

Centers for Medicare & Medicaid Services
Preparing for ICD-10 Implementation in 2011 National Provider Teleconference
Moderator: Leah Nguyen
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Part 1 of 4 Audio Recordings

Welcome and ICD-10 Overview – Presenter, Pat Brooks, CMS

Welcome

Operator: Welcome to the Preparing for ICD-10 Implementation in 2011 National Provider Teleconference call. All lines will remain in a listen-only mode until the question and answer session.

Today's conference call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. Thank you for participating in today's call. I will now turn the conference call over to Ms. Leah Nguyen. Ma'am, you may begin.

Leah Nguyen: Thank you, Shannon. Hello I'm Leah Nguyen from the Provider Communications Group here at CMS. I would like to welcome you to the Preparing for ICD-10 Implementation in 2011 National Provider Teleconference.

Subject matter experts will review basic information on the transition to ICD-10 and discuss implementation planning and preparation strategies for this year. At the end of the presentation, we will open up the phone lines to give you an opportunity to ask questions of our subject matter experts.

Before we get started, there are a few items that I need to cover. There has been a tremendous amount of interest in this call, and we apologize that we are not able to accommodate everyone who tried to register.

This call is being recorded and transcribed. An audio recording and a written transcript will be posted to the CMS Sponsored ICD-10 Teleconferences

section of the CMS ICD-10 website in approximately one to two weeks following this teleconference. The website address is www.cms.gov/icd10.

There are two handouts for this session, a slide presentation and a special edition MLN Matters Article, SE1033. If you have not already done so, these handouts may be downloaded now from the CMS ICD-10 website located at www.cms.gov/icd10. At the left side of the web page click on CMS Sponsored ICD-10 Teleconferences. Select the January 12, 2011, call and scroll down the page to the Download section for the slide presentation and the Related Links Inside CMS section for the article.

And last please be aware that continuing education credits may be awarded by the American Academy of Professional Coders or the American Health Information Management Association for participation in CMS national provider teleconferences.

Please see slide 61 and 62 of the slide presentation for more information. If you have any questions regarding the awarding of credit for this teleconference, please contact that organization. We encourage you to retain your presentation materials and confirmation e-mails.

We have a lot to cover today, so without further delay we will get started. At this time, I would like to introduce our two speakers who are subject matter experts on ICD-10. We are pleased to have with us Pat Brooks, Senior Technical Advisor in the Center for Medicare, Hospital and Ambulatory Policy Group at CMS, and Sue Bowman, Director of Coding Policy and Compliance at the American Health Information Management Association or AHIMA.

And now it is my pleasure to turn the call over to our first speaker, Pat Brooks, from the Center for Medicare at CMS.

ICD-10 Overview

Pat Brooks: Thank you. I'll begin with slide three where we discuss implementation dates for ICD-10. October 1, 2013, is the compliance date for implementation of

ICD-10-CM. That's the diagnosis part of ICD-10 and for ICD-10-PCS, the procedure part of ICD-10.

Please note that there will be no delays with this implementation period. And, in addition, there will be no grace period. The reason – one of the reasons for the call today is because the date is approaching and we hope to encourage you to begin your implementation planning activities if you have not done so already.

Going on to slide four, we'll point out once again the fact—there is no grace period. So providers will not be able to continue reporting ICD-9-CM codes for services that are provided on or after October 1, 2013. There will be no delay in the implementation date of ICD-10.

Slide five illustrates the use of these ICD-10 codes in various settings. ICD-10-CM the diagnosis will be used by all providers in every health care setting. So if you're using ICD-9 diagnosis codes for anything now, then you need to be aware that you will be impacted on October 1, 2013, because you will replace the ICD-9-CM diagnosis codes with ICD-10-CM codes.

ICD-10-PCS is the procedure part of ICD-10, and it will only be used for hospital claims and for hospitals claims which are for inpatient hospital procedures only. It will not be used by hospitals for their outpatient claims.

A source of some confusion is—people have asked us if physicians who do inpatient visits to see their patients, if on physician claims they will have to use ICD-10-PCS for those inpatient visits on their claim. And the answer is no. ICD-10-PCS will not be used on physician claims, even for those inpatient visits.

