Part 2 of 2 Audio Recordings

Question and Answer Session

**Ann Palmer:** Okay. Thank you, Pat and Sue. At this time, we will answer participants' questions regarding the topics presented during today's call. Please note that specific coding questions are outside the scope of this call. Chrissy, can we go ahead and start the Q&A session, please?

**Operator:** At this time, I would like to remind everyone, in order to ask a question, please press star, followed by the number one on your telephone keypad.

**Operator:** Your next question comes from the line of Liz Blaire. Your line is now open.

**Liz Blaire:** Yes. I am just curious on if we get ready prior to the October 1 deadline, can we start testing and using the ICD-10 codes prior to that date?

**Pat Brooks:** This is Pat Brooks, and I'll respond to your question. You certainly could do some internal testing of ICD-10 and also of your 5010 system. What you can't do is that you can't submit ICD-10 codes to any other payers prior to – for services prior to – October 1, 2013. But I do commend you for thinking about maybe doing some early codings and spotting out issues. That's a very good idea. And working with your software vendors early to see if there are going to be any issues for you internally.

**Liz Blaire**: Okay, thank you very much.

**Operator:** Your next question comes from Amy Coleda. Your line is now open.

**Amy Coleda**: Hi. I actually have two questions. My first question pertains to the 1500 format. Will that need to be revised in order to accommodate for the additional digits that are going to be implemented with ICD-10? That's my first question.

**Pat Brooks:** Yes. And let me answer that question. This is Pat Brooks.

**Amy Coleda:** Hi, Pat.

**Pat Brooks:** You will need to go to a new format because you are correct that the codes are longer and so you need a new format. Beginning on or after January 1, 2011, CMS – and I'm sure other payers – will be accepting claims that are in the new format, the 5010 format, which has a lot of improvements, one of which is that it's a longer series – it accepts more characters for your codes. So, yes, that is another thing that you will need to be working on is to update – go into the new update system 5010. And I believe CMS has information on its website that can go into greater detail on 5010 than I can at this point.

**Amy Coleda:** And that will be also a universal claim form?

**Pat Brooks:** Yes, that will be – that will be the new universal claim format, yes.

**Amy Coleda:** Okay, and I'm sorry, can I just have that date again that that's going to be implemented?

**Pat Brooks:** Yes, beginning on or after January 1, 2011, CMS is going to be prepared to start accepting bills in that format.

**Amy Coleda:** Okay.

**Pat Brooks:** Now, people may phase in at different time periods, but that's the time period that we will be ready to accept that new format.

Amy Coleda: Okay. All right. Thank you for answering that. My other question is this – I want to try to ask this without sounding too confusing. Now with ICD-9, there are such things as truncated diagnoses. However, I'm not seeing – is that something that's going to be applicable as well because I see where your codes, your ICD-10 codes, can be more specific. They could be very specific, but – is there going to be – or are there going to be codes other than the requirement of that seventh digit where it could be truncated? Does that make sense, the question?

**Pat Brooks:** I believe I understand your question. And I believe that when Sue Bowman referred to the fact that if a code is seven digits long because it has a seventh digit qualifier that you have to report, say for injuries, then – you must – you must report all seven digits. And we'll sometimes have to put "X's" in. So the short answer to your question is – if a digit – if a code is three, four, five, six, seven digits long, you must report every one of those codes. You cannot truncate and by that I mean you cannot omit a digit. You have to report all digits required. On another issue that some people refer to when they're talking about truncated, some people use that term to describe for less specificity.

**Amy Coleda:** Right. Pat Brooks: For instance, you have a fracture and you don't know right or left leg or whatever because the documentations for or whatever. Sue talked about there are codes that capture imprecise medical information. We don't encourage imprecise documentation, but ICD-9 and ICD-10 will offer you the ability to code in less precise manner. But we encourage good documentation. And we encourage the full use of ICD-9 and 10. And, yes, if the code's six, seven digits long, you must report all six, seven digits.

**Amy Coleda:** Okay, gotcha. All right. Thank you. That covered both ends of it.

Operator: Your next question comes from John Tice. Your line is now open.

John Tice: I have two questions as well. On the October 1, 2013, date – is that based on date of service or submission date?

