Transitioning to ICD-10

November 5, 2014

The Medicare Learning Network®

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Agenda

- ICD-10: The Road Forward, Denesecia Green
- Medicare's Testing Plan for ICD-10 Success, Stacey Shagena
- ICD-10 MS-DRG and Code Updates, Pat Brooks
- Converting the Home Health Prospective Payment System Grouper to ICD-10-CM, Joan Proctor
- Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10, Sarah Shirey-Losso

ICD-10: The Road Forward Build and Sustain Momentum

Denesecia Green

Administrative Simplification Group
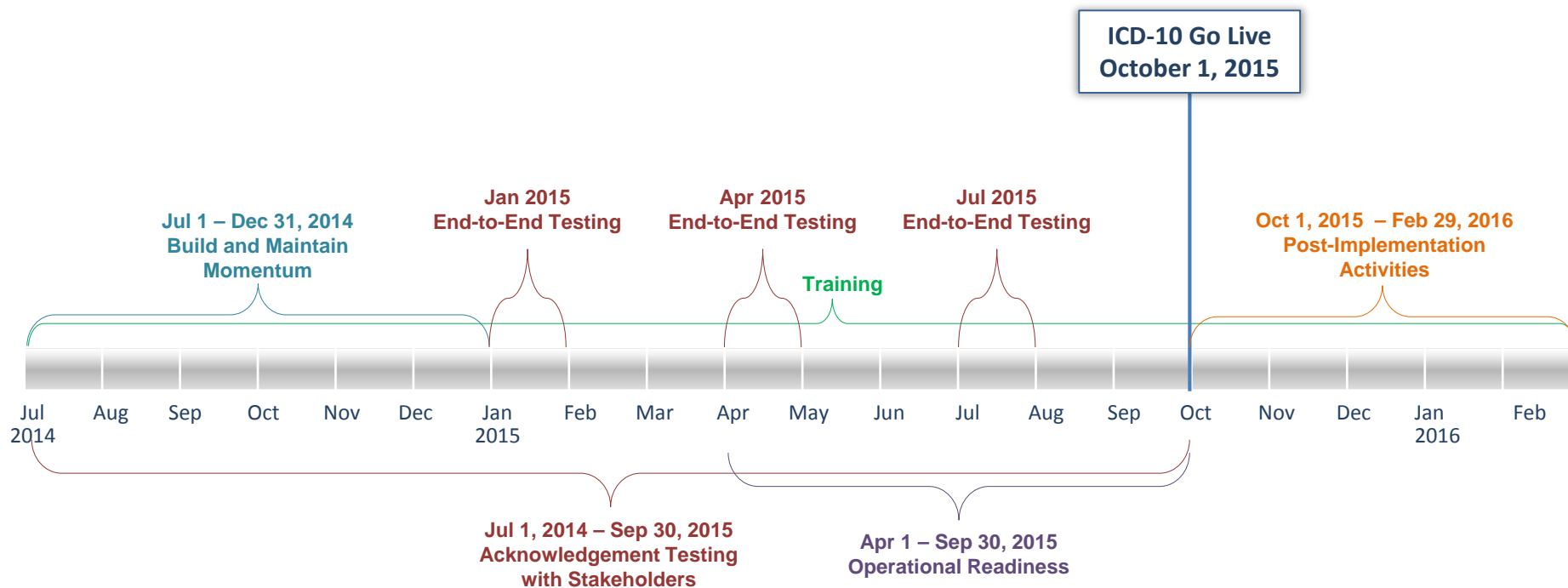
Office of E-Health Standards and Services

