



ICD-10 Implementation Strategies and Planning National Provider Call

November 17, 2011

Agenda

- General ICD-10 Requirements and CMS Implementation Planning – Pat Brooks, CMS
- General Implementation Planning and Strategies – Sue Bowman, American Health Information Management Association (AHIMA) and Nelly Leon-Chisen, American Hospital Association (AHA)
- National Committee on Vital and Health Statistics (NCVHS) Meeting on Provider and Vendor Readiness – Donna Pickett, Centers for Disease Control and Prevention (CDC)
- Medicare Fee-For-Service Claims Processing, Billing and Reporting Guidelines for ICD-10 – MLN Matters Article 7492 – Sarah Shirey-Losso and Antoinette Johnson, CMS

General ICD-10 Requirements and CMS Implementation Planning



Pat Brooks, RHIA
Senior Technical Advisor
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CMS

- October 1, 2013 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)

- ICD-10-CM (diagnoses) will be used by all providers in every health care setting
- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures
- ICD-10-PCS will not be used on physician claims, even those for inpatient visits

- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes
- CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients

ICD-10 Implementation

- Single implementation date of October 1, 2013 for all users
- Date of service for ambulatory and physician reporting
 - Ambulatory and physician services provided on or after 10-1-2013 will use ICD-10-CM diagnosis codes
- Date of discharge for hospital claims for inpatient settings
 - Inpatient discharges occurring on or after 10-1-2013 will use ICD-10-CM and ICD-10-PCS codes

ICD-10 Implementation

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-10 codes will not be accepted for services prior to October 1, 2013

ICD-9 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.

CMS Converting Payment Systems to ICD-10

- 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-CM based payments & edits for services provided on and after 10-1-2013

CMS Converting Payment Systems to ICD-10

- Information on inpatient conversion efforts can be found at http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp
- For information on Lab Coverage Decision conversion effort, see the May 18, 2011 National Provider Call on CMS ICD-10 Conversion Activities <http://www.cms.gov/ICD10/Tel10/list.asp>

CMS Converting Payment Systems to ICD-10

- For Information on home health conversion efforts, see the May 18, 2011 National Provider Call on CMS ICD-10 Conversion Activities
- <http://www.cms.gov/ICD10/Tel10/list.asp>
- CMS will continue to inform public on these efforts through outreach and formal rulemaking

OASIS and Procedure Code Reporting

- CMS will not require ICD-10-PCS code reporting on the Outcome and Assessment Information Set (OASIS)
- For information on this Issue, see the May 18, 2011 National Provider Call on CMS ICD-10 Conversion Activities, slides 46-49

<http://www.cms.gov/ICD10/Tel10/list.asp>

Complete Versions of ICD-10-CM & ICD-10-PCS

- Annual updates of each coding system are posted on the ICD-10 website at <http://www.cms.gov/ICD10>
- Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting <http://www.cms.gov/ICD9ProviderDiagnosticCodes/03meetings.asp>

Partial Code Freeze

- Last regular, annual updates to both ICD-9-CM and ICD-10 made on October 1, 2011
- On October 1, 2012 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases
- On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases

Partial Code Freeze

- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard.
- On October 1, 2014 regular updates to ICD-10 will begin

- ICD-10 General Information <http://www.cms.gov/ICD10>
- MS-DRG Conversion Report
[http://www.cms.gov/ICD10/17 ICD10 MS DRG Conversion Project.asp](http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp)
- Central Version 5010 and D.0 web page on the CMS website
<http://www.cms.gov/Versions5010andD0>

- The CMS ICD-10 website <http://www.cms.gov/icd10> provides the latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation in a 5010 environment
- The CMS Sponsored ICD-10 Teleconferences web page at <http://www.cms.gov/ICD10/Tel10/list.asp> provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, video slideshow presentations, podcasts, written transcripts and audio recordings

- Medicare Fee-for-Service Provider Resources
http://www.cms.gov/ICD10/06_MedicareFeeForServiceProviderResources.asp and
- Provider Resources (for all providers)
http://www.cms.gov/ICD10/05a_ProviderResources.asp web page provide links to a variety of related educational resources and information

- The following organizations offer providers and others ICD-10 resources
 - WEDI (Workgroup for Electronic Data Interchange) <http://www.wedi.org>
 - HIMSS (Health Information and Management Systems Society) <http://www.himss.org/icd10>

