whether, if you

applied additional documentation, it would change the code or not. As you know now, many times a physician doesn't know a lot of details about the exact diagnosis when they first see them. And so now, currently, you would apply a code that's rather nonspecific, and that would be OK because it's all you'd know. The same thing will occur with ICD-10-CM. I'll turn it over to Janet, if there is any other advice. Beyond that, generally improving your documentation is a good thing for a lot of reasons.

Janet Anderson Brock: The requirements around coverage, local or national, is not changing. The requirements for documentation will remain as they've been policy. Much of that documentation, when it is described – specifically, national coverage—that's what I want to speak to directly—usually requires medical records transmission to – either into CMS or, if it's local coverage, into the MAC. That's really outside of the ICD-10 diagnosis translation anyway, and that's not going to change. I think we always prefer the most specific documentation possible. But – this is especially true for things like DME which – your question was around PT, right?

Cathryn Smith: This would be for ophthalmology.

Janet Anderson Brock: Ophthalmology, sorry. I'm trying to think of what documentation we've asked for above and beyond ICD-10 for ophthalmology.

Cathryn Smith: Well, like, it would be different. Like in – with glaucoma, we've got our glaucoma patients, but now we're coding it in terms of how advanced the disease is. And, like, with (inaudible) disease and, like, with cataracts we are specifying, like, if it's a glassblower's cataract.

Janet Anderson Brock: Yes, I heard you say glassblower's cataract, and we don't have any national coverage specific to – for example, cataracts is going to be local. I would work directly with your MAC to make sure that you understand the documentation requirements they have for your jurisdiction.

Cathryn Smith: Gotcha. OK, that's cool.

Leah Nguyen: Thank you.

Cathryn Smith: Thank you.

Additional Information

Leah Nguyen: Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can e-mail it to icd10-national-calls@cms.hhs.gov. That address is also listed on slide 34.

I would like to thank everyone for participating in this National Provider Call, "Begin Transitioning to ICD-10 in 2013." Before we end the call, for the benefit of those who may have joined the call late, please note that continuing education credits may be awarded by professional organizations for participation in MLN National Provider Calls.

Please see slide 33 for more details. If you have any questions regarding the awarding of credits for this call, please contact your organization. On slide 35 of the presentation you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous and strictly confidential. I should also point out that registrants for today's call will receive a reminder e-mail from the CMS National Provider Calls Resource Box within 2 business days regarding the opportunity to evaluate this call. You may disregard this e-mail if you have already completed the evaluation. Please note: Evaluations will be available for completion for 5 business days from the date of today's call. We appreciate your feedback.

An audio recording and written transcript of today's call will be posted soon to the CMS MLN National Provider Calls Web page.

Again, my name is Leah Nguyen, and it's been my pleasure serving as your moderator today. I would also like to thank our presenters, Pat Brooks, Sarah Shirey-Losso, Janet Anderson Brock, and Denesecia Green. Have a great day, everyone.

Operator: Thank you for your participation on today's call. You may now disconnect.

END