



CMS ICD-10 Update

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ICD-10 Supports...

Advances in Healthcare

Captures innovations in Medicine

Administrative Transactions for Claims Processing

Claims processing for provider services

Improves Data for Quality

- Enhances patient data
- Improves Public Health Research, Reporting and Surveillance





ICD-10 Compliance Date

The compliance date for ICD-10-CM and PCS is October 1, 2014



ICD-10 DATE Oct 1, 2014

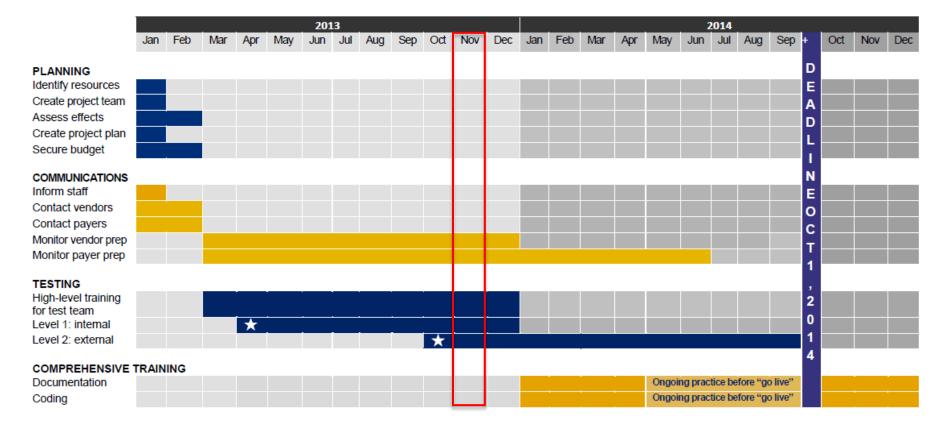




With One Year Left, Where Should You Be?

Conducting testing within your organization ("internal testing")

ICD-10 Timeline for Small-Medium Practices at a Glance



ICD-10 Implementation Update

Planning & Analysis

Design & Development

Internal Testing

CMS Implementation

- ✓ On track for October 1, 2014 –Internal Testing Phase
- ✓ Monthly Reporting
- ✓ Weekly Planning Meetings
- ✓ Medicare March 2014 Testing Week

States

- Quarterly Assessments for the State Medicaid Agencies
- Ongoing State Medicaid Agency technical assistance and training
- ✓ Medicaid Testing





ICD-10 Implementation Update

Planning & Analysis

Design & Development

Internal Testing

CMS Implementation

Industry

- ✓ April National Medicare FFS Provider Call- Reached 12,500 providers
- ✓ August National Medicare FFS Provider Call- Reached 27,000 providers
- ✓ Continuing online training for industry Reaching 16,000 per quarter
- ✓ Website- Reached 98,000 in September, a 20,000 increase since July
- ✓ Listserv Reaching **130,000** people
- ✓ Free technical assistance and training with small provider groups, rural health providers, and safety net organizations 64 trainings since July 2013
- ✓ NEW Online Training Module Series (2 New Training Videos)
- ✓ NEW Online ICD-10 Guide
- ✓ Coming Soon- Small Provider Action Plan





State Medicaid Agencies ICD-10 Implementation



Working With the State Medicaid Agencies

Quarterly Online ICD-10 Self-Assessments

High level reports and graphics to help guide technical assistance

• ICD-10 Implementation Handbook

Online tool providing SMA specific information to assist in ICD-10 Implementation

State ICD-10 Collaboration Site

 Online community and repository for State Medicaid Agencies to communicate, collaborate, and innovate in the successful implementation of ICD-10

ICD-10 Bi-Weekly State Forum

 Conference call that allows CMS and States to discuss current issues related to ICD-10, and provides a vehicle for State-to-State collaboration on best practices and lessons learned in ICD-10 implementation

ICD-10 Technical Assistance

Specific technical assistance and training geared to assist the SMA's ICD-10 implementation efforts

Health Condition Categories

 A foundation for SMAs to define health conditions in alignment with the needs of their specific agency





Health Condition Categories

- Affective Disorders
- Anxiety Disorders
- Attention Deficit
 Disorders
- Autism Spectrum Disorders
- Schizophrenia
- Substance Abuse
- Coronary Heart Disease
- Heart Failure
- Hypertension
- Myocardial Infarction
- Cleft Lip/Palate
- Cerebral Palsy
- Diabetes Mellitus
- Hemophilia
- Leukemia

- AIDS/HIV
- Hepatitis
- Lung Cancer
- Brain Injury
- Chronic Dementia
- CVA
- Epilepsy
- Fetal Maturity/ Development
- High Risk Pregnancy
- Asthma
- COPD
- End-Stage Renal Disease
- Male related Conditions
- Female related Conditions
- Hip Fracture