General Implementation Planning and Strategies



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Director, Coding and Classification, AHA

- Quality measurement
 - Better data for evaluating and improving quality of care
 - Reduction in complications and improved patient safety
 - Improved patient outcomes
 - Improved ability to measure outcomes, efficacy, and costs of new medical technology
 - Improved ability to ascertain disease severity for risk and severity adjustment
- Public Health
 - Enhanced public health surveillance
 - Better able to track and respond to global health threats
 - Facilitate international comparisons of quality of care and global sharing of best practices

- Research
 - Code analysis is essential to research when direct access to patient records is not possible
 - Data could be used in more meaningful way to enable better understanding of complications, better design of clinically robust algorithms, and better tracking of the outcomes of care
 - Greater detail offers the ability to discover previously-unrecognized relationships or uncover phenomenon such as incipient epidemic early
 - Expanded injury research and successful injury prevention strategies
 - To further injury research, it is necessary to be able to accurately classify the nature of the injuries sustained and correlate the nature of injury with the mechanism of injury and outcome

Benefits of ICD-10-CM/PCS

- Organizational Monitoring & Performance
 - Administrative efficiencies
 - Cost containment
 - More accurate trend and cost analysis
 - Improved ability to analyze trend and cost data
 - More effective monitoring of resource and service utilization
 - Reduced submission of medical record documentation
 - Reduced reliance on manual medical review
 - Improved coding accuracy and productivity
- Health information technology
 - ICD-10-CM/PCS are needed to fully realize the benefits of SNOMED-CT and interoperable health data exchange
 - Facilitate electronic data retrieval
 - Expanded computer-assisted coding technologies

- Reimbursement
 - More accurate and fair reimbursement
 - Better justification of medical necessity
 - Fewer erroneous and rejected claims
 - Reduced opportunities for fraud and improved fraud detection capabilities
 - Increased sensitivity when making refinements in applications such as grouping and reimbursement methodologies

ICD-10-CM Code Examples

NQF Seriously reportable events in healthcare: Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended.

ICD-10-CM

Multiple codes differentiating unique types of mechanical complications and grafts and devices.

Examples:

T82.41xA Breakdown (mechanical) of vascular dialysis catheter, initial encounter

T82.511A Breakdown (mechanical) of surgically created arteriovenous shunt, initial encounter

T82.513A Breakdown (mechanical) of balloon (counterpulsation) device, initial encounter

T82.515A Breakdown (mechanical) of umbrella device, initial encounter

ICD-9-CM

996.1 Mechanical complication of other vascular device, implant, and graft

External Causes of Morbidity

- Permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects
- Data are used in monitoring trends, characterizing patterns, setting priorities for injury prevention programs, and guiding public health decisions in order to reduce injuries and associated healthcare costs
- As with ICD-9-CM external cause codes, there is no national requirement for mandatory external cause code reporting
 - Required by many state-based data reporting systems

ICD-10-CM External Cause Examples

ICD-10-CM

V00.831A Fall from motorized mobility scooter, initial encounter

V43.51xA Car driver injured in collision with sport utility vehicle in traffic accident, initial encounter

V92.04xA Drowning and submersion due to fall off sailboat, initial encounter

ICD-9-CM

E884.3 Fall from wheelchair
(includes motorized mobility scooter)

E812.0 Other motor vehicle traffic accident involving collision with motor vehicle, Driver of motor vehicle other than motorcycle

E832.9 Other accidental submersion or drowning in water transport accident, unspecified person

Overlapping Timelines of ICD-10, Meaningful Use of EHRs, and Health Reform Initiatives

- Transition to ICD-10
 - FY 2010 to FY 2015 (go live FY 2014)
- Administrative Simplification (transition to 5010 and others)
 - FY 2010 through FY 2014
- Meaningful Use of EHRs
 - Stage 1 starts FY 2011, stage 2 starts FY 2013 (delay stage 2 until 2014?), stage 3 planned start FY 2015

Overlapping Timelines of ICD-10, Meaningful Use of EHRs, and Health Reform Initiatives

- Health Reform Initiatives
 - Accountable care organizations (January 2012)
 - Value-based purchasing
 - Base performance period (FY2010-FY2012); implemented FY 2013
 - Readmission payment penalties
 - Base performance period (FY2010-FY2012); implemented FY 2013
 - Bundled payment (January 2013)
 - Hospital acquired conditions