Final Rule Issued

- On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date
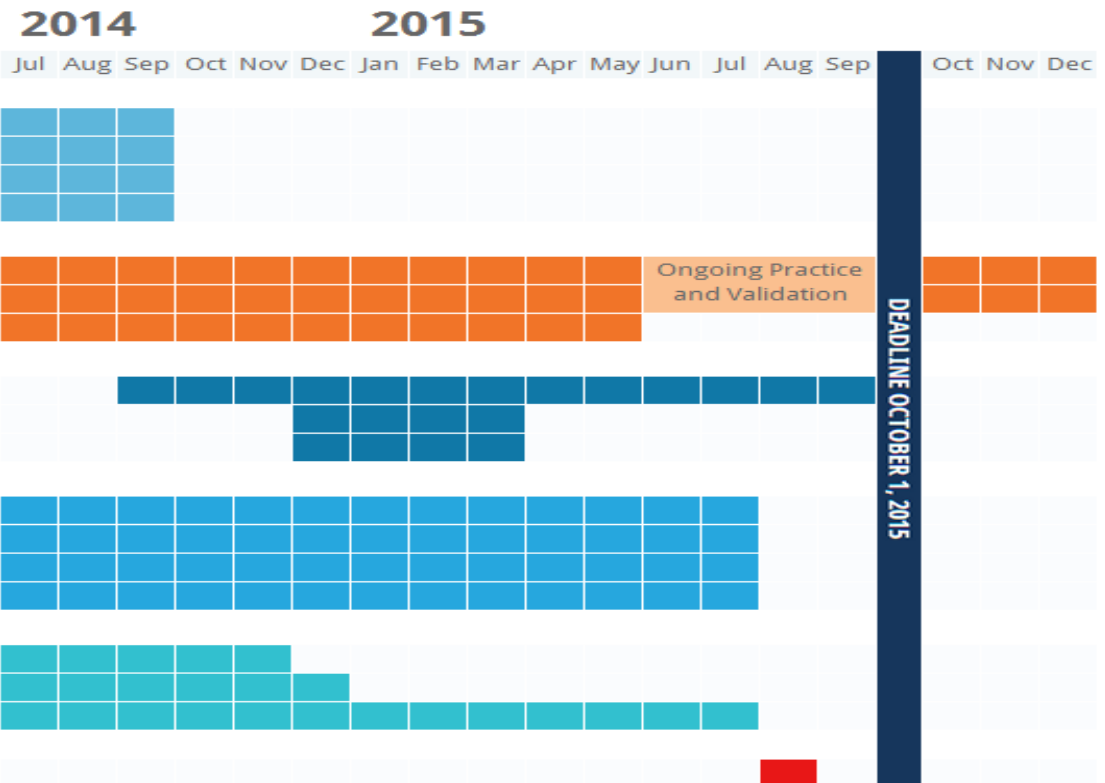
Benefits of ICD-10

- Improves patient outcomes

- Provides detailed data

- Improves quality tracking and reporting

- Public health surveillance

Now is the Time to Prepare
Compliance Date – October 1, 2015

**ICD-10 Go Live
October 1, 2015**

**Jul 1 – Dec 31, 2014
Build and Maintain
Momentum**

**Jan 2015
End-to-End Testing**

**Apr 2015
End-to-End Testing**

Training

**Jul 2015
End-to-End Testing**

**Oct 1, 2015 – Feb 29, 2016
Post-Implementation
Activities**

Jul 2014 | Aug | Sep | Oct | Nov | Dec | Jan 2015 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan 2016 | Feb

**Jul 1, 2014 – Sep 30, 2015
Acknowledgement Testing
with Stakeholders**

**Apr 1 – Sep 30, 2015
Operational Readiness**

With One Year Left, Where Should You Be?

Small Physician Practice Catch-up Plan

Editor's Note: If your practice has already started a specific step in the journey to ICD-10 compliance, please continue your efforts. The above plan was designed based on the revised compliance date of Oct. 1, 2015 and does not account for practice's that have already started their transition. Each practice may have a slightly different journey, as each practice has different variables that may affect the timeframes.

CMS Partners with Industry: Stakeholder Calls

- CMS continues to partner with industry stakeholders to assess readiness and offer industry support through:
    - Weekly planning calls with payers, vendors, and clearinghouses, which represent over 90 organizations; and
    - Industry listening session with payers, providers, and vendors to share best practice and answer questions

CMS Has Extensive ICD-10 Outreach

- Conducted >70 targeted on-site training session
- Offered 45 webinars
- Distributed information to listserve reaching 180,000
- Held several national webinars: Most recently three large national webinars with over 58,000 attendees
- Conducted Bi-weekly calls with all State Medicaid Agencies to share best practices
- Provided checklists, tip sheets, fact sheets that are viewed by 100,000 per month on the CMS website
- Conducted industry focus groups
- Shared information via social media
- Launched an informational web portal designed with the assistance of physicians

CMS Partners with Industry
"ICD-10 Success Implementation Initiative"

- CMS has partnered with the Workgroup for Electronic Data Interchange (WEDI) and several industry partners to launch the *"ICD-10 Success Implementation Initiative,"* which is comprised of a searchable database of ICD-10 questions and answers

- Triage the questions and offer valuable information and *resources* to help organizations transition

CMS Partners with Industry Training Collaborative

- CMS initiated a training collaborative with industry partners:
  - American Health Information Management Association (AHIMA)
  - American Academy of Professional Coders (AAPC)
  - Professional Association of Health Care Office Management (PAHCOM)
  - Rural Health
  - National Association of Community Health Centers (NACHC)
- The objective of the training collaborative is to align the collective ICD-10 training resources to reach small physician practices for information dissemination and "boots on the ground" training

CMS has a Comprehensive Approach to Assist Small Practices

- Establish ICD-10 physician collaboration portal

- Build on key partnerships

- Deliver high impact training

- Promote physician engagement

- Deploy multiple delivery modes

Physician Champions

- Provide a platform for independent, impartial, and authentic voices on the leading edge of change with eHealth

- Provide peer-to-peer role modeling to increase physician engagement in eHealth initiatives, with a special focus on ICD-10 tools and resources

- Help guide efforts to facilitate the use of the physician portal and provide feedback on implementation tools and resources

Physicians See Benefits to ICD-10

A Physician's Perspective

"ICD-10 offers substantial improvement in the ability to recognize significant differences in risk, severity, complexity, co-morbidities and other key health condition parameters that make big differences in understanding variations in disease patterns and delivered services.