- Defines 30 health conditions and code sets universally important to State Medicaid Agencies
- Informs ICD-10 transition business and operational requirements
- End users: Medical staff, policy personnel, coding professionals, coding auditors,
 - reporting and business analysts













Action Plan ICD-10 Implementation



5 Steps to ICD-10

- 1. Planning and Analysis
- 2. Design and Development
- 3. Testing
 - Internal Testing
 - External testing
- 4. Training
- 5. "Go Live"





Provider Implementation Touch Points

Systems Ready Software & Systems

- ✓ Upgrade and remediate systems as needed (EHR, PM)
- ✓ Test (internal, external)
 - Identify alternative ways to submit your ICD-10 claims if your system isn't ready

People Educate and Train Staff

- Coder, Anatomy and Physiology, and Implementation Training
 - Seek Coder and Implementation Training
 - Explore Coding Exercises and Scenarios
 - Determine use of third-party or outsourced coders

Process Review Internal Policies

- Internal Operations
 - Contact Clearinghouses, Trading Partners, etc.
 - Review Clinical Documentation Practices





What Should I Do to Prepare?

NURSES

- Forms: Every order must be revised or recreated.
- Documentation: Must use increased specificity.
- Prior Authorization: Policies may change, requiring training and updates.

PHYSICIANS

- Documentation: The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- Code Training: Code increases from 17,000 to 140,000. Physicians must be trained.

CLINICAL

- Patient Coverage: Health plan policies,
 - payment limitations, and new ABN forms.
- Superbills: Revisions required and paper superbills may be impossible.
- ABNs: Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted, and patients will require education.

MANAGERS

- New Policies and Procedures: Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- Vendor and Payer Contracts: All contracts must be evaluated and updated.
- Budgets: Changes to software, training, new contracts, and new paperwork will have to be paid for.
- Training Plan: Everyone in the practice will need training on the changes.

LAB

- Documentation: Must use increased specificity.
- Reporting: Health plans will have new requirements for the ordering and reporting of services.

BILLING

- Policies and Procedures: All payer reimbursement policies may be revised.
- Training: Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

CODING

- Code Set: Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- Clinical Knowledge: More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- Concurrent Use: Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until claims are resolved.

FRONT DESK

- HIPAA: Privacy policies must be revised and patients will need to sign the new forms.
- Systems: Updates to systems may impact patient encounters.

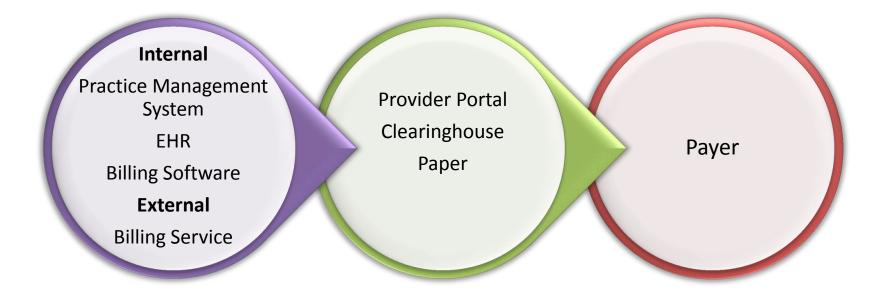
Source: AAPC/Ingenix

tve disease, unspecified both mitral and aortic valves both mitral and tricuspid valves





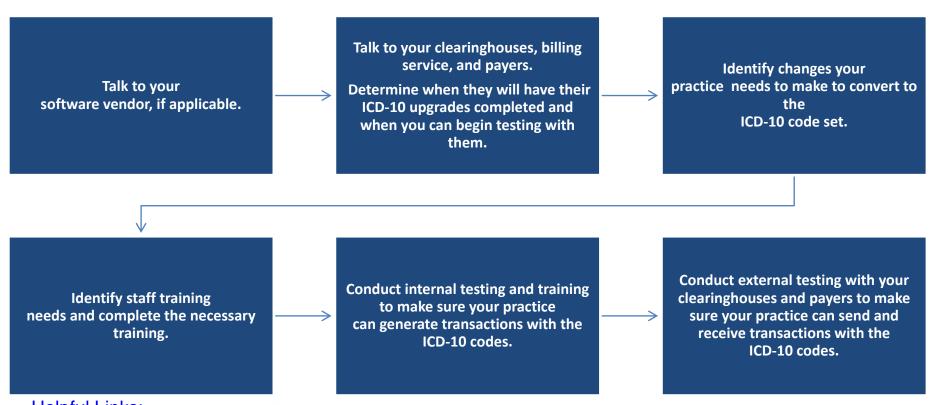
Claims Submission







Action Steps



Helpful Links:

http://www.himss.org/library/icd-10/playbook?navItemNumber=13480 https://implementicd10.noblis.org/wp-uploads/2013/03/VendorChecklist_smallmed.pdf