Overlapping Timelines of ICD-10, Meaningful Use of EHRs, and Health Reform Initiatives

- HIPAA Privacy Changes
 - Accounting for disclosures (start date dependent on rulemaking)
 - Patient copy of electronic records (start date dependent on rulemaking)

Consequences of Poor Preparation

- Increased claims rejections and denials
- Increased delays in processing authorizations and reimbursement claims
- Improper claims payment
- Coding backlogs
- Compliance issues
- Decisions based on inaccurate data
- Problems can be mitigated with proper advance preparation

Impact of Change

Impact of Coding System Change

- Presents both opportunities and challenges
- Scope and complexity are significant
- Coded data are more widely used than when the US transitioned to ICD-9-CM
- ICD-10-CM/PCS transition requires substantial changes affecting many systems, processes, and people

Don't Delay Getting Started!

- It is imperative to begin if you haven't already done so
- Early initiation of the planning process, thorough preparation, adequate education, and proper testing will result in smoother transition and earlier realization of benefits

- 12/31/10 Internal testing completed
- 1/1/11
 - Payers and providers start external testing
 - CMS accepts 5010 claims
 - 4010 claims continue to be accepted
- 12/31/11 External testing completed
- 1/1/12 All electronic claims must use Version 5010

Implementation Strategy

Planning and Preparation Checklist

- Checklist was developed to guide healthcare organizations in effectively planning and managing ICD-10 transition
- Checklist is designed to assist all types of organizations

ICD-10 Implementation Plan Checklist

<http://www.ahima.org/downloads/pdfs/resources/checklist.pdf>

- Phase 1: Implementation plan impact assessment
- Phase 2: Implementation preparation
- Phase 3: Go Live preparation
- Phase 4: Post-implementation follow-up

Suggested Timeline

- Phase 1: 1st qtr 2009 – 2nd qtr 2011
- Phase 2: 1st qtr 2011 – 2nd qtr 2013
- Phase 3: 1st qtr 2013 – 3rd qtr 2013
- Phase 4: 4th qtr 2013 – 4th qtr 2014

Length of phases may vary, depending on the type, size, and complexity of the organization. The phases also will likely overlap.

Phase 1

1st QTR 2009 – 2nd QTR 2011

Perform Impact Assessment

- Assess organizational readiness
- Conduct survey of all business areas to determine extent of impact
- Analyze impact on all business processes

Delayed completion of impact assessment will jeopardize ability to complete all ICD-10 implementation tasks by compliance date

Assess Systems Impact

- Perform systems audit
- Identify new or upgraded hardware and software requirements
 - Consider use of electronic tools (e.g., computer-assisted coding) to facilitate the coding process
- Assess legacy systems
- Build flexibility into IT systems under development to ensure compatibility with ICD-10

Systems/Applications Potentially Affected by Transition (not all-inclusive list)

- Encoding software
- Medical record abstracting systems
- Billing systems
- Practice management systems
- Groupers
- Electronic health record systems
- Clinical systems
- Decision support systems
- Registration and scheduling

Systems/Applications Potentially Affected by Transition (not all-inclusive list)

- Utilization management
- Quality management
- Case mix systems
- Case management
- Disease management
- Financial
- Medical necessity software
- Registries
- Compliance software
- Patient assessment data sets

Conduct Coding Gap Analysis

- Conduct gap analysis of coding professionals' knowledge and skills
 - Assess coding professionals' knowledge in biomedical sciences (anatomy and physiology, pathophysiology), medical terminology, and pharmacology
 - Refresh coding staff knowledge as needed on basis of assessment results

Assess Quality of Medical Record Documentation

- Evaluate samples of various types of medical records to determine whether documentation supports level of detail found in ICD-10-CM/PCS
 - Sampling techniques could include random samples, most frequent diagnoses or procedures, or diagnostic or procedural categories known to represent documentation problems with ICD-9-CM
- Implement documentation improvement strategies where needed

- Nonspecific codes are still available when necessary
- The goal is always to work toward better documentation for the following reasons
 - Avoid misinterpretation by third parties (such as auditors, payers, attorneys, etc.)
 - Justify medical necessity
 - Provide a more accurate clinical picture of the quality of care provided
 - Support current and future initiatives aimed at improving quality and reducing costs, such as value-based purchasing
- Issues related to inconsistent, missing, conflicting, or unclear documentation must still be resolved by the provider—both today under ICD-9-CM, as well as in the future with ICD-10-CM/PCS