So physicians that are providing inpatient services, they will continue to bill in the same way they are now. They will use CPT and HCPCS. Physicians will not have to learn this code with ICD-10-PCS for their claims because they will not be using ICD-10-PCS on their claims.

Moving on to slide six, this slide reinforces this area and mentions that there will be no impact on HCPCS or CPT codes use with the implementation of ICD-10. Both of these coding systems will continue to be used as they are now.

On slide seven, we discussed the exact way this will be implemented. There is a single implementation date for ICD-10 for all users and that is October 1, 2013. And it will be the date of service for ambulatory and physician reporting.

So if a patient is seen in the ambulatory setting or a physician office on or after October 1, 2013, then these claims will be billed using ICD-10-CM diagnosis codes. As we discussed earlier these ambulatory physician services will continue to CPT and HCPCS as usual.

Now for inpatient, the way that's going to work is that we would use the date of discharge for the implementation of ICD-10. So inpatients that are discharged on or after October 1, 2013, the hospital will use both ICD-10-CM and ICD-10-PCS for these inpatient claims.

Moving on to slide eight, a frequent question we have is some people wonder if they could supply ICD-9 codes after the implementation or ICD-10 codes before the implementation dates. And these two bullets say no, that's not acceptable. ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013.

In addition, ICD-10 codes will not be accepted for services provided prior to October 1, 2013. In other words you cannot decide to submit ICD-10 codes earlier than the implementation dates. You must stick with that date of service. Slide nine gives information about ICD-10 being different from ICD-9 codes. ICD-10 codes have much greater detail in describing both diagnosis and procedures.

There are also many more ICD-10 codes than there are ICD-9 codes. In Addition to that, ICD-10 codes are longer and they use more alpha characters. For those of you who want more details about what ICD-10-CM is all about, I

would refer you to an outreach call we had on March 23, 2010, where we covered ICD-10-CM basics. This gives a very good overview of what ICD-10-CM diagnosis are all about.

There are slides and there are audio and transcripts. You can even take those slides and reconfigure them yourself and do your own internal training should you want to do so. Obviously with these codes being longer, and having more alpha characters, the systems are impacted. And they have to be updated. We've had two outreach calls on the issue of the system changes that will be required prior to moving to ICD-10.

So those of you who would like to know more about the impact of 5010 and the need to change systems I would encourage you to go to our ICD-10 Website and listen to the following outreach calls. There was one on 5010 and ICD-10 on June 15, 2010, and a follow up one on September 13, 2010. And I think this will answer many of your questions about the systems changes that are necessary to move forward.

Moving to slide 10, we show that we put annual updates to the ICD-10 coding system each year. In December we posted the 2011 updates to both ICD-10-CM and ICD-10-PCS. For those of you who have not yet looked at them I encourage you to do so. These files particularly the ICD-10-CM files you can open up the regular tabular parts and you can also look into the index section. So you can just see what it looks like.

The same is true of ICD-10-PCS. And that's more of an interactive coding systems that you can review. Now the maintenance and updates of both ICD-9-CM as well as ICD-10 are discussed at meetings of the ICD-9-CM Coordination and Maintenance Committee, sometimes referred to as the C&M Committee. So, if you're curious about how new codes are created or how to go about requesting new codes, then I would urge you to look at that website for the ICD-9CM Coordination and Maintenance Committee.

You can even download audio and written transcripts of the last meeting. And you can even see a summary report and handouts. You could follow all the activities of the committee by going to this website. Each meeting of the

coordination and maintenance committee discussed both ICD-10 updates as well as ICD-9. We're now moving to slide 11 where we discuss tools to help you convert ICD-9 codes as fast as you can.

As I mentioned earlier ICD-9-CM codes are quite different from ICD-10's. So it was necessary to develop some tools to assist in converting these codes. We developed the general equivalent mappings also referred to in GEMs to assist in converting data from ICD-9-CM to ICD-10. And these are basic mappings force, for instance taking codes from ICD-9 and finding equivalent ICD-10 codes and they're also backward mappings taking ICD-10 codes and finding the equivalent with ICD-9.

