CMS ICD-10 Update

Denesecia Green

Administrative Simplification Group
Office of E-Health Standards and Services
Centers for Medicare & Medicaid Services
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
The compliance date for ICD-10-CM and PCS is October 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

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<td>Secure budget</td>
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**DEADLINE OCT 1, 2014**
ICD-10 Implementation Update

Planning & Analysis  Design & Development  Internal Testing

✓ 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

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
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
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
Claims Submission

Internal
Practice Management System
EHR
Billing Software

External
Billing Service
Provider Portal
Clearinghouse
Paper

Payer
Action Steps

Talk to your software vendor, if applicable.

Talk to your clearinghouses, billing service, and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.

Identify changes your practice needs to make to convert to the ICD-10 code set.

Identify staff training needs and complete the necessary training.

Conduct internal testing and training to make sure your practice can generate transactions with the ICD-10 codes.

Conduct external testing with your clearinghouses and payers to make sure your practice can send and receive transactions with the ICD-10 codes.

Helpful Links:

http://www.himss.org/library/icd-10/playbook?navItemNumber=13480
# Implementation Tips

| **Physician Engagement** | • Communicate practice needs for a successful transition  
|                        | • Communicate risks  
| **Resources**          | • Allocate people, time and tools  
|                        | • Ensure everyone is trained appropriately  
| **Oversight**          | • Monitor what is being done  
|                        | • Respond 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 |
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

* Target dates
Resources

ICD-10 Implementation
Resources

CMS website: http://www.cms.gov/icd10

• Features fact sheets, FAQs, and implementation guides, timelines, and checklists
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
3. Click on “Sign up for update messages”
Resources

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 a brief post-test. Accessible from CMS ICD-10 website: [http://www.cms.gov/icd10](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
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 parts:
1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

FAQs: ICD-10 Transition Basics

1. What does ICD-10 compliance mean?
   ICD-10 compliance means that everyone covered by HIPAA is able to successfully conduct health care transactions using ICD-10 codes.

   No. The audit in 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?
   Everyone covered by HIPAA 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 inpatient and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnostic and inpatient procedure codes. This does not apply to CPT coding for outpatient procedures. Claims that do not use ICD-10 diagnostic and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before the compliance date must use ICD-9 codes.

6. If I transition early to ICD-10, will CMS be able to process my claims?
   Yes. CMS and other agencies 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 18 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 5 to 8 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with “one-to-many” relationships in some instances.

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

READ MORE

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

ICD-10 Website

Implementation Guides
- [https://implementicd10.noblis.org](https://implementicd10.noblis.org)

Mapping (GEMs)
- GEMs Crosswalk documents
- GEMs 2014 General Equivalence Mappings (Technical Document (zip file))
ICD-10 Resource Links

Medicare Learning Network Articles

ICD-10 National Provider Calls

National Coverage Determinations (NCDs)

Medicare Testing Week
ICD-10 Resource Links

Medicare Reimbursement Mappings

- 2014 Reimbursement Mappings – Diagnosis Codes and Guides

- 2014 Reimbursement Mappings – Procedure Codes and Guides

- 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://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html)


Medicare Claims Processing Guidance for ICD-10

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

Denesecia Green
Office of E-Health Standards and Services
Centers for Medicare & Medicaid Services

ICD-10 Implementation Questions
icd10questions@noblis.org