Determine Training Plan

- Who will need education?
- What type and level of education will they need?
- How will the education be delivered?
- When will training be needed?
- Intensive coder training should not be provided until 6 – 9 months prior to implementation*
 - Hospital inpatient coders: 50 hours (ICD-10-CM and ICD-10-PCS)
 - Other coders: 16 hours (ICD-10-CM only)

*Refers to coders who will not be assigning ICD-10-CM/PCS codes until compliance date

Categories of Data Users Requiring ICD-10 Education (not all-inclusive list)

- Coders
- Other HIM personnel
- Clinicians
- Senior management
- Information technology
- Quality management
- Utilization management
- Accounting
- Business Office
- Auditors and consultants
- Patient access and registration
- Other data users
- Clinical department managers
- Ancillary departments
- Data analysts
- Researchers
- Epidemiologists
- Performance improvement
- Corporate compliance
- Data quality management
- Data security
- Clinical documentation improvement (CDI)
- Payer contract managers and negotiators
- Registry personnel

Develop ICD-10 Budget

- Identify all ICD-10 transition expenses and estimate associated costs, including:
 - Software modifications
 - Education
 - Hardware/software upgrades
 - Staff time
 - Temporary or contract staffing
 - Consulting services
 - Testing-related costs
 - Report redesign
 - Reprinting of paper forms
 - Data conversion
 - Maintenance of dual code sets
 - Additional software or other tools/resources to facilitate the ICD-10 transition or improve operational processes

Determine Business Associate Readiness

- Assess business associate readiness (e.g., systems vendors, payers)
- Determine vendor readiness and timelines for software upgrades
 - What systems upgrades or replacements are needed to accommodate ICD-10?
 - What costs are involved and will upgrades be covered by existing contracts?

Determine Business Associate Readiness

- When will upgrades or replacement systems be available for testing and implementation?
- What customer support and training will they provide?
- How will their products/services accommodate both ICD-9 and ICD-10?
- How long will their products accommodate both code sets?

Phase 2

1st Qtr 2011-2nd QTR 2013

Phase 2: Implementation Preparation

- Provide training on use of General Equivalence Mappings (GEMs) and mapping
- Determine impact on longitudinal data analysis
 - Will legacy data need to be converted? If so, how will it be converted?
 - Determine which data will be linked by using mapping applications and which data will be maintained separately according to the source code set

Continue to Assess and Improve Coding and Documentation

- Continue to assess quality of medical record documentation, implement documentation improvement strategies as needed, and monitor impact of documentation improvement strategies
- Coders should continue to gain familiarity with ICD-10 code sets and coding guidelines (not intensive coding education) and improve skills in areas identified in gap analysis

Complete Tasks Identified in Phase 1

- Complete tasks identified during Impact Assessment:
 - Implement systems changes
 - Modify or develop policies/procedures, reports, and forms
 - Provide education to users (other than intensive coder education)
 - Implement and monitor documentation improvement strategies
 - Reengineer processes and work flows identified as warranting improvement in Phase 1
 - Complete internal testing
 - Begin external testing once business associates are ready

Additional Implementation Preparation Steps

- Refine project plan, timeline, and budget as needed
- Assess potential reimbursement impact
- Develop strategies to minimize problems and maximize opportunities
 - Assess impact of:
 - Decreased coding productivity
 - Decreased coding accuracy

Additional Implementation Preparation Steps

- Follow up on readiness status of business associates
- Develop contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live
- Develop communication plan
- Provide senior executives and stakeholders with updates

Mapping

What Are the GEMs?

- GEMs are reference mappings to assist users in navigating the complexity of translating meaning from the contents of one code set to the other code set
- GEMs are not a straightforward “crosswalk”
- GEMs are not the solution for all data conversion projects

When Should the GEMs be Used?

- To convert databases such as:
 - Payment systems
 - Payment and coverage edits and policies
 - Risk adjustment logic
 - Quality measures
 - Disease management programs
 - Utilization/case management systems
 - Financial modeling
 - Variety of research applications involving trend data
- To translate coded data for comparing data across transition period

When Should the GEMs Not be Used?