We want to be evidenced based in the decisions that we make, and better data allows us to take a step in that direction."

Mark Bieniarz, M.D. Cardiologist

A Physician's Perspective

"Comprehensive documentation is key to identifying and assigning the best diagnosis code.

By doing our part, and focusing on how we document our patients' condition, we put the foundation in place to drive value based quality and improve the health of populations served."

Maggie Gaglione, M.D. , Family Practice and Internal Medicine

A Physician's Perspective

"The current transfer of information is still way too dependent on electronic means that were good 30 years ago… we need to start looking at how we're going to get better information and data transfer to providers to get back to taking care of our patients better."

Terence Cahill, MD Family Medicine

Road to 10: Build Your Action Plan

Road to 10: Program Components

- Driven by physician perspectives and insights, the [Road to 10](#) Program is built around a robust physician portal

- The website is complemented by virtual/in-person training and strategic partnerships that will help circulate CMS ICD-10 resources across the small physician practice community

Road to 10: The Reviews are In

> *"If this existed a few years ago, this blog wouldn't have been needed...This is really going to help."*
>
> *- ICD1010watch.com*

Road to 10: Summary

In addition to providing ICD-10 basics, the Road to 10 portal is designed to help health centers and providers 1) Plan Their Journey, 2) Train Their Team, 3) Update Their Processes, 4) Engage Their Vendors, and 5) Test Their Systems and Processes. **Key elements of the site include:**

Customizable Action Plans

Specialty-Specific Resources

Timely Webcast Series

Road to 10: Action Plan

Action Plan

Click "Explore Section" within the five sections of your Action Plan below to review the tools provided and action steps defined for you.

Click "Download Action Plan" to download a PDF copy of your personalized action plan to use in your practice.

DOWNLOAD ACTION PLAN		✎ Edit Practice Details

Plan Your Journey		Explore Section ❯
Train Your Team		Explore Section ❯
Update Your Processes		Explore Section ❯
Engage Your Vendors and Payers		Explore Section ❯
Test Your Systems and Processes		Explore Section ❯

Road to 10: Getting Started

Get Started

Tell us a little about your practice, so we can create an Action Plan for you.

My Specialty (Pick one)

Click to select your specialty

Family Practice	Pediatrics	OB/GYN	Cardiology	Orthopedics	Internal Medicine	Other Specialty

My Practice Size (Pick one)

Click the size of your practice so we can better understand your needs.

1-2 Physicians

3-6 Physicians

Over 6 Physicians

My Technology & Staffing Partners (Choose all that apply)

Click the technology and services your practice utilizes to generate a readiness
checklist for each vendor.

Electronic Health Records

Road to 10: Step 1 - Plan Your Journey

Check the box when you have completed each step.

Understand the Impact

☐ **REVIEW** the roadmap, action steps, checklists, and other materials included with your action plan to understand where you are in your journey and what you need to do next.

☐ **ISOLATE** where diagnosis codes are used in your practice today. Ask your team how and where they use/see ICD-9 codes. Use the Diagnosis Code Impact Inventory Template included with your action plan to catalog the processes, forms, and information systems which rely on ICD-9 diagnosis codes.
Download Your Process and System Inventory Template

☐ **PINPOINT** the ICD-9 codes you most frequently use by reviewing superbills, encounter forms, practice management system reports, and the Common Codes in your action plan.

☐ **UTILIZE** the list of your most frequent ICD-9 codes to help identify the ICD-10 codes relevant to your practice. Make special note of those conditions where the available number of diagnosis codes in ICD-10 is noticeably larger. The following sources of information will assist you in identifying the most pertinent ICD-10 codes:
- Tabular form of the 2014 release of ICD-10-CM codes and descriptions published by the National Center for Health Statistics (NCHS) - **ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2014/**
Open the ICD-10CM_FY2014_Full_PDF.zip file then unzip and save the PDF document named "ICD10CM_FY2014_Full_PDF_Tabular" to your local device
- Online ICD-10-CM search tools/applications
- Hard copy or electronic publications of 2014 ICD-10-CM code books
- Common Codes from your action plan
- 2014 General Equivalence Mappings (GEMS) Diagnosis Codes and Guide from CMS - **http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html**
- Crosswalks from your system vendors a

Note – Your practice should natively code in ICD
ICD-10, your practice will be in a better position

Identify the Team

Arrange for Training and Education

☐ **REVIEW** the Train Your Team section of your action plan to understand the ICD-10 training and education resources available to your practice. Determine the type and source of training for each practice staff member based on the following general guidelines:
- Documentation training for physicians, nurse practitioners, physician assistants, and other staff who document in the patient medical record.
- Coding training for staff members who work with codes on a regular basis.
- Overview training for staff members engaged in administrative functions.
- User training on the ICD-10 functionality included with system upgrades.