Implementation Tips

Physician Engagement	Communicate practice needs for a successful transitionCommunicate risks
Resources	Allocate people, time and toolsEnsure everyone is trained appropriately
Oversight	Monitor what is being doneRespond immediately to issues
Coordination	 Work with vendors, payers, trading partners Utilize industry tools (i.e. Transition Guides, Fact Sheets, Best Practices) Reach out to other providers - You are not alone!
Contingencies	Plan for the "What if's".
Future	Ongoing improvements to support ICD-10





CMS Industry Tools and Information

- Now- 2014 General Equivalence Mappings are available for public use
- Now- The ICD-10 test grouper currently is available for ICD-10 development purposes
- Now- ICD-10 Reimbursement Mappings are available
- Now-National Coverage Determinations
- ➤ April 2014* Local Coverage Determinations available to industry
- ➤ July 2014* Home Health Groupers, Inpatient Rehab (Case Mix Groupers), Resource Utilization Groups
- > August/September 2014* ICD-10 grouper will be available

CMS Industry Resources

* Target dates









Resources ICD-10 Implementation



CMS website:

http://www.cms.gov/icd10

 Features fact sheets, FAQs, and implementation guides, timelines, and checklists









ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

News Updates | November 7, 2013

Back to School: Identify How ICD-10 Will Affect Your Practice

In order to be fully prepared for the October 1, 2014, ICD-10 transition, you need to know exactly how ICD-10 will affect your practice. Although many people associate coding with submitting claims, in reality, ICD codes are used in a variety of processes within clinical practices, from registration and referrals to billing and payment.

The following is a list of important questions to help you think through where you use ICD codes and how ICD-10 will affect your practice. By making a plan to address these areas now, you can make sure your practice is ready for the ICD-10 transition.

Where do you use ICD-9 codes? Keep a log of everywhere you see and
use an ICD-9 code. If the code is on paper, you will need new forms (e.g.,
patient encounter form, superbill). If the code is entered or displayed in your
computer, check with your EHR and/or practice management system vendor
to see when your system will be ready for ICD-10 codes.

CMS ICD-10 Email Updates provide timely information

To sign up for updates:

- 1. Go to http://cms.gov/icd10
- 2. Select "CMS ICD-10 Industry Email Updates" from left navigation bar
- Click on "Sign up for update messages"







Timelines and checklists for:

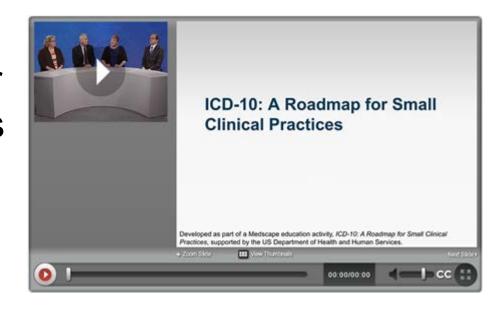
- Small to medium practices
- Large practices
- Small hospitals
- Payers





ICD-10 Medscape Videos

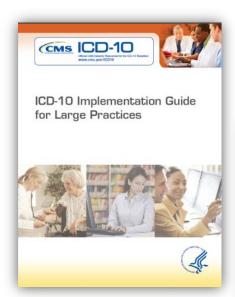
- ICD-10: A Roadmap for Small Clinical Practices
- ICD-10: Small Practice Guide to a Smooth Transition

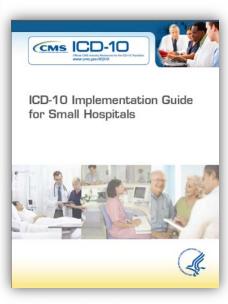


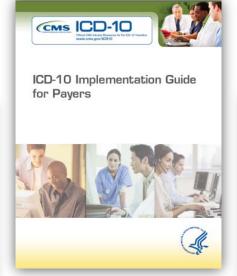
Free continuing medical education (CME) and continuing education (CE) credits available to physicians and nurses who complete ta brief post-test. Accessible from CMS ICD-10 website:

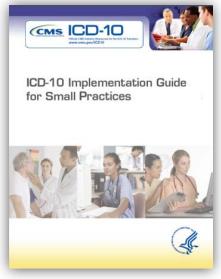
http://www.cms.gov/icd10

Transition Guides













Online ICD-10 Guide: on Provider Resources page, cms.gov/ICD10



Step-by-step ICD-10 advice for clinical practices, small hospitals, and payers





CMS ICD-10 Fact Sheets



The ICD-10 Transition: An Introduction

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. This fact sheet provides background on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information.

About ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification /Procedure Coding System) consists of two parter.