**Pat Brooks:** That is based on date of service. So if you were in a physician's office, the patients that walk into that office on October 1, 2013, and after – you must use ICD-10. If a patient walks into the physician office on September 30, 2013, you would use ICD-9.

John Tice: Okay, thank you. And then do you know if there will be a crosswalk between ICD-10 back to ICD-9 if we start coding earlier?

**Pat Brooks:** Yes, and, you know, we did have an earlier outreach call. And, I'm sorry you missed that, on this exact issue. We have something that we call General Equivalence Mappings, and they're maps between ICD-9 and ICD-10. They go both ways. They go from – you can look up a 9 code and find the equivalent ICD-10 code. They go backwards. You can look up an ICD-9 code, and you can see the – it can go both ways – from 9 to 10 and 10 to 9. The paper that I referenced at the end of my slides on the MS-DRG conversion project talks about these GEMs, these General Equivalence Mappings, and how to use them. You can look at those now. They're posted on our website. And if you want to begin doing some conversion internally at your facilities, we would encourage you to use that. You will find on our website in addition to the forward and backward mappings, we have user guides, we have user fact sheets, and we have that lengthy paper that talks about how we went through and did a conversion project ourselves. So hopefully you'll find that useful.

**John Tice:** Thank you very much.

**Operator:** Your next question comes from Tanya Bertoin. Your line is now open.

**Tanya Bertoin:** Can you hear me?

**Pat Brooks:** Yes.

**Tanya Bertoin:** Okay, good. I was testing on my speakerphone. I work for an ambulance facility, and our coders are not allowed to diagnose. And I noticed the ICD-10 codes are very specific. How is that going to work with the ambulance coders?

**Pat Brooks:** Now, if you report ICD-9 codes now, which I believe you do not.

**Tanya Bertoin:** Yes, we do.

**Pat Brooks:** Okay, if you report ICD-9 codes now, then beginning on or after October 1, 2013, you will instead of reporting ICD-9 codes – you will report ICD-10 codes. That's all types of providers. Anyone who currently does ICD-9 coding will do ICD-10 coding on October 1, 2013.
Tanya Bertoin: Yes, I'm aware of that. However, the – since we are ambulance coders, we are not allowed to diagnose the patient. So when we are coding our facilities – like, for instance, I noticed on slide 29 you had hypertension or – was it – what was it?
Female: Hypertension.

**Tanya Bertoin:** Okay, it was hypertensive. Instead of saying hypertensive, when we code our billing software, we have to say high or low blood pressure  Female: Abnormal vitals.

**Tanya Bertoin:** Yes, or abnormal vitals.

**Sue Bowman:** This is Sue Bowman and – I can – I can answer that. Actually, you know, obviously this presentation wasn't long enough to go into all the different chapters and – some of the – some of the advantages, but you might be happy to know that the symptom codes are extensively expanded in ICD-10. So – if you don't – if you don't know the diagnosis yet and you can only code to the level of what you know at that point in time, there are many, many symptom codes that are available – for that kind of – for that kind of coding. So there will still be codes to describe what you do know about the patient.

**Tanya Bertoin:** Okay. Thank you.

**Operator:** Your next question comes from Mary Walton. Your line is now open.
Mary Walton: Yes. Hi. I'm just wondering what has brought on the ICD-10-CM? Why are we going into the system? I understand so we can go worldwide with the codes? Am I …

**Pat Brooks:** Yes, this is Pat Brooks, and that is a long story. And if you did want to have all the information about what went into this final rule, then I would urge you to read the final rule from that link on page 3 of our slides where we talk about the history of how the rest of the world did move to ICD-10. We talk about how the United States has gone through a number of iterations to get from 7 to 8 to 9 and now to 10. And in that rule, we talk about the reasons why we need to update our coding system, which is 30 years old, and the benefits to us of doing so. So we laid that out in pretty great detail. In addition, you can look at Sue Bowman's slide 6, which talks about the benefits of this improved classification system, and she gives you some examples where the greater detail will be of help.

**Mary Walton:** Yeah, I see that. Okay. All right, that's it. Thanks.

**Operator:** Your next question comes from Kim West. Your line is now open.

**Kim West:** Hi. I have a couple of things. I just want to verify you said these are not case sensitive, where they're capitalization or lowercase?