For those of you who are interested in GEMs, then I give you the website ICD-10 on the left side you can find the GEMs for both the ICD-10-CM diagnosis codes as well as the ICD-10-PCS procedure codes. And we just posted the 2011 version of those. When you open those files you will see that we zipped some additional files together that are quite useful. One is the User Guide of how to use the GEMs.

I would encourage you to review that first. We also have a document called GEMs Summary Sheet. It's sort of like a quick cheat sheet to tell you how to approach taking a list of codes and converting it and what kind of file you would open. Also on that website we have a link to the MS-DRGs conversion projects. I've given you the websites for that on slide 11.

This is an illustration of how CMS has taken the GEMs, the general equivalence mappings, and begun a very large scale conversion project converting the MS-DRGs, the payment systems for inpatients for Medicare, converting that from ICD-9 base to ICD-10 base. We have reported on our progress, how we went about it, lessons learned, what we suggest others do when they have such a large scale project, the kind of staff we involve.

You will find a detailed paper describing all of those issues on that website in addition to the actual mappings of the MS-DRGs. And by February, we will be posting an updated version of the MS-DRGs to match our current version of the ICD-9-CM MS-DRGs. Those of you who want to have a little more

information about the GEMs and their use, can also listen to one of our previous outreach calls on the GEMs that was held on May 19, 2009.

In addition we had an outreach call on the conversion project of converting the MS-DRG on November 19, 2009. Subsequent to that we've had discussions at the ICD-9-CM Coordination and Maintenance Committee, and in particular you might want to review the transcript and the handouts from September 2010 Coordination and Maintenance Committee where converting and moving to DRGs and ICD-10 based was extensively discussed.

Moving on to slide 12, we have to be aware that learning to use the GEMs is not a substitute for learning how to code. Many of you will probably never use the GEMs and will have a need to. You will simply learn how to use ICD-10 coding system and you will begin coding on the appropriate date and you will catch your information using ICD-10s.

Others of you may have a small conversion project that you will be asked to do where you've captured perhaps maybe diabetes codes previously. And your supervisor may say to you I need for you to convert this project. We need to have all the ICD-10 codes for that.

Well you can use the GEMs, they'll be a good tool in helping you focus in. Or you might just find it quicker simply to open up an ICD-10-CM code book and find the accurate codes. So I would urge you if it's a small project to consider that it might be quicker and more accurate to simply work with the code books instead of the GEMs.

Moving to slide 13, we will discuss a provision in the Affordable Care Act. Section 10109(c) requires the Secretary of HHS to task the ICD-9 Coordination and Maintenance Committee to obtain input regarding the crosswalks between ICD-9 and ICD-10, which we refer to as the GEMs, the General Equivalence Mappings.

We were to get input at this public meeting and then make appropriate revisions to the GEM. We did discuss GEM updates at the September 15, 2010, Coordination and Maintenance Committee meeting and got a lot of very

good suggestions. For those of you who once again want to read about that, the auditory and written transcripts and handouts are posted on that website.

We allowed the public additional time through November the 12th to send any additional comments or recommendations on how to update the GEMs. We carefully reviewed all of those comments and then we prepared the 2011 version of the GEMs and posted those on our website. So the Affordable Care Act requirements are now satisfied with these crosswalks.

Moving to slide 15, I'll just point out as I mentioned before the 2011 update to ICD-10-CM, ICD-10-PCS, and GEMs are posted on the website. And in addition, we have also posted the reimbursement mappings to that website for 2011. You can find all these on that website on the left side of the ICD-10 Website.

Moving on to slide eight, we'll discuss the partial code freeze. We have included one of the postings with the MLN Matters on this that we sent out previously to discuss the freeze. Annual updates to ICD-9-CM and ICD-10 codes that we have each year have made transition planning difficult for many and people that are converting their internal systems when they're changing each year, it made that even more difficult to handle.

We had numerous requests from vendors, system planners, payers and educators to have a code freeze. We discussed this issue at multiple meetings of the ICD-9 Coordination and Maintenance Committee and solicited additional written comments. You can read in previous meetings about those discussions. There was consensus for a partial freeze of both coding systems. And thus that freeze is described in both the MLN Matters and also beginning on slide 17.

