

ICD-10 Implementation Strategies and Planning National Provider Call

Moderator: Leah Nguyen
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Podcast 1 of 4: Introduction, General ICD-10 Requirements, and CMS Implementation Planning

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The International Classification of Diseases, 9th Revision, 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.

Introduction

Leah Nguyen: Welcome to the first of four podcasts from the National Provider Call on ICD-10 Implementation Strategies and Planning. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Thursday, November 17, 2011.

In this first podcast Pat Brooks from the Center for Medicare, Hospital and Ambulatory Policy Group talks about General ICD-10 Requirements and CMS Implementation Planning.

Hello, I am Leah Nguyen from the Provider Communications Group here at CMS. I would like to welcome you to the ICD-10 Implementation Strategies and Planning National Provider Call. This call will feature presentations by representatives from the ICD-9-CM and ICD-10 Cooperating Parties: CMS, the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), and the Centers for Disease Control and

Prevention (CDC). (Please note that CMS does not endorse outside organizations' materials or activities.)

CMS subject-matter experts will also discuss the Medicare Fee-for-Service Claims Processing Guidance issued in August 2011, which includes information about claims that span the implementation date.

A question and answer session will follow the presentation.

Before we get started, there are few items I need to cover. This call is being recorded and transcribed, and an audio recording and written transcript will be posted to the CMS Sponsored ICD-10 Teleconferences section of the CMS ICD-10 website following this call.

There are two handouts for this session, a slide presentation and a Medicare Learning Network (MLN) Matters article. If you have not already done so, these handouts may be downloaded now from the CMS ICD-10 Web site, located at www.cms.gov/ICD10. At the left side of the webpage, select CMS Sponsored ICD 10 Teleconferences, then select the November 17, 2011, call, and scroll down the page to the Downloads section for these materials.

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 calls. See slides 89 and 90 of the slide presentation for more information. If you have any questions regarding the awarding of credits for this call, please contact that organization. We encourage you to retain your presentation materials and confirmation e-mail.

We have a lot to cover today, so without further delay, we will get started. Now it is my pleasure to turn the call over to our first speaker, Pat Brooks, Senior Technical Advisor in the Center for Medicare, Hospital and Ambulatory Policy Group. She will cover general ICD-10 requirements and CMS implementation planning.

General ICD-10 Requirements and CMS Implementation Planning

Pat Brooks: Thank you. We'll begin with slide 4. October 1, 2013, is the compliance date for the implementation of Version 10 of the International Classification of Diseases for diagnoses (ICD-10-CM) and for procedures (ICD-10-PCS). This is a firm implementation date, and there will be no delay. I'm now going to ask Elizabeth Reed, who is on the phone from the Centers for Medicaid and CHIP Services, to comment on Medicaid's plan and their implementation dates.

Elizabeth Reed: Thank you, Pat. Good afternoon. My name is Elizabeth Reed, and I work in the Division of State Systems here at CMS. My responsibility is to provide oversight and technical assistance to States for the 5010 NCPDP and ICD-10 implementations for their systems.

There has been no change in the implementation dates for 5010 NCPDP, which is still January 1, 2012, or the ICD-10, which is still October 1, 2013. There have been no waivers granted, and if States are not in compliance by the implementation dates, complaints may be filed against them.

I can tell you that most States are still conducting impact analyses and gathering business requirements for the changes needed to accommodate the implementation of ICD-10. CMS currently conducts biweekly calls with the States and is currently offering State-specific technical assistance training.

I encourage providers to get on their respective States' listservs to stay in tune with any communications and testing requirements. Provider readiness and cooperation will be an integral part of the end-to-end testing for payers.

Now I will turn the call back to Pat.

Pat Brooks: We'll go now to slide 5, where you'll see that the ICD-10-CM diagnoses will be used by all providers in every health care setting. ICD-10-PCS, the procedure part of ICD-10, will only be used for hospital claims for inpatient hospital procedures. ICD-10-PCS will not be used on physician claims, even those for inpatient visits.

On slide 6, you will see there is no impact on CPT or HCPCS coding. They will continue to be used as they are now.

Slide 7 shows that we have a single implementation date of October 1, 2013, for all users. The date of service for ambulatory and physician reporting is the date that will determine when ICD-10 will be used. Services provided on or after October 1, 2013, will use ICD-10-CM diagnosis codes. The date of discharge will determine the implementation date for hospital claims in inpatient settings.

On slide 8, we see that ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013, and ICD-10 codes will not be accepted for services provided before October 1, 2013.

Slide 9 notes that CMS is in the process of converting its payment systems and edits from ICD-9-CM to ICD-10. CMS will not maintain ICD-9-based payments and edits for services provided on or after October 1, 2013.

Slide 10 refers you to websites where you can get additional information about some of our efforts within CMS to convert our payment system. Here you will find a link for the MS-DRG conversion as well as a link for the Lab Coverage Decision conversion.

Slide 11 provides a link for information on home health conversion efforts, which we covered in a prior call. On slide 12, there's a link to get additional information on ICD-10-PCS and the fact that it will not be used on the OASIS reporting.

Slide 13 gives you information on where you can find the annual updates to the ICD-10 coding system. CMS posted the 2012 version of ICD-10-PCS in June of this year. This was an earlier date than in the past, when we posted them in December. This year for the first time we moved ICD-10-PCS, the 2012 version, up to June to match the timeline used with ICD-9-CM. We are doing this to get users familiar with this schedule, because the same timelines will apply in code updates when we move to ICD-10. This year the ICD-10-

CM updates, which Donna Pickett will discuss later, will be posted in December.

Slide 13 also gives you a link for the ICD-9 Coordination and Maintenance Committee. This is the committee that discusses the maintenance and updating of both ICD-9-CM and ICD-10. If you are curious about what new codes are being discussed, you can go to this website.

On slide 14, we point out that we are now in a partial freeze mode. The last regular annual updates to both ICD-9-CM and ICD-10 were done on October 1, 2011. Obviously, the ICD-10-CM codes will not be posted on our website until late this year, but that will be the last major update to ICD-9 and ICD-10.

On October 1, 2012 and 2013, we will have only a limited number of code updates to both ICD-9-CM and ICD-10. These limited code updates will only be used to capture new technology and new diseases.

As you can see on slide 15, there will be no update to ICD-9-CM on October 1, 2013, because this system will no longer be a standard under the Health Insurance Affordability and Accountability Act (HIPAA) for services provided on or after October 1, 2013. On October 1, 2014, we will begin regular updates to ICD-10.

Slides 16 through 19 list a variety of websites where you can get additional information about ICD-10 and MS-DRG conversion 5010, and other resources that you might find useful.

Leah Nguyen: Thank you for listening to this ICD-10 National Provider Call educational podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

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