☐ **SCHEDULE** training for practice staff members who require it.

Road to 10: Step 2 – Train Your Team

Common Codes for Your Specialty

We have identified an illustrative sample of high impact diagnosis codes

Primer for Clinical Documentation

This document introduces ICD-10 clinical documentation changes for common conditions associated with your area of practice. It highlights the

Clinical Scenarios

We have created sample, outpatient focused scenarios to illustrate specific ICD-10 clinical documentation considerations. These examples underscore the importance of including the proper level of detail needed to support the selection of the most appropriate ICD-10 diagnosis codes based on a patient's circumstance.

Training and Education Resources

In order to be ready for the transition, your practice must receive appropriate education on the changes that occur with ICD-10. There are three major areas of training your practice should receive.

VIEW ICD-10
TRAINING AND EDUCATION
RESOURCES

Road to 10: Step 3 – Update Your Processes

Improve Clinical Documentation

☐ **OBTAIN** the following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:
  - Your claim rejections and denials by ICD-9 diagnosis code and payer.
  - The most common unspecified ICD-9 codes you submit by payer.

☐ **PINPOINT** the ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:
  - Categorize the primary reasons for the denials and rejections.
  - Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials

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Revise Paper Forms and Templates

☐ **INCORPORATE** ICD-10 codes into paper forms and tools which reference diagnosis codes:
  - Pre-admission/Pre-certification
  - Referral
  - Authorization
  - Orders
  - Superbills/Patient Encounters
  - Inpatient and Outpatient Scheduling
  - Quality Reporting
  - Public Health Reporting

Modify Policies and Procedures

☐ **ADD** steps to determine if a patient is eligible for dual/supplemental coverage for special clinical programs which are condition/diagnosis based:
  - End Stage Renal Disease (ESRD)
  - Black Lung Disease
  - Other Conditions

☐ **IDENTIFY** your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD-10 diagnosis codes needed to make a coverage determination for these common services prior to claims submission.

☐ **TRACK** patient complaints, payment delays, denials, and increases in authorization volume for at least three (3) months beginning on 10/1/2014. By logging this information, your practice will be in a better position to spot and address problems more quickly.

MLN Connects™

Road to 10: Step 4: Engage Your Vendors and Payers

Check the box when you have completed each step.

Technology Vendors

Electronic Health Record (EHR) and Practice Management (PM) systems are impacted by the ICD-10 transition and need to be updated. In addition, other technologies used by your practice such as coding, reporting, and decision support tools may need to be updated. If your practice uses these systems, you will need to coordinate with your technology vendors regarding these updates. Also, there are specific activities your practice may need to complete to implement these updates.

Here you can enter all the vendors you will need to engage. Check the appropriate box wh to keep track of your progress.

Contacted	Responded	Vendor Name	Contact Name
☐	☐		
☐	☐		

Download Technology Vendor Assessment in the Template Library at www.roadto10.org

The following checklist will help guide you as you engage your technology vendors and pr complete these activities:

☐ **Contact** your technology vendors to determine if their solutions are impacted by IC understand their plans for compliance. Downlaod a copy of the Technology Vendor the Template Library at www.roadto10.org. Email a copy of the assesment to each vendors. Ask them to complete the assessment and return it to you promptly.

☐ **Evaluate** your technology vendor contracts to understand the type of ICD-10 expe may be separate from regular fees. Clarify with each vendor the additional ICD-10 technology expenses for which you need to allocate funds.

☐ **Review** the completed Technology Assessments returned to you by each vendor.

Questions for Technology Vendor		
Question	**Vendor Response**	
Application		
1. Which of your applications are impacted by ICD-10?		
2. Are your applications remediated and are the ICD-10 updates generally available?	Yes ☐ No ☐	Comments:
3. Is there a separate fee for your ICD-10 updates?	Yes ☐ No ☐	Comments:
4. Will your systems use date of service to determine the codes to use (ICD-9 or ICD-10)?	Yes ☐ No ☐	Comments:
5. Will your systems support dual coding of services rendered before 10/1/2014?	Yes ☐ No ☐	Comments:
6. Are there 3rd party embedded products in your software which need to be updated for ICD-10?	Yes ☐ No ☐	Comments:
7. Is additional infrastructure (hardware, servers, etc.) potentially needed to accommodate your ICD-10 updates and store ICD-10 codes?	Yes ☐ No ☐	Comments:
Code Set Updates		
1. How frequently will ICD-10 diagnosis code updates be applied to your applications?		
2. How long do you plan to support ICD-9 diagnosis code reference files?		
Interfaces		
1. Have your HIPAA transaction sets been updated to address ICD-10?	Yes ☐ No ☐	Comments:
2. What other interface changes will be included with your ICD-10 software updates?		
Reporting		
1. Which of your reports are impacted by ICD-10?		
2. How will reports which are dependent upon diagnosis code categories be handled?		
3. How will longitudinal and historical reporting be updated to accommodate ICD-10?		
4. How will quality and public health reports be updated to accommodate ICD-10?		
5. Do any of your solutions require crosswalks from ICD-9 to ICD-10?	Yes ☐ No ☐	Comments:
6. Which crosswalks are you providing and can they be customized?		
Configuration		