**Sue Bowman:** That's correct.

**Kim West:** Okay. And then also I have heard – I know that you said if, you know, basically drop dead single implementation date. However, I hear that Workers' Comp may not be following this. Is – have you heard of that?

**Pat Brooks:** This is Pat Brooks, and I can't comment on Workman's Comp except to say that I know that our standards office is working with them on that issue.

**Kim West:** Okay.

**Pat Brooks:** So I don't have anything else to say. But we'll tell you also that we will not be maintaining ICD-9 codes. We will not be updating it after October 1, 2013. So we don't plan to continue maintaining that system anymore.

**Kim West:** Okay, and also I know that you talked about the medical records, you know, now maintains most of the information that we need to go to I-10. However, my concern would be – our – for us that work in diagnostic studies and we receive orders or requisitions that, you know, we're going to struggle with obtaining more information. So – how are you going – how are we going to suggest the referring physician to give us more information?

**Pat Brooks:** Sue, do you want to discuss that, which is a problem today?

**Sue Bowman:** Yeah, that's a problem even with ICD-9 that's …

**Kim West:** Right.

**Sue Bowman:** … you know, not going to be cured with ICD-10, obviously ...

**Kim West:** Exactly.

**Sue Bowman:** … other than there are still symptom codes. In fact, there's a lot more symptom codes as I was telling the person from the ambulance company. And there are still unspecified codes when you simply can't get any more information from the physician or in some cases it's so early in the diagnostic process the physician doesn't know any more information. So, you know, as Pat had mentioned, we're still encouraging people to document as completely and accurately to the best of their knowledge as possible, but we know that that's still a problem even today and will certainly still be a problem with ICD-10. So there are codes if you just can't get any more information.

**Kim West:** Okay. Great. Thank you.

**Operator:** Your next question comes from Patrice Coop. Your line is now open.

**Patrice Coop:** Hi. Thanks. My question is about that cutoff date of October 1, 2013. If a provider – prior – is trying to get a prior authorization from an insurance company, we tend to do

that in advance of the service. So I could see us trying to submit a prior authorization to cover a transaction in September for a service delivered in October that will then be billed sometime – in – after October 1. Will a health plan be allowed to require the ICD-10 earlier for that purpose?

**Pat Brooks:** You know based on these small points and the points about stays that cover the implementation period that span October 1, 2013, we are working on it internally, and I believe others are going to work on giving you specific instructions for how to handle these things that are within days of implementation. I don't know that we at CMS and others have a firm answer for you, but it's one of the issues that we definitely are going to work on program instructions on. So thank you for raising it.

**Patrice Coop:** Okay. So not just the prior auth piece, but you said also for like an inpatient that might span September to October?

**Pat Brooks:** Inpatient's probably not a good example, but if you have a bill for services, for DME or whatever, that spans a date then we are working on instructions on how we'll handle those. But those things – where inpatient – where they're discharged after October 1, 2013, that's really clear. We've got real clear guidance, it's the date of discharge, not the date they're admitted.

**Patrice Coop:** Oh, I remember that one now. Okay, so we'll see something about referral prior auth or DME.

**Pat Brooks:** I believe you will on all of that. We do have task teams working on those issues.

**Patrice Coop:** Thank you.

**Operator:** Your next question comes from Mark Sulcoff. Your line is now open.

**Mark Sulcoff:** Hi. Good afternoon. My question was already answered. It was about the head for formatting. Thank you.

**Pat Brooks:** Thank you.

**Operator:** Your next – your next question comes from Monte Stickler. Your line is now open.

**Monte Stickler:** Actually, one of the – both of the questions that I had have been answered. One was for the UB-04 for Skilled Nursing Facilities, about the ICD-10s, and the other one was, that you just answered from that lady that just called about continuing SNF stays from September to October.

**Pat Brooks:** Great. And hopefully we will be getting instructions out to help you with that closer to the time.

**Monte Stickler:** Thank you very much.

**Pat Brooks:** You're welcome.

**Operator:** Your next question comes from Michael Shay. Your line is now open.

**Michael Shay:** Yes. You had mentioned that the start date on this was the October 1, but then I heard the date 2011. Is it possible to submit the claims or I mean the ICD-10s to Medicare in 2011?