- When you have access to the medical record
- When you have access to text descriptions or clinical terms describing the diagnosis or procedure
- When a small number of codes are being converted
- GEMs should not be used for coding medical records

Other Implementation Considerations

What About Coding Clinic and ICD-10?

- Continue major functions – similar to *AHA Coding Clinic for ICD-9-CM*
- Continue same format
 - Subscription
 - Electronic
 - Via encoder products
- No plans to translate all previous issues of Coding Clinic for ICD-9-CM into ICD-10-CM/PCS since many of the questions published arose out of the need to provide clarification on the use of ICD-9-CM and would not be readily applicable to ICD-10-CM/PCS

AHA Central Office and Coding Clinic – Same Resources Available

- AHA Coding Clinic
 - Supported by Cooperating Parties and Editorial Advisory Board
- AHA Central Office clearinghouse function
 - Direct responses to individual coding questions
- Coding Handbooks

- ICD-10 audioseminar series
- ICD-10 Executive Briefing on implementation
- ICD-10 Member Regulatory Advisories
- ICD-10 Chapters in Faye Brown's ICD-9-CM Coding Handbook
- ICD-10-CM and ICD-10-PCS Coding Handbook (published August 2011)
- Coding Clinic for ICD-10 (in development)

- ICD-10-CM/PCS questions may be sent to the AHA Central Office or Sue Bowman at AHIMA
- How and when answers to ICD-10-CM/PCS questions will be communicated will be announced in the near future

- Central Office on ICD-9-CM

<http://www.ahacentraloffice.org>

- AHA Central Office ICD-10 Resource Center

<http://www.ahacentraloffice.org/ICD-10>

- Practical guidance
 - Putting the ICD-10-CM/ PCS GEMs into Practice
 - Planning and Preparation Checklist
 - Role/Setting-based implementation models
 - Readiness and Prioritization Tool
- Books
 - Pocket Guide of ICD-10-CM/PCS
 - Implementing ICD-10-CM in Hospitals
 - Essential Guide to GEMs
 - Root Operations: Key to Procedure Coding in ICD-10-PCS
 - ICD-10-PCS: An Applied Approach (Fall 2011)
- Online training
 - Clinical documentation improvement in preparation for ICD-10-CM/PCS
 - Fundamentals of GEMs
 - Coder training (Spring 2012)
 - Awareness and implementation training (Spring 2012)
- Vendor readiness questionnaire
- Proficiency assessments
- Academy for Trainers
 - ICD-10-CM/PCS
 - ICD-10-CM only
- E-newsletter

National Committee on Vital and Health Statistics (NCVHS) Meeting on Provider and Vendor Readiness



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NCVHS Meeting on Provider and Vendor Readiness

- June 17, 2011 – 2nd public hearing to review industry progress towards adoption of updated versions of standards and code sets
- Testifiers included over 26 individuals representing:
 - Federal agencies
 - Health plans
 - Providers
 - Clearinghouses
 - Vendors
 - Other government entities
 - State Medicaid agencies

NCVHS Meeting on Provider and Vendor Readiness

For today's update:

- Cross-cutting Observations and Recommendations
 - Overall, testifiers expressed concern for both 5010 and ICD-10 industry readiness
 - Recommendation - HHS should use all communication vehicles to reiterate and emphasize that compliance dates are not changing
 - Recommendation – HHS should immediately make wide0scale announcements to industry stakeholders, association contacts, and others to more strongly encourage and foster testing between trading partners.

NCVHS Meeting on Provider and Vendor Readiness

For today's update:

- ICD-10 Specific Observations
 - Crosswalks and GEMs
 - Ongoing need, which will escalate in early 2012, to educate people on cross-walking and GEMs
 - Many testifiers will not use crosswalks but rather will do a full code conversion and use ICD-10 codes natively
 - Some testifiers expressed concern about “explosion” of proprietary and vendor-provided crosswalks and their implications; suggested that additional discussion needed to take place about how to evaluate vendors, quality of crosswalks

NCVHS Meeting on Provider and Vendor Readiness

For today's update:

- ICD-10 Recommendations
 - Crosswalks and GEMs
 - HHS should work with associations to highlight the educational and resource information that is already available.
 - Associations should solicit feedback from constituents about the content and quality of available resources so that modifications can be made in the 2011 and 2012 calendar years.