Road to 10: Step 5: Test Your Systems and Processes

Prepare Test Cases

Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

STEPS TO F
TEST C

Perform Internal Testing

Internal testing helps to validate that your key systems can search on, accept, store, process, send, and receive ICD-10 diagnosis codes.

STEPS TO PERFORM
INTERNAL TESTING

Conduct External Testing

External testing with vendors and payers will help you validate that transactions containing ICD-10 diagnosis codes can be sent and received successf

STEPS TO
EXTERNAL

Practice and Validate

Practice and validation involves the internal simulation of native ICD-10 coding on select encounters.

STEPS TO PERFORM
PRACTICE AND VALIDATION

Road to 10: Specialty Specific Webcasts

Your Stories are Important

CMS Educational Outreach

- [ICD-10](#) website
  - Fact sheets, webinars, guides, and more
  - Medscape CME/CE resources
  - Direct mail
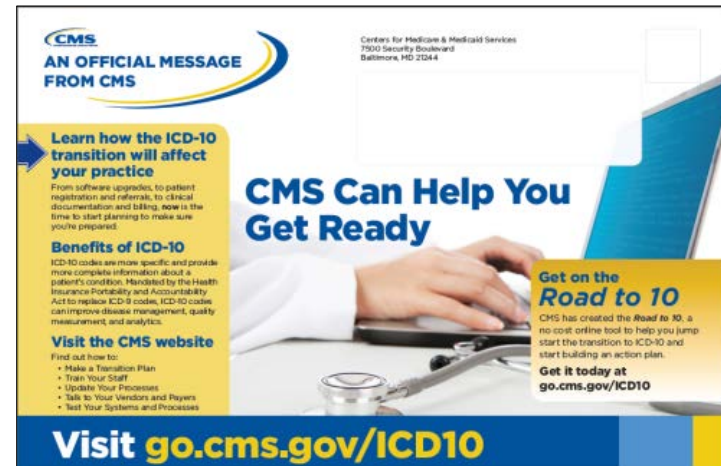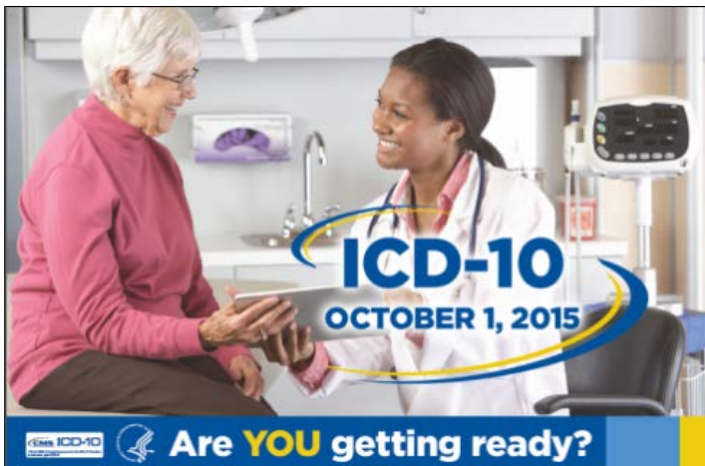
Moving Forward Along the Road to 10

- Take actionable steps now to achieve readiness

- Visit the [Road to 10](#) for tools and resources to help you prepare for the ICD-10 transition

Medicare's Testing Plan for ICD-10 Success

Stacey Shagena

Medicare Contractor Management Group

Center for Medicare

Our Approach

- CMS is taking a comprehensive four-pronged approach to preparedness and testing to ensure that CMS, as well as the Medicare Fee-For-Service (FFS) provider community, is ready:
  - CMS internal testing of its claims processing system
  - Beta testing tools available from CMS
  - Acknowledgement testing
  - End-to-end testing
- MLN Matters® Special Edition Article SE1409, "Medicare FFS ICD-10 Testing Approach "