**Pat Brooks:** No. Let me try to do a little bit better job of that. The ICD-10 codes are for services on or after October 1, 2013 – that will be for ICD-10. However, as one of the earlier requestors mentioned, those are longer codes. They will not fit on the current format that you're using. So prior to the implementation of ICD-10, we have to go from what our current format is of 4010 to a improved format 5010 that has a lot of changes. One of those changes is that it allows more space for longer codes. And because we don't want to do all of this on the same day, beginning January 1, 2011, we're going to allow providers to start submitting bills using the new format. Obviously it'll have ICD-9 codes on it, but at least providers will get used to using the new formats and find out if there are any issues. They'll continue …

**Michael Shay:** Okay, but no or, I mean, no of the – or excuse me – none of the ICD-10 codes can be submitted to anyone prior to October 1, 2013?

**Pat Brooks:** Yes. You stated that beautiful. You cannot report them early, and you can't report ICD-9 codes late. It's a firm cutoff date. So, yes, you stated that wonderfully.

**Michael Shay:** Okay. All right. Thank you.

**Operator:** Your next question comes from Ulanda Perry. Your line is now open.

**Ulanda Perry:** Yes. Actually, my question has been answered. It was in reference to the NOS codes and the not otherwise specified codes. So thank you.

**Operator:** Your next question comes from Grace Shruggs. Your line is now open.

**Grace Shruggs:** Hi. I was wondering like after October 1, 2013, if you have claims that are out there that still haven't been paid or you're having issues, you need to do the corrected claims? Or will they accept that you want the ICD-9 on the ones prior to that? Or do you need the ICD-10 on the old claims? You know what I'm saying?

**Pat Brooks:** Yes, I do see what you're saying. For – claims that – for services that occur before October 1, 2013, you will always use ICD-9 codes. You will use that even if you send those bills in a couple of months late. So it's not on the date you submit the claims, it's on the date the service was provided that determines which coding system you would use. So those that you were still working on that happened in say September 2013, those will be ICD-9 codes.

**Grace Shruggs:** Thank you. Because I wasn't for sure if they'd already went through the system once if, you know, going back through again.

**Pat Brooks:** And our systems will be looking for date of service when we see those later claims come through. That's how we will determine which coding system should be used.

**Grace Shruggs:** Okay, thank you.

**Operator:** Your next question comes from Norma Wilson. Your line is now open.

**Male:** Can you hear me now? Hello?

**Ann Palmer:** We can hear you. Go ahead, please.

**Male:** Is there any relationship between these ICD-10 codes and the codes that are being used for pay for performance?

**Pat Brooks:** Let me just say this. Currently, for many events such as pay for performance, quality measures, edits, coverage decisions – all of those are based on ICD-9 codes. For services after October 1, 2013, all of those reporting factors will be based on ICD-10 codes. So those will all have to be converted – all the measures, everything.

**Male:** Okay. Thank you.

**Pat Brooks:** You're welcome.

**Operator:** Your next question comes from Moline King. Your line is now open.

**Moline King:** Our questions have been answered. Thank you.

**Operator:** Your next question comes from Lorraine Beegan. Your line is now open.

**Lorraine Beegan:** Hi, I actually have a comment and a question for Sue Bowman. I attended the AHIMA academy to train-the-trainer for ICD-10. And anyone who is out there, I just wanted to comment, that does instruction or teaches – it's a phenomenal course. So I just wanted to put that out there. But, with that said, because I teach – Sue, is there any word from AHIMA where they are going to require some type of competency by credentialed coders to state that they have the

competency to code ICD-10? The AAPC has already put out the feelers for that, that they're going to have a competency exam for all coders that hold their credentials. And I was wondering if AHIMA was looking into that as well?

**Sue Bowman:** There will be more information coming out about that. But what AHIMA's going to require is not an exam or anything like that. It's going to be a requirement that a certain number, which will be based on which ones of AHIMA's credentials you hold, but a certain number of your CEUs for the period leading up to ICD-10 implementation will have to be in ICD-10 education.