NCVHS Meeting on Provider and Vendor Readiness

For today's update:

- ICD-10 Observations/Recommendations
 - Resources
 - There are uncertainties about the availability of an appropriate number of coders in the industry – and their geographic location – making availability of ICD-10 trainers and coders a concern for some testifiers
 - Recommendation - HHS should collaborate with an organization such as AHIMA to assess current levels of coders in industry, the number of coders needed by 2013, and the potential gap, and should invest in expanding educational opportunities and resources to increase workforce capacity and training resources

NCVHS Meeting on Provider and Vendor Readiness

For today's update:

- Next Steps
 - Per ACA provision (Section 10109) – Hold hearings in late 2011 on potential areas where standardization will benefit the industry including:
 - Adoption of HIPAA standards by: Workers compensation; auto insurance; property & casualty
 - Recommendation to HHS: Encourage workers compensation and property & casualty stakeholders to implement the transactions standards code sets and identifiers adopted by HIPAA

Public Health and ICD-10 Code Sets

For today's update:

- Public health not HIPAA-covered entity but:
 - Receive ICD-9-CM coded data from providers
 - Use ICD-9-CM to code verbatim diagnosis/procedure information gathered from surveys, etc.
 - Use ICD-9-CM to analyze local and state morbidity trends

Current Status of ICD-9-CM Surveillance Activities at CDC

For today's update:

- Formed a CDC workgroup that pulls representatives from across the Agency to gain a baseline understanding of the programs impacted by the transition
- Approximately 21 members from across the Agency (additional Subject Matter Experts as needed)

CDC ICD-10 Transition Workgroup

For today's update:

- Identifying programs that use ICD-9 codes (~90)
- Disseminating information about the transition
- Providing resources and tools
- Needs assessment survey
 - Identify program needs, gaps and issues
 - Gather lessons learned (National Center for Health Statistics, National Institute for Occupational Safety & Health, others)
- Collecting and sharing of best practices, practical solutions

CDC Workgroup Next Steps

For today's update:

- Second set of webinars for GEMS and coding based on feedback received from the first set of webinars
- Collaborating with Office for State, Tribal, Local and Territorial Support (OSTLTS) for communication with external partners
- Outreach to vendors who have experience in ICD-10 transition to share promising practices
- PH Connect—Open forum to share materials from ICD-10 transition
- Final report and recommendations

Websites

For today's update:

- All official NCVHS documents including meeting transcripts and presentations are available at <http://www.ncvhs.hhs.gov/lastmnr.htm>
- CDC website for ICD-10-CM files and related materials (including GEMs) <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- Coordination and Maintenance Committee (diagnosis) http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Medicare Fee-For-Service Claims Processing, Billing and Reporting Guidelines for ICD-10 – MLN Matters Article 7492



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General ICD-10 Background

- Effective 10/1/2013
- Impacts all entities covered under HIPAA

- Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing ICD-10—MLN Matters Article 7492MLN Matters

<http://www.cms.gov/MLNMattersArticles/downloads/MM7492.pdf>

- Reporting ICD-10 diagnosis codes
- Claims Submissions of diagnosis codes
- Date Span Requirements

General Reporting of ICD-10

- All characters of a valid ICD-10 code
- Specificity
- ICD-10 Procedure Coding System (PCS)

www.cms.hhs.gov/ICD10

- ICD-9 codes no longer accepted on claims AFTER October 1, 2013
- ICD-10 codes will not be recognized/accepted on claims BEFORE October 1, 2013
- Claims cannot contain BOTH ICD-9 codes and ICD-10 codes
- Institutional Claims – Return to Provider (RTP)
- Professional/Supplier Claims—Return as Unprocessable

Claims that Span October 1, 2013

- Outpatient claims - SPLIT claim and Use FROM date
- Inpatient claims – Use ONLY THROUGH date/DISCHARGE date – use ICD-10 codes

National Provider Call

Continuing Education Information

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS national provider teleconferences.

- American Academy of Professional Coders (AAPC)
If you have attended or are planning to attend a CMS national provider teleconference, you should be aware that CMS does not provide certificates of attendance for these calls. Instead, the AAPC will accept your e-mailed confirmation and call description as proof of participation. Please retain a copy of your e-mailed confirmation for these calls as the AAPC will request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information

- American Health Information Management Association (AHIMA)
AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.

Questions?

Email your questions to

ICD10-National-Calls@cms.hhs.gov