What We Have Already Accomplished

- CMS internal system testing of its claims processing systems was completed in October 2013
- Since that time, only minor system changes were needed to revise the implementation date to 10/1/2015
- Medicare Administrative Contractors (MACs) have verified their systems have been updated, and will also be tested and ready for the implementation
- CMS completed the first Acknowledgement Testing Week with submitters

March 2014 Acknowledgement Testing Success

- Testers submitted more than 127,000 claims with ICD-10 codes and received electronic acknowledgements, confirming that their claims were accepted
- Approximately 2,600 participating providers, suppliers, billing companies, and clearinghouses participated in the testing week, representing about five percent of all submitters
- Testers included large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, and ambulance providers

March 2014 Acknowledgement Testing Success

- Nationally, CMS accepted 89% of the test claims, with some regions reporting acceptance rates as high as 99 percent. The normal FFS Medicare claims acceptance rates average 95-98 percent.

- Testing did not identify any issues with the Medicare FFS claims systems.

Future Acknowledgement Testing

- Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up to the October 1, 2015 implementation date

- [MLN Matters® Article MM8858](#), "ICD-10 Testing - Acknowledgement Testing with Providers"

Future Acknowledgement Testing

- Special acknowledgement testing weeks give submitters access to real-time help desk support and allows CMS to analyze testing data.

- Registration is not required. Mark your calendar:
  - November 17 through 21, 2014
  - March 2 through 6, 2015
  - June 1 through 5, 2015

End-to-End Testing

- CMS plans to offer providers the opportunity to participate in end-to-end testing with MACs, the Railroad Retirement Board, and the Common Electronic Data Interchange contractor in January, April, and July of 2015

- As planned, approximately 850 providers will have the opportunity to participate during each testing period, for a total of 2,550 testers

End-to-End Testing

- The goals of this testing are to demonstrate that:
  - Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare FFS claims systems
  - CMS software changes made to support ICD-10 result in appropriately adjudicated claims
  - Accurate Remittance Advices are produced

End-to-End Testing

- 50 volunteers will be chosen by each MAC to participate in each testing round
- Volunteers chosen will be allowed to submit 50 test claims during the testing week
- Volunteers will be chosen to provide a representative sample of submitters
- Once selected, volunteers will be able to submit 50 additional claims in subsequent testing rounds without re-registering

January 2015 End-to-End Testing

- The first End to End Testing Week will be January 26-30, 2015
- Volunteers were notified on October 24, 2014 whether or not they were selected
- Those not selected are encouraged to re-apply for the subsequent rounds of testing in April and July
- Registration for the April 15 testing will be available on the MAC websites in December

ICD-10 MS-DRG and Code Updates

Pat Brooks

Hospital & Ambulatory Provider Group

Center for Medicare

MLN Connects™

ICD-10 MS-DRGs

- An ICD-10 version of the Medicare Severity Diagnosis Related Grouper (MS-DRG) will be implemented on October 1, 2015
- Version 33 of the MS-DRGs will be subject to formal rulemaking
  - FY 2016 Inpatient Prospective Payment System (PPS) proposed rule in April/May 2015
  - [Acute Inpatient PPS](#) website

ICD-10 MS-DRG Conversion Project

- [MS-DRG Conversion Project](#) website

- Annual versions of ICD-10 MS-DRGs for review and comment

- "Downloads" section – Converting MS-DRGs to ICD-10
  - Process of converting MS-DRGs to ICD-10
  - Impacts of using ICD-10 MS-DRGs

ICD-10 MS-DRGs V32.0 Postings

- November 2014 postings on [MS-DRG Conversion Project](#) website:
    - ICD-10 MS-DRG V32.0 Definitions Manual: Available in text and HTML versions
    - ICD-10 MS-DRG V32.0 "Summary of Changes"
    - ICD-10 Definitions of Medicare Code Edits V32.0

ICD-10 MS-DRG v32 Software

- Availability of Mainframe and PC Software via National Technical Information Service in November 2014
  - ICD-10 MS-DRG v32 Mainframe Software
  - ICD-10 MCE v32 Mainframe Software
  - ICD-10 MSG/MCE v32 PC software

- Links for ordering will be posted on the MS-DRG Conversion Project website

Partial Code Freeze

- Currently under a [partial code freeze](#)
  - There were no new ICD-9-CM, ICD-10-CM, or ICD-10-PCS codes implemented on October 1, 2014
  - ICD-10 will be implemented for services provided on or after October 1, 2015
  - Only ICD-10 codes for new technologies and new diagnoses are being considered for October 1, 2015
  - All other ICD-10 code updates would be made after the code freeze ends on October 1, 2016

FY 2016 ICD-10 Code Updates

- FY 2016 ICD-10-CM and ICD-10-PCS updates will be posted In June 2015 on the ICD-10 website