**Lorraine Beegan:** Very good. I appreciate that. Thank you.

**Sue Bowman:** You're welcome.

**Operator:** Your next question comes from Kerry Peterson. Your line is now open.

**Kerry Peterson:** Yeah, hi. I just have two questions. If we ordered the books now for the ICD-10, do you think anything will change or be updated? Or is it already set and nothing's going to be – oh, wait – we forgot to add this in.

**Pat Brooks:** You know this is Pat Brooks, and I'm glad you raised that issue. We are still doing annual updates to ICD-9 and to ICD-10 once a year. At our meeting, the ICD-9 Coordination and Maintenance Committee Meeting, last week we discussed the possibility of freezing those codes updates by dramatically reducing the number of updates because a lot of people feel that it would help them do training, doing conversions, a number of things. The proposal we discussed at that meeting, that public meeting, that was received well by the audience – and we're getting comments on – is we discussed having the last major update to ICD-9 and to ICD-10 be October 1, 2011. We'll get more comments on that and hope to announce a final decision on that in September of this year. And after that date, then only codes for new diseases such as the new swine flu or new technologies would be added. So for instance, we will have continued larger updates now – maybe for another year – and then after October 1, 2011, then small numbers of

updates. So the code books will change, but the number of changes would decrease under this freeze method.

**Kerry Peterson:** Okay, thank you. And then the other one – I was kind of going through the new ICD-10, and is there codes for screening? I know that there's a lot of codes for, you know, your laterality and all of that, but is there codes for screening, blood tests, drugs, urine?
Sue Bowman: There are some screening codes. Of course, there's screening codes in ICD-9 as well. There are, I believe, more codes for types of screening in ICD-10.

**Kerry Peterson:** Okay, thank you.

**Operator:** Your next question comes from Rene Duncan. Your line is now open.
Rene Duncan: This question is for Sue. All the information that I've been reading from AHIMA says that there should be 50 hours of training for inpatient coders and 16 hours for outpatient coders. And then today, you've mentioned that basically 16 hours would be adequate for most coders.

**Sue Bowman:** Well, the 16 – the focus of today's session was on ICD-10-CM only. And so the 16 hours or which is essentially two days – if you look at it if it's two eight-hour days – is for people who only need to learn ICD-10-CM. When we talk about hospital inpatient coders, they need to learn ICD-10-PCS as well, so that's where the 50 hours comes in. It's for the additional process for learning 10-PCS, which actually takes more time than 10-CM because it's so different from the 9-CM system.

**Rene Duncan:** Okay, thank you.

**Ann Palmer:** Chrissy? Operator?

**Operator:** Yes.

**Ann Palmer:** Hi. This is Ann. I think we'll take one more call – one more caller. Thank you.

**Operator:** Perfect. Your last question will come from the line of Dana Starkey. Your line is now open.

**Dana Starkey:** Yes, I have a question about Skilled Nursing Facility admissions. We bring people in with primary diagnoses of V codes, especially aftercare. And you had mentioned that that's going to change – that we now may be using the acute care for the injury with a seventh character, which would give us the aftercare. Is that correct?

**Sue Bowman:** Yes, there are still aftercare codes for other types of conditions, but for injuries, the instruction is that those are considered subsequent encounters for that injury.

**Dana Starkey:** Okay, so for a nursing facility, then, that's taking someone – that would be considered a subsequent encounter?

**Sue Bowman:** Correct.

**Dana Starkey:** All right. But what you're saying is that you still will have a V code, perhaps, for aftercare after a certain type of surgery?

**Sue Bowman:** Correct.

**Dana Starkey:** So that formula doesn't apply to every type of aftercare?

**Sue Bowman:** Correct. There are still aftercare codes for other conditions and post-surgical conditions and so on that you might see in home health or a nursing facility. But for injuries, because they're – you know – remember the seventh character for subsequent encounter doesn't apply to all codes in ICD-10, but it does apply to the injury codes. So for those codes, you would be capturing it as a subsequent encounter for the injury as opposed to the aftercare codes that you're used to using today.

**Dana Starkey:** Okay, thank you.

**Ann Palmer:** Okay, then. Thank you very much for your participation.

**Operator:** This concludes today's conference call. You may now disconnect at this time.

END

ICD-9-CM Notice

The International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.