- 1. ICD-10-CM for diagnosis coding
- 2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar

ICD-10-PCS is for use in U.S. inpatient hospital settings only, ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric used under ICD-9-CM procedure coding, Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are fast.

Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.



ICD-10 Basics for Medical Practices

The ICD-10 transition takes planning, preparation, and time, so medical practices should continue working toward compliance. The following quick checklist will assist you with preliminary planning steps.

- I identify your current systems and work processes that use ICD-9 codes. This could includ syour clinical documentation, encounter forms/superfulls, practice management system, electronic health record system, contracts, and public health and quality reporting protocols. It is likely that wherever ICD-9 codes now appear, ICD-10 codes will stake their place.
- Talk with your practice management system vendor about accommodations for ICD-10 codes.
 - Confirm with your vendor that your system has been upgraded to <u>Version 5010</u> standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.
 - Contact your vendor and ask what updates they are planning to make to your practice management system for ICD-10, and when they expect to have it ready to install.
 - Check your contract to see if upgrades are included as part of your agreement.
 - If you are in the process of making a practice management or related system purchase, ask if it is ICD-10 ready.
- Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Be proactive, don't wait. Contact organizations you conduct business with such as your payers, clearinghouse, or billing service. Ask about their plans for ICD-10 compliance and when they will be ready to test their systems for the transition.
- □ Talk with your payers about how ICD-10 implementation might affect your contracts. Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules, or reimbursement.
- Identify potential changes to work flow and business processes. Consider changes to existing processes including clinical documentation, encounter forms, and quality and public health reporting.



FAQs: ICD-10 Transition Basics

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. These FAQs provide an overview of the transition to ICD-10 and points to resources for more information.

1. What does ICD-10 compliance mean?

ICD-10 compliance means that everyone covered by <u>HIPAA</u> is able to successfully conduct health care transactions using ICD-10 codes.

2. Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?

No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

3. Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?

Everyone covered by <u>HIPAA</u> must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.

4. Do state Medicaid programs need to transition to ICD-10?

Yes. Like everyone else covered by HIPAA, state Medicaid programs must comply with ICD-10

5. What happens if I don't switch to ICD-10?

Claims for all services and hospital inpatient procedures performed on or after the <u>compliance desadline</u> must use ICD-10 diagnosis and impatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and impatient procedure codes cannot be processed. It is important to note, however, that claims for services and impatient procedures provided before the <u>compliance datar</u> must use ICD-2 occurs.

6. If I transition early to ICD-10, will CMS be able to process my claims?

No. CMS and other payers will not be able to process claims using ICD-10 until the compliance date. However, providers should expect ICD-10 testing to take up to 19 months.

7. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes? ICD-10 codes are different from ICD-9 codes and have a completely different structure. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and nortain 3 to 7 characters. ICD-10 is more robust and describle with 7 no-b-many" malbose in some instances.

Like ICD-9 codes, ICD-10 codes will be updated every year

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.







ICD-10 Resource Links

ICD-10 Website

http://www.cms.gov/Medicare/Coding/ICD10/index.html

Implementation Guides

https://implementicd10.noblis.org

Mapping (GEMs)

- GEMs Crosswalk documents
 - http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
- GEMs 2014 General Equivalence Mappings (Technical Document (zip file)
 - http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html





ICD-10 Resource Links

Medicare Learning Network Articles

• http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo

ICD-10 National Provider Calls

 http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Teleconferences.html

National Coverage Determinations (NCDs)

http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx

Medicare Testing Week

• http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf.





ICD-10 Resource Links

Medicare Reimbursement Mappings

- 2014 Reimbursement Mappings Diagnosis Codes and Guides http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
- 2014 Reimbursement Mappings Procedure Codes and Guides http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html
- Links to ordering the ICD-10 Pilot Version 31.0 Mainframe and PC version of the ICD-10 MS-DRGs and Medicare Code Editor (FY 2014 version) from NTIS have been placed on the CMS website under the Related Links section at http://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html
- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo

Medicare Claims Processing Guidance for ICD-10

 http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf





Looking Forward



Pre-Implementation

- Collaboration with stakeholder groups for pre-implementation and industry monitoring activities
 - New- CMS Weekly Planning Meetings with Industry Stakeholders
 - New- WEDI Stakeholder Coalition "ICD-10 Industry Support Initiative"
 - Public and private partnership to help providers through the transition
- Host national calls and webinars to address specific ICD-10 topics
- Develop targeted materials to assist providers

Post-Implementation

- Continued collaboration with stakeholder groups for post-implementation and industry monitoring activities
- Increase internal monitoring activities with a focus on provider payment
- Host national calls and webinars to address specific ICD-10 topics
- Develop targeted materials to assist providers





For More Information

CMS Point of Contact

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ICD-10 Implementation Questions

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