- ICD-10 Coordination & Maintenance Committee discusses code updates

Converting the Home Health Prospective Payment System Grouper to ICD-10-CM

Joan Proctor

Chronic Care Policy Group

Center for Medicare

Home Health PPS Grouper

- The Home Health (HH) PPS bases payment on data submitted as part of the Outcome and Assessment Information Set (OASIS) data set
  - The OASIS is a core standard assessment data set that agencies integrate into their own patient-specific, comprehensive assessment
  - OASIS collects information that is used to produce risk-adjusted quality measures and to classify patients into clinical and functional status levels that are used in determining Medicare home health 60-day episode payments

Home Health Resource Group

- A Home Health Resource Group (HHRG) is one of 153 payment categories under the Medicare HH PPS

- Patients in each HHRG are projected to require similar levels of home health resources for their care during the episode and are therefore assigned the same payment weight

Home Health Resource Group

- The HHRG is determined by:
  - Clinical characteristics (e.g., surgical wounds) including diagnoses in one of the 22 Diagnostic Groups
  - Functional characteristics (e.g., ability to walk)
  - Therapy needs (e.g., PT, OT, SLP)
    - Payment for non-routine supplies is determined using a separate 6-group system, also based on OASIS data.

ICD-10 Translation List Development

- Initial Diagnosis and Supply code list translations were based on the ICD-9-CM to ICD-10-CM General Equivalence Mappings (GEMS) Tool
- Clinical review adjusted the translation list to appropriately reflect the type of care provided in the home setting
- ICD-10 codes in the GEMS translation were excluded when:
  - the ICD-10 code was not appropriate for home health
  - the clinician can identify a more specific diagnosis code

Excluded Codes - Inappropriate for Home Health

- Initial encounter codes were removed as such codes are only appropriate when receiving active treatment for an injury
  - Initial encounter codes ending in "A" were replaced with suffix of D, E, F, G, H, J, K, M, N, P, Q and R, to reflect when the patient is being treated for a subsequent encounter (care during the healing or recovery phase)
- Example: S72.024A "Non-displaced fracture of epiphysis (separation)(upper) right femur, initial encounter for closed fracture" deleted and replaced with S72.024 with suffix of D, E, F, G, H, J, K, M, N, P, Q and R

Excluded Codes – Non-specific

- Non-specific Codes were removed whenever a clinician should be able to identify a more specific diagnosis code based on clinical assessment.
- Example: Cutaneous abscess of hand
  - Clinician should be able to identify which hand had the abscess, and therefore, would report using the code that specifies the right or left hand
  - Retained: L02.511 Cutaneous abscess of right hand and L02.512 Cutaneous abscess of left hand
  - Excluded: L02.519 Cutaneous abscess of unspecified hand

Diagnosis Group Assignment

- Replication of the diagnosis group assignment was maintained when possible

- Assignment issues arose because ICD-9-CM to ICD-10-CM translation is not a 1 to 1 mapping process

- Assignment made based on clinical appropriateness and relative resource use

2013 Rulemaking

- July 2013 – HH PPS Rate Update for CY 2014 [Proposed Rule](#) was posted for public comment on July 3, 2013

- December 2013 – [Final Rule](#) posted December 2, 2013

Highlights of 2013 Rulemaking

- Published the ICD-10-CM Draft Translation List on the [Home Health Agency Center](#) page
- Outlined the steps undertaken to develop the list and transition to ICD-10-CM coding
- Proposed a timeframe for posting of a ICD-10-CM Grouper
- Notified the industry that we propose to implement additional claims processing edits on home health claims effective October 2014

PAMA Impact

- On 4/1/14, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted
  - Section 212 said that the Secretary may not adopt ICD-10 prior to October 1, 2015
  - Delayed implementation of ICD-10-CM Grouper (originally scheduled for 10/1/14)
  - Delayed implementation of revised OASIS data set (OASIS-C1) that had updated clinical items, reduced burden and was modified to collect ICD-10-CM codes (originally scheduled for 10/1/14)
- On 8/4/14 HHS published a Final Rule changing the compliance date for ICD-10 from 10/1/14 to 10/1/15 and requiring covered entities to continue using ICD-9-CM through September 30, 2015

2014 Rulemaking

- On 7/7/14, the CY 2015 HH PPS [Proposed Rule](#) was published in the Federal Register
  - Informed agencies of the ICD-10 delay
  - Announced CMS's plans to disseminate information on the planned transition from ICD-9-CM to ICD-10-CM
  - Public comment period closed 9/2/14
- HH PPS Final Rule (November 2014):
  - announced 10/1/15 as the date for ICD-9-CM to ICD-10-CM HH PPS Grouper transition
  - restated plans for dissemination of further information through the Home Health Agency Center page and the Home Health, Hospice and Durable Medical Equipment (DME) Open Door Forum
  - provided additional information on planned beta-testing

Final ICD-10 Translation List

- The Final ICD-10 Translation List is posted on the [HH PPS](#) website as a downloadable zip file