The last regular annual update to both ICD-9-CM and ICD-10 will be made on October 1, 2011. At our March 9 through 10, 2011, ICD-9 Coordination and Maintenance Committee, we will be discussing these last major issues before the freeze is implemented.

Then we will have the last update on October 1, 2011, based on this March meeting. On October 1, 2012, there will be only limited code updates to those ICD-9 as well as ICD-10 codes. And they will only be created to capture new technology and new diseases.

On October 1, 2013, there will only be limited codes to ICD-10, which will be capturing new technologies and new diseases. On slide 18, we show that they'll be no updates to ICD-9-CM on October 1, 2013, because the system will no longer be a HIPAA standard. And then beginning on October 1, 2014, regular updates to ICD-10 will begin.

Moving to slide 19, the ICD-9 Coordination and Maintenance Committee will continue to meet twice a year during the freeze in March and September of each year. At those meetings the public will comment on whether new codes that are discussed should be created during the freeze.

And the criteria will be whether or not these are new technologies or new diseases. Any codes that do not meet the criteria of being a new technology or a new disease will be held for consideration for inclusion in ICD-10 after the freeze ends.

And once again following the ICD-9 Coordination and Maintenance Committee, it's important to do reviewing the summary reports and submitting in your comments of things discussed at that meeting, you can do so by going to this website.

We plan to have a limited number of conference lines for those of you who would like to listen to the meeting for the March 9th through 10th meeting. And we'll be posting the information on how you register for those phone lines sometime in February so watch that website if you would like to listen to those meetings.

Moving on to slide 22, we've had questions and perhaps some misunderstanding about how unspecified codes will be handled with ICD-10. There seems to be an impression that perhaps they will be handled differently with the ICD-10 than they are with ICD-9. And this is not the case.

Current payment and coverage policies include unspecified codes with ICD-9-CM. And as we all know, ICD-10 codes will also have unspecified codes, so there's no change in that fact. Payers, including CMS, will continue to make independent judgments about how specific codes that are considered unspecified codes should be handled under a payment or coverage policy.

Currently sometimes they are paid for and handled one way within a coverage policy and they may continue to be handled that same way under ICD-10. It's an independent judgment based on the payment policy. There is no carte blanche statement that unspecified codes are unacceptable with ICD-10. One should use - they are being handled in a similar fashion as to the way they're handled now with ICD-9.

Moving to slide 23, as you know we have begun work on the MS-DRG Conversion Project. We were quite early in that, learning how to do it well so that others could learn from within CMS and outside so that others could be able to convert their payment and coverage policies, edits and additional things that need to be converted.

We've had numerous questions about when their payers, other parts of CMS will have their information converted and ready to share. And that will be released once additional things are finalized and as payers make their decisions.

As far as CMS goes for specific payment policy, we will continue our usual formal rule making for payment policy. And it will involve the ICD-10 MS-DRGs in that formal rule making process for our FY 2014 update, which is the implementation of ICD-10 on October 1, 2013.

So those of you who sent advanced questions asking if timelines will change on claims – the way claims are handled or how will auditing be done, will that be different. We don't have any information on that at this point. As information is developed, it will be shared.

The remainder of my presentation, I just want to point out that we've tried to put together a number of slides that showed some valuable resources for you to use. Slide 24 is the general ICD-10 as well as MS-DRGs Conversion Project website and then a very important site on the bottom of 24 for those of you who are interested in a lot more detail on 5010 systems issues.

Slide 25 shows a place where you can go to get resources and also the very important teleconference web page. And so, as we schedule future teleconferences, we will post announcements on that teleconference web page. After the meeting we will be posting audio and written transcript along with the handout.

The bottom of slide 26 shows additional Medicare Fee-for-Service Provider Resources and Provider Resources. You can find some very powerful fact sheets that you might want to use for training within your facility. Slide 27 shows other types of information that you can find on the ICD-10 Website.

Slide 28 is useful because people frequently ask us where can I get various products that have been developed for ICD-10. WEDI and HIMSS have agreed to list any providers, resources or products on their website. So if you want to go look at these websites you can to learn what's available. If you have a resource that you would like them to post then you can contact either WEDI or HIMSS and ask about the possibility of including your resources on their website.

I'll now turn the speaking over to Leah.