OASIS Data Set

- A modified version of OASIS-C1 (referred to as "OASIS-C1/ ICD-9 Version.") has been created
  - Includes the revisions in OASIS-C1 not related to ICD-10
  - Retains the ICD-9 based items that report diagnoses currently in use in OASIS-C (M1010, M1016, M1020, M1022, M1024)
- The current OASIS data set (OASIS-C) will remain in effect until 11:59:59 p.m. on December 31, 2014
- The OASIS-C1/ICD-9 version will go into effect at 12:00 a.m. on January 1, 2015 and shall remain in effect until ICD-10 is implemented or until another disposition is made by CMS

HH PPS Grouper Status

- For assessment completion dates 10/1/14 - 12/31/14
  - [HH PPS Grouper V3514](#) was posted 8/6/14
  - Uses ICD-9-CM codes and other OASIS-C data and contains no clinical or logic changes from current grouper
- For assessment completion dates 1/1/15 -9/30/15
  - An updated HH PPS Grouper will be published in fall 2014
  - Will use ICD-9-CM codes and other data collected in the OASIS-C1/ICD-9 version
- For assessment completion dates beginning 10/1/15
  - An updated HH PPS Grouper will be published in the spring/summer of 2015
  - Will use ICD-10-CM codes and other data collected in the OASIS-C1/ICD-10 version

Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10

Sarah Shirey-Losso

Provider Billing Group

Center for Medicare

MLN Connects™

Claims Processing Systems

- ICD-10 Formats for diagnosis and procedure code field size expansions completed with the transition to 5010 for electronic Health Insurance Portability and Accountability Act (HIPAA) compliant claims

- Medicare FFS claims processing systems ready for ICD-10 since October 2013

- Medicare FFS converted over 100 internal systems edits

Claim Submission

- ICD-9 codes no longer accepted on claims after October 1, 2015
- ICD-10 codes will not be recognized/accepted on claims before October 1, 2015
- Claims cannot contain both ICD-9 codes and ICD-10 codes
- No dual processing
- Institutional claims – Return to Provider (RTP)
- Professional/supplier claims—Return as unprocessable

Claims that Span October 1, 2015

- Outpatient claims: Split claim and use "from" date

- Inpatient claims: Use only "through date/discharge date"

- Professional claims: Use "from" date

- DME claims: Use "from" date

Useful Billing Guidance

- [MLN Matters® Special Edition Article SE1325](#), "Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date"

- [MLN Matters® Special Edition Article SE1408](#), "Medicare FFS Claims Processing Guidance for Implementing ICD-10 – A Re-Issue of MM7492"

- [MLN Matters® Special Edition Article SE1410](#), "Special Instructions for ICD-10 Coding on Home Health Episodes that Span October 1, 2015"

Resources

CMS ICD-10 Website

- ICD-10 website: The latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation
    - Sign up for CMS ICD-10 Industry Email Updates

- CMS Sponsored ICD-10 Teleconferences web page: Information on MLN Connects National Provider Calls and videos, including presentation materials, video slideshow presentations, written transcripts, and audio recordings for each call

- Provider Resources web page: Educational resources and information for all providers

CMS ICD-10 Website

- [Medicare Fee-For-Service Provider Resources](#) web page: Medicare Learning Network® Educational Materials for the FFS provider community
  - ICD-10 Testing Resources
  - MLN Matters® Articles
  - Medicare Learning Network Products
  - MLN Connects™ Videos
  - CMS Resources, including [National Coverage Determination Conversion Information](#)

Additional Resources

- The following organizations offer other ICD-10 resources:

- WEDI
- Health Information and Management Systems Society (HIMSS)

Question & Answer Session

ICD10-National-Calls@cms.hhs.gov

Acronyms in this Presentation

- AHIMA: American Health Information Management
- AAPC: American Academy of Professional Coders (AAPC)
- DME: Durable Medical Equipment
- FFS: Fee-For-Service
- GEMS: General Equivalence Mappings
- HHS: U.S. Department of Health and Human Services
- HIMSS: Health Information and Management Systems Society
- HIPAA: Health Insurance Portability and Accountability Act
- HH: Home Health
- HHRG: Home Health Resource Group
- ICD-9: International Classification of Diseases, 9th Edition
- ICD-10: International Classification of Diseases, 10th Edition

Acronyms in this Presentation

- MACS: Medicare Administrative Contractors
- MS-DRG: Medicare Severity Diagnosis Related Grouper
- NACHC: National Association of Community Health Centers
- OASIS: Outcome and Assessment Information Set
- PAHCOM: Professional Association of Health Care Office Management
- PPS: Prospective Payment System
- PAMA: Protecting Access to Medicare Act
- RTP: Return to Provider
- WEDI: Workgroup for Electronic Data Interchange

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Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.

- For more information about the Medicare Learning Network , please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html.